General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Kamsons Pharmacy, 1-2 Dana Lodge, Central Avenue, Telscombe, PEACEHAVEN, East Sussex, BN10 7LX

Pharmacy reference: 1036245

Type of pharmacy: Community

Date of inspection: 12/11/2019

Pharmacy context

This is a Healthy Living Pharmacy (HLP) in a residential area of Telscombe Cliffs near Peacehaven in East Sussex. It dispenses NHS and private prescriptions. And also sells a range of over-the-counter medicines and provides health advice. The pharmacy offers flu vaccinations in the autumn and winter seasons. And home deliveries for those who cannot get to the pharmacy themselves. It supplies some medicines in multicompartment compliance aids for those who may have difficulty managing their medicines.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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	Good practice	3.1	Good practice	The premises are spacious and have been well laid out to provide an ideal environment for the services provided.
		3.2	Good practice	The consultation room is particularly large and well designed. It is effectively sound proofed and its use is actively promoted.
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 provides its services in a safe and effective manner. Its team members log the mistakes they make. And they regularly review them together, so that they can learn from them and act to avoid repeating problems. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They work to professional standards and identify and manage risks appropriately. They understand their role in protecting vulnerable people, and they keep people's private information safe. The pharmacy keeps most of its records in a satisfactory manner. And it has appropriate insurance to protect people if things go wrong.

Inspector's evidence

There were standard operating procedures (SOPs) in place to underpin all professional standards, originally dated August 2013 and regularly updated by the superintendent pharmacist (SI). There was a memo in the front of the SOP folder to confirm that the SOPs are still current and next due for review in August 2021. There were signature sheets for each SOP which had been signed by all staff to indicate that they had read and understood them. The pharmacy also had a business continuity plan in place to maintain its services in the event of a power failure or other major problem. There was a list of emergency contacts on a notice in the dispensary, visible to all members of staff.

Errors and near misses were recorded using paper forms, showing what the error was, the members of staff involved, and the action taken. The near miss forms were kept in a folder in the dispensary for easy access by all staff. The possible causes were recorded and there was evidence of reflection and learning. There was a separate folder for errors, which were reported to Kamsons head office and also recorded on the NHS National Reporting and Learning Service (NRLS) website. The responsible pharmacist (RP) explained that he held regular monthly meetings with his team to discuss the previous months near misses and errors, although these meetings were not documented. Upon reflection he agreed to record the key learnings and action points from those meetings. They also completed a patient safety report every six months. They had identified some items that were prone to error, such as the 'look alike sound alike' (LASAs) medicines amitriptyline, amlodipine and atenolol which had all subsequently been separated on the shelves. There were stickers on the shelves highlighting those and other items prone to errors.

Roles and responsibilities of staff were documented on a matrix in the SOP file, and had their own signature sheets, complete with space to record any restrictions or additional authorisations for each member of staff. Each individual SOP also referred to those who had the delegated authority to carry out specific tasks, and those questioned were able to clearly explain what they do, what they were responsible for and when they might seek help. They outlined their roles within the pharmacy and where responsibility lay for different activities.

Staff were able to describe what action they would take in the absence of the responsible pharmacist, and they explained what they could and could not do. The responsible pharmacist (RP) notice was clearly displayed for patients to see and the RP log held on the patient medication record (PMR) computer system was generally complete. There were just a few entries where the time the RPs responsibilities ceased had not been recorded. Most of these were for locum RPs, so the regular RP

agreed to remind his locums of the need to sign out at the end of their shifts.

Results of the latest Community Pharmacy Patient Questionnaire (CPPQ) were displayed online at www.nhs.uk and in leaflets displayed for people to take away. The results were very positive overall and areas for improvement included a need for more smoking cessation advice. As a result of this feedback the pharmacy had raised awareness by using its A-board and additional posters to highlight the smoking cessation service. Staff also promoted the service, especially to people with asthma. The pharmacy complaints procedure was set out in the SOP file, on a notice in the retail area and in the pharmacy practice leaflet for people to take away.

A certificate of professional indemnity and public liability insurance from the National Pharmacy Association (NPA) valid until August 2020 was on display in the dispensary. Private prescription records were maintained on the patient medication record (PMR) system and were complete with most details correctly recorded, but some of the prescriber details were incorrect. When this was pointed out, the pharmacist agreed to brief the rest of the team to ensure that all entries would include the correct details in future. Dates of prescribing and of dispensing were all correctly recorded. The pharmacy hadn't had any emergency supply requests for some time as most requests came through the NHS 111 referral service or NUMSAS. One referral entry was seen which contained all the necessary details.

The electronic CD register was seen to be correctly maintained, with all running balances checked at regular weekly intervals. There was a separate file containing well organised printouts of each of the weekly checks, filed under the relevant month. Each entry in the register contained details of who had made the entry in addition to the other details required in accordance with the regulations. Running balances of two randomly selected CDs were checked and both found to be correct. Records of CDs returned by patients were seen to be made upon receipt and subsequent destruction documented and witnessed. The last witnessed entry for destruction was in September 2019 and there were a number of returned CDs awaiting destruction that had been returned since then. Records of unlicensed "specials" were all complete with required patient and prescriber details.

