

Registered pharmacy inspection report

Pharmacy Name: Karepack Bucks, Unit 8, Riverside Business Centre,
Victoria Street, High Wycombe, HP11 2LT

Pharmacy reference: 9011662

Type of pharmacy: Internet / distance selling

Date of inspection: 20/02/2024

Pharmacy context

This is a pharmacy which is closed to members of the public and provides its services at a distance. It is in High Wycombe, Buckinghamshire. The pharmacy has an NHS contract and an online presence <https://karepack.com/>. It only supplies medicines to people in residential care homes and offers the New Medicine Service (NMS). The pharmacy does not sell medicines over the counter. And it does not provide any other 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 is operating appropriately. It has systems in place to identify and manage the risks associated with its services. Members of the pharmacy team understand their role in protecting the welfare of vulnerable people. The pharmacy protects people's confidential information suitably. And it generally maintains its records as it should. Team members deal with their mistakes responsibly. But they are not always formally reviewing the necessary details. This could mean that they may be missing opportunities to spot patterns and prevent similar mistakes happening in future.

Inspector's evidence

This was a six-month re-inspection as the pharmacy had been rated as 'standards not met' at the last inspection. The inspector found the pharmacy to be significantly improved. It was tidy, and efficiently run with capable staff. The pharmacy had a range of current standard operating procedures (SOPs) which provided guidance for the team to carry out tasks correctly. They were now specific to the nature of the pharmacy's business. The SOPs had been signed by the staff and for some, this was work in progress. There were also service level agreements between the pharmacy and the care homes to define the relationship and terms between them. Team members understood their roles and responsibilities. They had designated tasks and knew which activities could take place in the absence of the responsible pharmacist (RP). The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

The pharmacy had systems in place to identify and manage risks associated with its services. The dispensary and pharmacy premises were clean and clear of clutter. There were segregated areas to process prescriptions as well as for storage. Staff worked on one care home at a time and were responsible from start to finish for processing and dispensing prescriptions for their designated care home. The pharmacy's stock was also clearly stored, and some sections highlighted. Every care home had a different start date, this, along with a noticeboard helped the team to schedule and manage the workload.

The pharmacist recorded near miss mistakes and informed staff when they occurred. Few mistakes were seen recorded but this was down to how the pharmacy's patient medication system worked (the bar code on medicines were scanned into the system which helped highlight and prevent mistakes). However, the details were reviewed informally. This could make it harder to spot patterns and trends. The pharmacy had a complaints as well as an incident management policy. The RP's process to handle incidents was suitable and in line with requirements. This involved appropriate handling of the situation, formal reporting, and investigation to identify the root cause. Any necessary changes were then implemented internally.

The pharmacy's team members had been trained to protect people's confidential information and to safeguard vulnerable people through relevant and ongoing training. Staff could recognise signs of concern and knew who to refer to in the event of an issue. The RP was trained to level 2 through the Centre for Pharmacy Postgraduate Education (CPPE). Contact details for the relevant safeguarding agencies were readily available. Confidential material was stored and disposed of appropriately. Computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions. Details about data protection were also available to provide guidance to the

team.

The pharmacy's professional indemnity insurance arrangements were valid, and the pharmacy's records were compliant with statutory and best practice requirements. This included the RP record and a sample of registers which were inspected for controlled drugs (CDs). On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Records verifying that fridge temperatures had remained within the required range. Records of unlicensed medicines had missing details. This was discussed at the time.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The pharmacy provides services using a team with different levels of experience. Members of the pharmacy team work well together. And they are provided with resources so that they can complete regular and ongoing training. This keeps their skills and knowledge up to date.

Inspector's evidence

Staff at the inspection included a regular locum pharmacist, a trainee pharmacist, the area manager and a mixture of trained dispensing staff, new team members or staff in training as well as admin staff who dealt with queries. The pharmacy manager was present for the later stages of the inspection. Regular pharmacists provided cover, the superintendent pharmacist was also seen, and the area manager frequently attended the pharmacy. The manager and area manager were knowledgeable about the pharmacy's internal processes. The pharmacy had enough staff to support the workload and the team was up to date with this. Staff were observed working independently of the pharmacist with very little direction or input required from the RP or manager.

Members of the pharmacy team were fully trained, undertaking accredited training or due to be enrolled for this. This was in line with the GPhC's 'Requirements for the education and training of pharmacy support staff' as some staff were new. A specific platform was used to provide resources for ongoing training, staff in training were progressing through their course(s) and formal performance reviews had taken place. Team members described enjoying working at the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are suitable to provide and deliver its services from. The pharmacy is suitably clean and tidy. The pharmacy is secured against unauthorised access.

