General Pharmaceutical Council

1090819-EnforcementActionSummaryImprovement-Karsons Pharma-20260123.docx

Pharmacy trading name: Karsons Pharma

Pharmacy address:

69 – 71 City Way
Rochester
Kent
ME1 2BA

Premises registration number:

1090819

Enforcement action taken:

Issuing of an improvement notice - (Article 13 of the Pharmacy Order 2010)

Effective date:

15/10/2026

Premises standards failed:

TBC

Summary:

The pharmacy was issued with an Improvement Notice on 23 January 2026. The notice was deemed as met, but a reinspection of the pharmacy on 24 September 2026 found that there were similar concerns about the overall governance of the pharmacy, record keeping, and the storage and management of medicines. The concerns identified are ongoing, and patients and members of the public continue to use the services of the pharmacy.

Improvements required:

1. You must establish and operate effective governance systems to:

- Assess and monitor quality and safety
- Identify and mitigate risks
- Maintain accurate records

You must provide evidence of the effective governance systems, and how they are working, to the GPhC upon request.

2. You must ensure that the responsible pharmacist (RP) record contains all the information required by law and that entries accurately reflect who the RP was.
3. You must ensure that the private prescription record contains all the information required by law, including accurate prescriber details, that private prescriptions are recorded correctly, and that robust checks are in place to ensure that supplies are made only against legally valid private prescriptions.
4. You must ensure that that the pharmacy has effective procedures to identify and remove out-of-date medicines, that medicines with a short expiry are clearly identified and that expired medicines are removed from dispensing stock before their expiry date.
5. You must ensure that all stock medicines are appropriately packaged and labelled in accordance with legal requirements, and that medicines can be readily identifiable and traced to the correct batch.
6. You must ensure that medicines requiring refrigeration are stored appropriately and in accordance with the manufacturers' recommendations. You must check and record maximum and minimum temperatures twice daily and maintain accurate temperature records. You must ensure that any temperature excursions are promptly identified and reported to the responsible pharmacist and superintendent pharmacist. In addition, you must maintain a record of all investigations undertaken and any actions taken where temperatures fall outside the recommended range.
7. You must ensure that balance checks are undertaken at least monthly for all Schedule 2 Controlled Drugs (CDs) and that a record of each balance check is entered in the relevant CD register. You must also ensure that any discrepancies identified are promptly investigated by the superintendent pharmacist and appropriately documented. Any discrepancies that cannot be satisfactorily resolved must be reported promptly to the appropriate authority, such as the NHS Controlled Drugs Accountable Officer.
8. You must ensure that all FP10PCD prescriptions for Schedule 2 and 3 Controlled Drugs supplied by the pharmacy are submitted to the NHS Business Services Authority within the required timeframe.

Deadline for compliance:

13/11/2026

Outcome:

Ongoing