General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Karsons Pharma, 69-71 City Way, ROCHESTER, Kent, ME1 2BA

Pharmacy reference: 1090819

Type of pharmacy: Community

Date of inspection: 25/01/2023

Pharmacy context

The pharmacy is in a convenience store on a busy main road in a largely residential area. The pharmacy provides a range of services including the New Medicine Service and flu vaccinations. It also provides medicines as part of the Community Pharmacist Consultation Service. The pharmacy supplies medications in multi-compartment compliance packs to some people who live in their own homes to help them manage their medicines. And it provides a needle exchange service and substance misuse medications to some people. The pharmacy receives most of its prescriptions electronically.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy does not always manage its risks appropriately. For example, it cannot demonstrate that it has robust systems to ensure all its medicines are stored securely.
		1.7	Standard not met	The pharmacy does not always adequately protect people's personal information.
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 not all met	4.3	Standard not met	The pharmacy does not always manage its medicines properly or store them securely.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance **Standards not all met**

Summary findings

The pharmacy does not always ensure that people's personal information is protected properly. And it does not always adequately identify or manage the risks associated with its services. However, people accessing the pharmacy's services can provide feedback. And team members know what action to take to ensure that vulnerable people are protected. The pharmacy largely keeps its records up to date and accurate.

Inspector's evidence

The pharmacy had some standard operating procedures (SOPs) held electronically and some hard copies in the pharmacy. It was not clear which were the in-use ones, but team members said that they had read some of the SOPs. A team member explained that they would usually have to identify and rectify their own near misses where a mistake was identified before the medicine had reached a person. And they would have to rectify their own near misses. Near misses were recorded and team members said that these were reviewed regularly for any patterns. One of the team explained that team members informed each other if items in similar packaging were received from the suppliers to help minimise the chance of the wrong medicine being selected. The responsible pharmacist (RP) explained the action she would take if a dispensing error happened, where a dispensing mistake had been made and the medicine had reached a person. And she said that these would be recorded and investigated to try and find out what went wrong. She could not recall any recent dispensing errors.

Workspace In the dispensary was limited. There was an organised workflow which helped staff to prioritise tasks and manage the workload. And baskets were used to minimise the risk of medicines being transferred to a different prescription. The team members generally initialled the dispensing label when they dispensed and checked each item to show who had completed these tasks.

One of the dispensers, when asked, knew which tasks should not be undertaken if the responsible pharmacist (RP) had not turned up in the morning. And she knew what should not be done if the pharmacist was not in the pharmacy and there was no second pharmacist working. Team members would refer any complaints to the pharmacist. The RP said that there had not been any recent complaints.

The pharmacy had current professional indemnity and public liability insurance. The private prescription records were mostly completed correctly, but the prescriber's details were not always recorded correctly. And this could make it harder for the pharmacy to find these details if there was a future query. The nature of the emergency was not always recorded when a supply of a prescription-only medicine was supplied in an emergency without a prescription. Many were recorded as being requested by the prescriber, but it was not clear if this was the case. The second pharmacist said that the pharmacy had a new computer system and team members were still learning how to use it properly. Controlled drug (CD) registers examined were largely filled in correctly. The right RP notice was not displayed at the start of the inspection, but this was addressed by the pharmacist when highlighted. The RP record was largely completed correctly but there were occasions where the RP had not signed out at the end of their shift and a different pharmacist was on shift after them. This was discussed with the pharmacists during the inspection, and they said that they would ensure that the RP record was completed correctly in future.

A team member said that confidential waste was removed by a specialist waste contractor. The second pharmacist said that the waste was shredded at the pharmacy, but there was no shredder available on the day of the inspection. She said that one was brought to the pharmacy when needed. However, there was some confidential waste found in a general waste bin in the unsecured area to the rear of the pharmacy and some found on the floor near to the bin. The second pharmacist reminded team members to ensure that all confidential waste was put in the correct bin in the pharmacy. And she said that a notice would be displayed above the bin to remind them. The pharmacy's computers were password protected and the people using the pharmacy could not see information on the computer screens. Team members used their own smartcards during the inspection. And team members said they took their smartcards home after their shift. People's personal information on bagged items waiting collection could not be viewed by people using the pharmacy.