All staff were able to demonstrate an understanding of data protection and had undergone General Data Protection Regulation (GDPR) training. They had all signed confidentiality agreements and were able to provide examples of how they protect patient confidentiality, for example checking people's identity before discussing their medication, or inviting them into the consulting room when discussing sensitive information. Completed prescriptions in the prescription retrieval system were in the dispensary so that people waiting at the counter couldn't read details. Confidential waste was kept separate from general waste and sent to head office in a sealed bag for shredding by a licensed contractor. A privacy notice and data use poster were on display.

There were safeguarding procedures in place and contact details of local referring agencies were seen on the dispensary wall for all staff to access. The pharmacist and the registered technicians had all completed level 2 safeguarding training, and most of the team had been trained so that they could recognise potential safeguarding risks. All staff were dementia friends.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members to manage its workload safely. And they work well together. Pharmacy team members are well-trained and have a good understanding of their roles and responsibilities. They can make suggestions to improve safety and workflows where appropriate.

Inspector's evidence

There was one medicines counter assistant (MCA), two registered technicians (one of whom was also an accuracy checker (ACT)), one dispensing assistant and the RP on duty during the inspection. Two delivery drivers also came and went during the course of the inspection. This appeared to be appropriate for the workload and everyone was working well together. In the event of staff shortages, part-time staff could adjust their working hours to provide additional cover. The RP added that he could also call upon help from other local branches if necessary.

Training records were seen confirming that all staff had completed the required training, and there were some certificates to be seen in the training folder. Staff were able to demonstrate an awareness of potential medicines abuse and could identify patients making repeat purchases. They described how they would refer to the pharmacist if necessary.

All staff were seen to serve customers when the MCA was busy, and all asking appropriate questions when responding to requests or selling medicines. There was no pressure to achieve specific targets. They appeared to have open discussions about all aspects of the pharmacy, and team members were involved in discussions about their mistakes and learning from them.

Principle 3 - Premises ✔ Good practice

Summary findings

The pharmacy's premises provide a secure and very professional environment for people to receive its services. The pharmacy keeps its premises well maintained. The pharmacy has a very spacious consultation room. Which it uses regularly for some of its services and for sensitive conversations.

Inspector's evidence

The pharmacy premises were modern, clean, tidy and in a very good state of repair with step-free access via a single door to the street. The retail area was very bright and open, allowing plenty of space for wheelchair users. There was a large, well laid out dispensary, providing sufficient space to work safely and effectively. There was a clear workflow in the dispensary and the layout was suitable for the activities undertaken, with a separate area designated for the assembly of multicompartment compliance aids. This area was out of sight of people waiting in the pharmacy to minimise any distractions. The dispensary sink had hot and cold running water. There was handwash available.

There was a large consultation room available for confidential conversations, consultations and the provision of services. The door to the consultation room was kept closed but not locked when not in use, but there was no confidential information visible. There were locked cupboards for paperwork and the sharps bin was kept in a separate room which led off from the consulting room. There was a password protected PMR computer present. There was also a sink with hot and cold running water.

Room temperatures were appropriately maintained by a combined air-conditioning and heating unit, keeping staff comfortable and suitable for the storage of medicines.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner. And people with a range of needs can access them. The pharmacy sources, stores and manages medicines safely, and so makes sure that all the medicines it supplies are fit for purpose. The pharmacist takes care to ensure that he only supplies medicines in compliance aids when It is appropriate to do so. And he offers more suitable alternatives if needed. The team responds well to drug alerts or product recalls so that people only get medicines or devices which are safe. Team members identify some people supplied with high-risk medicines so that they can give them extra information they may need to take their medicines safely. They keep appropriate records of most of the checks that they do make, and of the pharmacy's other services. This enables them to show what they have done if a query should arise in future.

Inspector's evidence

A list of pharmacy services was displayed in the shop window and there was also a range of health information leaflets in the pharmacy. The pharmacy provided a range of services including seasonal flu vaccinations during the autumn and winter, and a smoking cessation service.

Controls were seen to be in place to reduce the risk of picking errors, such as the use of baskets to keep individual prescriptions separate. Prescription labels were initialled to show who had dispensed and checked them. Owings tickets were used if the pharmacy was unable to supply the entire prescription. The prescription was kept in the owings box until the stock arrived. In the event of being unable to obtain any items, they contacted other local branches to see if they had any stock before contacting the GP for an alternative.

Completed prescriptions for CDs were highlighted with a CD sticker so that staff would know that they needed to look for a bag in the CD cupboard. Schedule 3 and 4 CDs were also stickered, and the expiry date of the prescription was written on the sticker to help ensure that it wasn't handed out after it had expired. The RP explained that they checked the retrieval shelves every month and that any prescriptions that had remained uncollected for more than three months, or CDs for more than 28 days, were removed and details recorded in a file. Any expired EPS tokens were returned to the NHS spine. Fridge lines in retrieval awaiting collection were also stickered so that staff would know that there were items to be collected from the fridge.

