

# Registered pharmacy inspection report

**Pharmacy Name:** Kuramed Pharmacy, Unit 5, Winsor & Newton Building, Whitefriars Avenue, Harrow, HA3 5RN

**Pharmacy reference:** 9012228

**Type of pharmacy:** Internet / distance selling

**Date of inspection:** 01/05/2024

## Pharmacy context

This pharmacy is in Harrow, Greater London and is closed to the public, providing its services at a distance. The pharmacy has an online presence, dispenses NHS prescriptions, and supplies medicines to people who live in residential care homes. A few people are supplied their medicines in multi-compartment compliance packs, and it also offers a delivery service.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has procedures and risk assessments to help it deliver safe and effective services. It identifies and manages its risks well, and keeps the records it needs to by law. Team members protect people's information, and have the relevant training to safeguard the welfare of vulnerable people using their services. People using the pharmacy's services can easily provide feedback in a number of ways, and the pharmacy has robust procedures to minimise errors and learn from its mistakes.

### Inspector's evidence

The responsible pharmacist (RP) sign was correct and visible at the time of inspection and the electronic RP record was completed fully. The RP was able to show evidence of an in-date pharmacy indemnity insurance certificate, which was stored electronically.

Access to the electronic patient medication record (PMR) was password protected, meaning that confidential electronic information was stored securely. Qualified team members had their own NHS smartcards and applications for newer members of staff had been submitted to obtain these. This enabled individuals to access electronic prescriptions. Confidential paper waste was put in a lockable bin and when full, the superintendent pharmacist (SI) would call to arrange collection and correct disposal. But some returned medicines which were awaiting destruction still had people's details visible. The RP gave assurances that these details would be removed.

Standard operating procedures (SOPs) were available electronically and there was a record of when team members had read them. The electronic system prompted the SI and RP when the SOPs were due for review. Team members were clear about their roles and knew when to refer to the pharmacist, and what to do if a pharmacist was absent. The pharmacy had a range of comprehensive risk assessments in place. The SI was able to tailor risk assessments to the evolving needs of the pharmacy, a recent example included a risk assessment which had been completed when the pharmacy premises relocated.

The pharmacy had processes for learning from dispensing mistakes that were identified before reaching a person (near misses) and dispensing mistakes which had reached the person (errors). On inspecting some of the records, mistakes involving quantities were seen to be the most common type of mistake. The pharmacist said that he would discuss dispensing mistakes with team members in a monthly informal meeting, to raise awareness. Team members knew to double check quantities when dispensing. The team was aware of how to report a dispensing error and who to refer to, but they were not aware of any recent errors. The pharmacy used a PMR system where the barcodes of medicines were scanned during the dispensing process. This highlighted incorrect items and prevented team members from proceeding further.

Feedback or complaints from people using the pharmacy's services could be received via telephone or email. The RP reported that the team had good relationships with the care home staff, and often received positive feedback. If a complaint was received team members would document this on the PMR or keep an email trail if the issue was not directly related to an individual person.

Controlled drug (CD) records were held electronically and a random balance check during the inspection of one of the CDs tallied with the stock present in the cupboard. At the time of the inspection, the

pharmacy had not supplied any unlicensed medicines, private prescriptions or made any emergency supplies at the request of people without a prescription. The pharmacy team had established good relationships with the local GP practices and found them responsive if an urgent prescription was required.

The SI and RP had completed level three safeguarding training and the qualified dispensers had completed level two, through accredited providers. If team members had any concerns around safeguarding people, they would raise this with the RP. And they were aware of other local authorities who may be able to help with concerns, such as the GP surgery.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff for the services it provides and manages its workload safely. The team has the appropriate skill mix to ensure safe practice, and team members are supported to develop through accredited courses. Team members can raise concerns if needed, in an open and honest environment.

### Inspector's evidence

The pharmacy team consisted of the SI and RP, one trainee accuracy checking dispenser, two qualified dispensers, one trainee dispenser, and one new team member. Most of the staff had completed or were undertaking accredited courses, the team member who had only very recently been employed had not yet commenced training.

During the inspection, the pharmacy team was observed managing the day-to-day workload of the pharmacy effectively. When asked, team members reported feeling comfortable raising concerns with the SI and RP, one dispenser said that they could email the SI or RP if they felt that a verbal approach was not sufficient. Team members reported having a monthly meeting, where they could discuss concerns and ideas for improvement. And the RP highlighted areas of focus or development for the pharmacy.

When asked about continuous learning, one dispenser said that they reviewed past learning material and read about topical issues online. They reported having the opportunity to progress and had discussions around further education with the RP. Team members had completed online training such as information governance and safeguarding through NHS training providers. They were provided protected training time to complete their accredited courses. The SI said that going forward they were formulating a training matrix to ensure ongoing development of staff was monitored more effectively.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and tidy, with adequate space for providing its services safely. The pharmacy premises are also safe, secure, and appropriately maintained.

### Inspector's evidence

The pharmacy premises were spacious with adequate workspace and shelving for the storage of medicines. Appropriate security measures were in place for the safe storage of medicines.