The RP had completed the Centre for Pharmacy Postgraduate Education training about protecting vulnerable people. One of the dispensers could describe potential signs that might indicate a safeguarding concern and would refer any concerns to the pharmacist. The RP said that there had not been any safeguarding concerns at the pharmacy. The pharmacy had contact details available for agencies who dealt with safeguarding vulnerable people.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough trained team members to provide its services safely. The team members can take professional decisions to ensure people taking medicines are safe. And they can raise concerns to do with the pharmacy. And they do the right training for their role. But they are not always provided with regular ongoing training. This could make it harder for them to keep their skills and knowledge up to date.

Inspector's evidence

There were two pharmacists, two trained dispensers, one trainee dispenser and one trained medicines counter assistant (MCA) working on the day of the inspection. Most team members had completed an accredited course for their role and the rest were undertaking training.

Team members appeared confident when speaking with people. The MCA was aware of the restrictions on sales of pseudoephedrine-containing products. And said that she would refer to the pharmacist if a person regularly requested to purchase medicines which could be abused or may require additional care. She asked appropriate questions before selling a medicine to establish whether it was suitable for the person.

The RP was aware of the continuing professional development requirement for the professional revalidation process. She said that she had recently undertaken some face-to-face training about the flu vaccination service. And she felt able to take professional decisions. One trained team member said that she was not provided with any formal ongoing training. But she did read some information about over-the-counter medicines if it was received from suppliers.

A team member said that she had not had an appraisal or performance review, but she thought that one had been planned for the near future. She felt comfortable about discussing any issues with the pharmacist or making any suggestions.

Principle 3 - Premises ✔ Standards met

Summary findings

People can have a conversation with a team member in a private area. The premises provide a secure, and clean environment for the pharmacy's services. But the pharmacy could do more to keep some areas tidy and free from clutter.

Inspector's evidence

The pharmacy was secured from unauthorised access. There was a clear view of the medicines counter from the dispensary and the pharmacists could hear conversations at the counter and could intervene when needed. Air conditioning was available, and the room temperature was suitable for storing medicines. There were several boxes on the floor in the dispensary which could be potential tripping hazards for staff.

There was one chair in the shop area for people to use while they waited for their prescriptions. This was positioned at the far end of the shop area to help minimise the chance of conversations at the counter being heard. There was a notice near the dispensary counter asking people to step back once they had handed in their prescription. Toilet facilities were clean and not used for storing pharmacy items. There were separate hand washing facilities available.

The pharmacy's consultation room was to the rear of the pharmacy. It was being using by an external healthcare professional during the inspection. The room was accessible to wheelchair users, and it was well-screened and well equipped. Conversations at a normal level of volume in the consultation room could not be heard from outside the room. The second pharmacist said that people could speak with a member of the pharmacy team to the rear of the pharmacy if the room was in use.

Principle 4 - Services **Standards not all met**

Summary findings

The pharmacy does not manage all its medicines properly or store them securely. And it does not always remove date-expired medicines from dispensing stock. The pharmacy gets its medicines from reputable suppliers. And people with a range of needs can access the pharmacy's services.

Inspector's evidence

There was step-free access to the pharmacy through a wide entrance with an automatic door. And there was a separate entrance to the rear of the pharmacy which allowed some people to collect their medicines with added privacy. Services and opening times were clearly advertised and a variety of health information leaflets was available.

Pharmacy-only medicines were largely kept behind the counter. But there were some prescription-only medicines and pharmacy-only medicines accessible for self-selection next to the till in the shop area. The second pharmacist said that she would ensure that these types of medicines were not stored in this area in future. CDs were not always stored securely. Denaturing kits were available for the safe destruction of CDs. Expired CDs were not always marked and segregated. And a box of CDs which had expired in September 2022 was found with current stock.