Compliance aids were dispensed in a separate designated area in the dispensary. The pharmacy had a four-week cycle, with the days of the week colour coded to help ensure that prescriptions were ordered and assembled at the appropriate time. Any known allergies were recorded on the patient's PMR and any hospital discharge summaries were stored in the individual patient's basket. Changes were recorded on the individual PMR. Medication times were checked against the patient's last printed backing sheet, and any discrepancies were followed up before labelling. The RP undertook a clinical check of each prescription before the compliance aids were assembled. The completed compliance aids would then be checked either by the RP, or by the ACT before being bagged up ready for either collection or delivery. The ACT demonstrated how the prescriptions were clearly marked to indicate which ones she could check. Compliance aids were seen to include product descriptions on the backing sheet and patient information leaflets (PILs) were always supplied. There were a number of compliance

aids ready for supply to individual patients which were also seen to have product descriptions and to contain PILs. Warfarin and alendronic acid were supplied separately. The RP explained how he assessed each new request for compliance aids to ensure that they would be safe and appropriate for the individual patient. He described contacting the GP if necessary, and in some cases providing a medicines administration record (MAR) chart instead of a compliance aid where he felt that this was a safer and more appropriate option.

Staff were aware of the risks involved in dispensing valproates to women in the at-risk group, and all such patients were counselled regarding the importance of having effective contraception. The PMR was checked and there were no patients in the at-risk group. Patients seen face to face by the pharmacist and taking warfarin were asked if they knew their current dosage, and whether their INR levels had been recently checked. These interventions and the INR results were recorded on the PMR, but there were more patients who the pharmacist may not have personally seen and whose results were not checked. Patients taking methotrexate and lithium were not routinely asked about blood tests. Upon reflection, the RP agreed to start asking for this information in future, and then recording the interventions. There were steroid cards, lithium record cards and methotrexate record cards available to offer patients who needed them.

There were a small number of patients using the substance misuse service, although none were currently for supervised consumption. Appropriate records were kept, and key workers contacted in the event of non-collection for three consecutive days.

There were valid Patient Group Directions (PGDs) in place for both the NHS and the private flu vaccination services. Appropriate informed consent was documented and records of each vaccination kept in the locked cupboards within the consultation room. There were two adrenaline autopen injectors available in the consultation room for use in emergencies.

Medicines were obtained from licensed wholesalers including Phoenix, AAH, Alliance and Kamsons own warehouse. Unlicensed ‘specials’ were obtained from IPS. The pharmacy had the scanners and software necessary to comply with the Falsified Medicines Directive (FMD) and was using it to decommission products for prescriptions handed in by people waiting. But was not at present decommissioning previously bagged up prescriptions as they were waiting for updated procedures on how to produce and scan a consolidated label covering all items within the bag.

Routine date checks were seen to be in place, record sheets were seen to have been completed, and no out-of-date stock was found. Opened bottles of liquid medicine were annotated with the date of opening. There were no plain cartons of stock seen on the shelves and no boxes were found to contain mixed batches of tablets or capsules.

Fridge temperatures were recorded daily, and all seen to be within the 2 to 8 Celsius range. Staff explained how they would note any variation from this and check the temperature again until it was back within the required range. They also had the contact details of the fridge manufacturer available if they required further advice. Pharmacy medicines were displayed behind the medicines counter, preventing unauthorised access or self-selection of those medicines.

One of the technicians described how patient-returned medicines were screened to ensure that any CDs were appropriately recorded, and that there were no sharps present. Patients with sharps were signposted to the local council for disposal. There was a list of hazardous medicines present and a separate purple-lidded container designated for the disposal of hazardous waste medicines. Denaturing kits for the safe disposal of CDs were available for use.

The pharmacy received drug alerts and recalls from the MHRA, copies of which were seen to be kept in a designated folder. Each alert was annotated with any actions taken, the date and initials of those involved. The team knew what to do if they received damaged or faulty stock and they explained how they would return them to the wholesalers.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the right equipment for the range of services it provides. It uses its facilities and equipment appropriately to keep people's private information safe.

Inspector's evidence

The pharmacy has the necessary resources required for the services provided, including the consulting room itself, a range of crown stamped measuring equipment (including separate measures clearly marked for methadone only), counting triangles (including a separate one for cytotoxics), reference sources including the BNF and BNF for children. The pharmacy also had internet access and used this as an additional reference source. There was a new Smokalyser provided by the commissioners of the smoking cessation service. This new device did not need regular calibration, unlike the previous model.

Access to PMRs was controlled through individual passwords, which had been changed from the original default password. Computer screens were positioned so they were not visible to the public. Staff were seen to take precautions such as moving to the rear of the dispensary when making telephone calls so as not to be overheard. NHS smartcards were seen to be used appropriately and with no sharing of passwords. They were left in a secure location within the premises overnight. Confidential information was kept secure and items awaiting collection were not visible from retail area

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.