

Registered pharmacy inspection report

Pharmacy Name: Kumar Pharmacy, 15 Rectory Terrace, High Street,
Cherry Hinton, CAMBRIDGE, Cambridgeshire, CB1 9HU

Pharmacy reference: 1029218

Type of pharmacy: Community

Date of inspection: 31/01/2023

Pharmacy context

This pharmacy is situated in a parade of shops in the village centre. As well as dispensing NHS prescriptions, administering flu vaccinations, and providing an emergency hormonal contraception service, the pharmacy offers some private services.

Overall inspection outcome

✓ **Standards met**

Required Action: None

Follow this link to [find out what the inspections possible outcomes mean](#)

Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy identifies and manages the risks associated with its services to help provide them safely. It records and reviews any mistakes that happen during the dispensing process. It uses this information to help make its services safer and reduce any future risk. It protects people's personal information well and team members understand their role in protecting vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) available. Team members had signed to say that they had read them. SOPs were being reviewed and updated by the new pharmacist who had just been appointed. Team members were allocated SOPs depending on their job roles.

The pharmacy recorded some of the dispensing mistakes which were identified before the medicine was handed out (near misses) and all of those where the medicine was handed to a person (dispensing errors). Near misses were logged on a sheet displayed in the dispensary. All near misses were discussed with the member of staff who made them, and the new pharmacist manager said that he had already had discussions with the team about how he wanted to use the near-miss log going forward. Warning labels were used on the shelves to highlight picking errors made in the past. Dispensing errors were investigated and reported on the intranet to the superintendent pharmacist (SI).

The correct responsible pharmacist (RP) notice was displayed. The team members were aware of the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance. It also had a complaints procedure, and it displayed a notice informing people about this. Complaints were dealt with by the pharmacy manager. Where the matter could not be resolved in store it was referred to the SI.

Records about private prescription, emergency supplies, unlicensed medicines dispensed, controlled drug (CD) registers and the RP were generally well maintained. Some prescriber details in private prescription records were not accurate. CDs that people had returned were recorded in a register as they were received. CD registers were kept in a book and CD balance checks were carried out regularly.

Assembled prescriptions were stored behind the counter and people's private information was not visible to others using the pharmacy. The pharmacy had an information governance policy available. Relevant team members who accessed NHS systems had smartcards and were not seen to share them. Pharmacists had access to Summary Care Records (SCR); consent to access these was gained verbally. Confidential waste was kept in a designated bag and collected by a contractor for secure destruction. All team members had also completed training about confidentiality.

Team members had completed safeguarding training. Details were available for the local safeguarding boards.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members for the services it provides. And the pharmacy supports its team members by giving them time at work to do ongoing training to help keep their knowledge and skills up to date. They do the right training for their roles. And they work effectively together and are supportive of one another.

Inspector's evidence

At the time of the inspection, the pharmacy team comprised of the new pharmacist manager, the former pharmacist manager, two trained dispensers and a trainee counter assistant. The former manager was there to ensure a smooth hand over to the new one, and would be there for the first week. Team members worked well together and communicated effectively to ensure that tasks were prioritised, and the workload was well managed. Team members counselled people about the use of over-the-counter medicines and asked appropriate questions before recommending treatment.

The staff said that they were able to make suggestions about how the pharmacy was run. Recently they had suggested changing how the multi-compartment compliance packs were dispensed, involving the whole team rather than one person. This meant that continuity was more easily maintained. Individual performance and development was monitored by the pharmacy manager. Appraisal meetings were held annually. Team members were also given on-the-spot feedback. There was regular contact with the SI who often visited the pharmacy. There was a good rapport between the former manager and staff and the SI.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure and provide an appropriate environment to deliver its services. People can have a conversation with a team member in a private area. The team members are not able to use a sink intended for handwashing which may reduce the effectiveness of hygiene measures.