The premises were clean and tidy, with good ventilation and they were well-lit. There was air conditioning available to maintain a suitable temperature for the storage of medicines. Handwashing facilities were available in the storage room, behind the dispensary. Through a locked door at the rear of the property there was access to the main building shared toilets with separate handwashing facilities. And a staff room where team members could take an uninterrupted break. Unauthorised access to the pharmacy was prevented during working hours and when closed. The pharmacy's website was easy to navigate and displayed the contact details of the SI and a complaints procedure.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy suitably manages its healthcare services. It sources its medicines from reputable suppliers and stores them appropriately. Its team members identify people taking high-risk medicines, and provide them with the right advice. This helps make sure that they are taken safely. The pharmacy team knows the right actions to take if medicines or devices are not safe to use. This protects people's health and wellbeing.

### Inspector's evidence

This was a closed pharmacy with no on-site access to the public, however people could access services through the pharmacy's website or telephone. All medicines were sourced from licensed suppliers. A random spot check of stock revealed no expired medicines and a date-checking matrix was used to ensure stock was regularly checked for out-of-date medicines. Stickers were used to highlight short-dated items on the shelves. A few medicines were not stored in their original containers and were poorly labelled with expiry dates and batch number information missing. However, this was rectified during the inspection. Opening dates were written on bottles of liquids so that the team would know if they were still suitable to use. The RP said that the pharmacy system flagged when an item was short dated following scanning of the box during the dispensing process. For split packs of medicines, the pharmacy's system would not permit dispensing if the expiry date of an item, entered manually, had passed. Records for the pharmaceutical fridge were well kept and showed no deviations in temperature outside of the required range of between 2 and 8 degrees Celsius.

The pharmacy system flagged up safety alerts and drug recalls daily and the RP said that this was checked weekly. There was an option to record action taken against these alerts, however during the inspection it was seen to not always have been completed. The SI has since provided evidence that this was a system error and all alerts have been actioned.

The team was observed following the dispensing SOP and the RP demonstrated using their individual computer login to view the prescriptions on the screen, and clinically assess them. They could mark these prescriptions as clinically checked on the system, so that team members were clear it had been seen by the RP prior to dispensing. Baskets were used to ensure that prescriptions for individual people were kept separate and dispensing labels included 'dispensed by' and 'checked by' boxes to indicate who had carried out those tasks. For quantities requiring a pack to be split, the batch number and expiry date was entered in the system following scanning of the product box. This would then be printed on the dispensing label. Large print labels were available on request.

High-risk medicines were kept separate in the dispensary and team members used stickers on items and bags to highlight them to care home staff. The RP had a monthly call with the care homes to ensure they were aware that these medicines required relevant blood tests and ongoing monitoring. Conversations held were logged on individual PMRs to ensure that correct and consistent advice could be given. Sodium valproate was dispensed in original packs, leaflets were available to supply, and care was taken not to cover warning information on the packaging with a dispensing label. Team members were aware of the guidance surrounding this medication.

Some multi-compartment compliance packs were provided to care home residents. The care home

ordered these medications with the surgery and when the prescription was received, the pharmacy cross-checked against people's PMR to ensure there were no changes. If a query was found, the pharmacy would email the GP to rectify, for example if an item was missing or if an alternative was required due to supply issues. All compliance packs were supplied alongside an electronic medication administration record (eMAR) chart, which contained medication warnings and pictures of the medications, to ensure ease of identification. Patient information leaflets were supplied with each pack. The RP explained that if a change to medication occurred in the middle of a cycle, the pack would be collected, disposed of and re-dispensed with the relevant changes.

The pharmacy operated a delivery service and used a specific application to log and verify when and where items were delivered. Drivers used QR codes on the medication bags, to create an audit trail for medicines delivered. Codes were scanned at the pharmacy and again at the care home to ensure delivery to the correct locations. An electronic signature was obtained from care home staff, for all deliveries. CDs were dispensed in clear bags and only registered healthcare professionals were asked to sign for confirmation of receipt. The driver also took pictures upon delivery which were stored on the system. Any undelivered prescriptions would be returned to the pharmacy. Care homes could log a collection of medicines on the system for drivers to collect. These would be sorted on arrival at the pharmacy and appropriately separated from current stock, in medicinal waste bins. CDs were separated for correct disposal.

The pharmacy completed six-monthly care home audits which were received well by the care home staff, they included areas such as the storage and disposal of medicines. Documented details were sent to the care home for action and stored by the pharmacy. The RP had been approached to provide advice regarding covert administration of medicines to care home residents. A conversation and agreement were required between the pharmacy, care home or representatives and the person's GP. The RP used relevant guidelines as well as other resources to assess the suitability of this kind of administration and the team recorded the relevant details to verify.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. It maintains its equipment so that it is safe to use and has adequate resources to provide information.

### Inspector's evidence

The pharmacists had access to and used current and relevant reference sources for clinical checks and providing advice to the care home staff. The pharmacy used suitable, clean standardised conical measures for measuring liquids and had a tablet counting triangle available for dispensing loose medication. A separate triangle was available for counting cytotoxic medication. A capsule counting tray was also available.

There was one CD cabinet secured correctly on the premises, and there was one small pharmaceutical fridge in the dispensary. Its operating temperature was within the required range at the time of inspection. All computers were password protected to safeguard information and each team member had separate logins for PMR systems access.

### 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.