Stock was stored largely in an organised manner in the dispensary but some medicines on the shelves were not. Team members explained that they regularly checked expiry dates, but this activity was not recorded. And short-dated items were not marked. There were several date-expired medicines found with dispensing stock and one had expired in September 2020. Fridge temperatures were checked regularly and recorded. Records indicated that the previous temperatures were consistently within the recommended range. On the day of the inspection, the current temperatures were within the recommended range, but some of the maximum and minimum temperatures were outside the range. And some of the thermometers did not appear to be working properly. The second pharmacist said that she would ensure that the batteries were replaced and that team members reset the thermometers after checking the temperatures. The fridges were suitable for storing medicines and were not overstocked. But some medicines were stored in domestic fridges with food items. This was discussed with the second pharmacist during the inspection.

The RP said that she did not routinely check monitoring record books for people taking higher-risk medicines such as methotrexate and warfarin. Or keep a record of blood test results. And prescriptions for higher-risk medicines were not routinely highlighted. So, opportunities to speak with these people when they collected their medicines might be missed. And it might be harder for the pharmacy to check that the person was having the relevant tests done at appropriate intervals. Prescriptions for Schedule 4 CDs were not highlighted which could increase the chance of these medicines being supplied when the prescription was no longer valid. The RP said that the pharmacy would consider highlighting prescriptions for higher-risk medicines and Schedule 4 CDs in future. The pharmacy supplied valproate medicines to a few people. The RP explained that she would check whether a person taking valproate medicines needed to be on a Pregnancy Prevention Programme and would refer them to their GP if they were not on one. The pharmacy did not have additional patient information leaflets, warning cards available or warning sticker for use with split packs. The RP said that she would order some from the medicine manufacturer.

The RP said that part-dispensed prescriptions were checked frequently and people were kept informed about any supply issues. She explained that 'owings' notes were provided when prescriptions could not be dispensed in full. And the pharmacy requested prescriptions for alternate medicines where needed. Prescriptions were largely kept at the pharmacy until the remainder was dispensed and collected. But there were many bagged items where the original prescription had not been retained. This could make it harder for team members to refer to the original prescription and could potentially increase the chance of errors.

The RP said that uncollected prescriptions were checked every two months and uncollected items were returned to dispensing stock where possible. Uncollected prescriptions were returned to the NHS electronic system or to the prescriber and the items were returned to dispensing stock where possible.

The RP said that people had assessments carried out by their GP to show that they needed their medicines in multi-compartment compliance packs. One of the dispensers explained how the pharmacy managed prescriptions for the packs. These were requested in advance so that any issues could be addressed before people needed their medicines. The pharmacy routinely requested prescriptions for 'when required' medicines. The dispenser said that the pharmacy ordered them and then asked people which items they did not want when they came to collect their medicines. And these items were only dispensed when people collected their packs. The dispenser said that she would speak to the pharmacist with a view to reviewing the system to ensure that the pharmacy only requested prescriptions for the items people needed. The pharmacy kept a record for each person which included any changes to their medication, and they also kept any hospital discharge letters for future reference. Packs were suitably labelled, but there was no audit trail to show who had dispensed and checked each tray. This could make it harder for the pharmacy to identify who had done these tasks and limit the opportunities to learn from any mistakes. Medication descriptions were put on the packs to help people and their carers identify the medicines. Patient information leaflets were not routinely supplied. This could make it harder for people to have up-to-date information about how to take their medicines safely.

Deliveries were made by a delivery driver. The pharmacy did not currently obtain people's signatures to help minimise the spread of infection. The driver signed the sheet when they had delivered them. When the person was not at home, the delivery was returned to the pharmacy before the end of the working day. And the driver left a card at the address asking the person to contact the pharmacy to rearrange delivery.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Drug alerts and recalls were received from the NHS and the MHRA. A team member explained the action the pharmacy took in response to any alerts or recalls and said that any action taken was recorded and kept for future reference.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It uses its equipment to help protect people’s personal information.

Inspector's evidence

Suitable equipment for measuring liquids was available. Separate liquid measures were marked for use with certain medicines only. Triangle tablet counters were available but there was tablet powder on them. The RP said that these would be cleaned before use. A separate counter was marked for cytotoxic use only. This helped avoid any cross-contamination.

Up-to-date reference sources were available in the pharmacy and online. The phone in the dispensary was portable so it could be taken to a more private area where needed. The second pharmacist said that a shredder was available for use but this was not kept on the premises. She said that she would order one.

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.