Inspector's evidence

The pharmacy premises were bright, clean, and organised. The dispensary was adequate; there was enough workspace and it was clean. Workbenches were also allocated for certain tasks. Multi-compartment compliance packs were stored in the rear room, which was quite cluttered. But the storage was well organised and easy to follow, with each day's dispensing being put into a separate section. A sink was available for preparing medicines. Hand sanitiser was also available for team members to use. The sink for personal hygiene handwashing was not accessible and so staff used the dispensary sink.

A consultation room was available. The room allowed a conversation at a normal level of volume to take place inside without being overheard. It was often used for administration tasks.. The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services safely. It obtains its medicines from reputable sources, and it manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use.

Inspector's evidence

Access to the pharmacy was level from the pavement and services were advertised on the windows and on the walls in the pharmacy. Team members used the internet to find details about other local services to help people.

The pharmacy had an established workflow. Dispensed and checked-by boxes on labels were initialled by members of the team to create an audit trail for the dispensing and checking processes. The pharmacy had a delivery driver; delivery records were kept. In the event that a person was not home, a note was left by the driver and the medicines were returned to the pharmacy. A photocopy of the delivery sheet was kept in the pharmacy so that they could answer calls about deliveries easily. Any CDs delivered were signed for separately, and there was a good audit trail from the pharmacy to the patient.

Warning markings were added to some of the prescriptions by the RP during the checking process. These were used if a person needed to be counselled by a pharmacist or if there was a fridge line or CD dispensed. However, their use was not consistent, and some prescriptions which should have had applicable markings on did not. The RP and team members were aware of the guidance for dispensing sodium valproate. Where possible, sodium valproate was dispensed in its original packaging. Placement of the dispensing label on the container so as not to obscure important information was discussed with the team. The pharmacy did not often dispense warfarin. But, in the event that someone presented to collect a prescription for warfarin, they were asked for their yellow book. And it was confirmed that the person was having their INR checked routinely. Additional checks were carried out when people collected medicines which required ongoing monitoring, when the prescription was appropriately stickered. This was one of the areas of improvement which the new pharmacist manager had identified and was going to change the way the pharmacy highlighted these higher-risk medicines. People with medicines supplied in multi-compartment compliance packs or who were delivered to were less likely to be monitored for high-risk medicines, and this was also discussed with the new pharmacist manager.

Some people's medicines were supplied in multi-compartment compliance packs. The pharmacy ordered prescriptions on behalf of people for this service. To help organise and manage the service people were allocated to different weeks. There was a chart on the wall showing the progress of each person's medicines through the process. Team members contacted the surgery with any queries if the GP had not informed them about prescription changes. Any notes or communication were also recorded on people's individual record in a file. Assembled packs were labelled with product descriptions and mandatory warnings. And tablet descriptions were present, but no patient information leaflets (PILs) were supplied, meaning that people could not easily access the information provided by the manufacturer about their medicines. The staff said that they would look into how this could be managed in the future.

Medicines were obtained from licensed wholesalers. Fridge temperatures were monitored daily and recorded; the records showed these were within the required range for storing temperature-sensitive medicines. CDs were held securely. Expiry date checks were carried out by the dispensers. Short-dated stock was highlighted with a sticker. There were no date-expired medicines found on the shelves checked. Out-of-date and other waste medicines were separated from stock and then collected by licensed waste collectors.

Drug recalls were received by email. The team printed these and checked against stock. If the affected batches were found these were quarantined and action was taken following instructions received from the SI.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And it keeps them clean. The team uses its facilities and equipment to keep people's private information safe.

Inspector's evidence

There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination. Equipment was clean and ready for use. A separate tablet-counting triangle was used for cytotoxic medicines to avoid contamination. A fridge of adequate size was available. Up-to-date reference sources were available including access to the internet. The pharmacy's computers were password protected and screens faced away from people using the pharmacy.

What do the summary findings for each principle mean?

Finding	Meaning
✓ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✓ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.