Inspector's evidence

The pharmacy premises consisted of a main dispensary, an office, a meeting room, staff areas at the very rear, an additional stock room, a space for dispensing interim medicines and a second dispensing area. The miscellaneous items seen at the last inspection had been removed, the pharmacy was now professional in its appearance and clear of clutter. The main dispensing area was large with plenty of space to prepare and process prescriptions as well as to store medicines. The second dispensing area was also sufficient to process and prepare medicines. Some of the fixtures and fittings in the premises were dated, but the pharmacy was suitably bright and appropriately ventilated. It was also secured against unauthorised access. The pharmacy was clean and very tidy. It had no consultation room or facilities for this purpose, but this was not required. Members of the public could not enter the pharmacy and the lack of patient access enabled activities within the pharmacy to remain private and confidential.

The pharmacy had its own online website (<https://karepack.com/>). This website gave clear information. It displayed the SI's details, information about the pharmacy's opening times, how people could complain, the pharmacy's contact details and GPhC registration information.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy supplies medicines to the residential care homes safely, effectively, and efficiently. The pharmacy sources its medicines from reputable suppliers. It stores and manages its medicines well. And it has verifiable processes in place to ensure medicines are suitably dispensed and delivered. But the pharmacy's team members are not identifying people who receive higher-risk medicines or making the relevant checks. This makes it difficult for them to show that people are provided with appropriate advice when these medicines are supplied.

Inspector's evidence

The pharmacy was closed to the public and only provided its services at a distance. Team members were multi-lingual which meant that they could assist people whose first language was not English. Staff liaised with next of kin or representatives if needed and dispensing labels could be printed with a larger font size if needed to assist people who were partially sighted.

The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. Once staff generated the dispensing labels, there was no facility on them to help identify who had been involved in the dispensing process. However, the pharmacy's internal dispensing system recorded who had processed each prescription. Each staff member was responsible for processing and dispensing medicines for the same care home. And the pharmacy team had recently implemented a new system where team members were allocated numbers. This number was recorded on dispensing labels. This system was therefore used as an audit trail.

Additional processes had been implemented to help streamline how medicines were prepared and supplied to the care homes. This had made internal processes more efficient and allowed prescriptions to be processed as a bulk order. It involved batch dispensing or 'Batch flow' through the pharmacy's patient medication record (PMR) software. This process allowed the residents in each care home to be grouped together, resident lists were generated, the stock required was gathered and placed in one box. The barcodes for each medicine in this box were then scanned one at a time which ensured that the generated dispensing label for that resident was placed on the correct medicine. The PMR alerted staff so that they knew which baskets to place the items in. They were then accuracy-checked by staff before being passed to the RP for this stage to take place.

The pharmacy supplied medicines to the care homes predominantly as original packs. The care homes ordered prescriptions for their residents and the pharmacy was copied into these requests. Admin staff at the pharmacy checked for any discrepancies or errors. An audit trail about missing items was maintained and monitored by the admin team. The pharmacy used an electronic integrated processing system which generated electronic medication administration records (MARs). Details about allergies and sensitivities were included. The care homes were supplied with a file containing patient information leaflets (PILs), which was checked when they were audited by the pharmacy and updated annually. Interim medicines were supplied by the pharmacy.

The pharmacy delivered dispensed prescriptions to the care homes. There were records available to demonstrate when medicines had been delivered to the care homes. CDs and fridge items were

identified, there was a separate audit trail used for delivering CDs. Failed deliveries were brought back to the pharmacy and staff at the care homes were called to inform them of the attempt made to deliver the medicines. No medicines were left unattended.

Staff were aware of the additional guidance when dispensing sodium valproate and the associated Pregnancy Prevention Programme (PPP). They ensured the relevant warning details on the packaging of these medicines were not covered when they placed the dispensing label on them. No one in the at-risk group had been supplied this medicine. Staff were still not routinely identifying prescriptions for other higher-risk medicines, they did not ask relevant questions or request specific details about people's treatment from the care homes nor did they record this information.

The pharmacy's stock was stored in an organised way. The pharmacy used licensed wholesalers to obtain medicines and medical devices. The team date-checked medicines for expiry regularly and kept records of when this had happened. Short-dated medicines were identified. There were no date-expired medicines or mixed batches seen. CDs were stored under safe custody. Medicines which were collected by the driver from the care homes and returned to the pharmacy for disposal, were accepted by staff, and stored within designated containers. This did not include sharps or needles which were redirected. Drug alerts were received electronically and actioned appropriately. Records were kept verifying this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has a sufficient range of equipment and facilities available. Its equipment is suitably clean. And used in an appropriate way to help protect people's personal details.

Inspector's evidence

The pharmacy had a range of relevant equipment. This included counting triangles, standardised conical measures, a pharmacy fridge, legally compliant CD cabinets and a clean sink that was used to reconstitute medicines. Hot and cold running water was available as well as hand wash. Staff could store their personal belongings inside lockers. The pharmacy's computer terminals were positioned in a way and location that prevented unauthorised access. The team also had cordless phones available and telephones in other rooms so that private conversations could take place away from the main dispensary if needed.

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.