General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Kamsons Pharmacy, 241A South Coast Road, PEACEHAVEN, East Sussex, BN10 8LD

Pharmacy reference: 1036251

Type of pharmacy: Community

Date of inspection: 24/11/2023

Pharmacy context

This pharmacy is on a junction at the end of a row of shops along the main A259 coastal road through Peacehaven, East Sussex. It dispenses people's prescriptions, sells over-the-counter medicines and offers health advice. It offers flu vaccinations in the autumn and winter seasons, and delivers medicines to people who can't visit the pharmacy in person.

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	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 provides its services in line with clear, up-to-date written procedures which are being followed by its team members. Its team members work to professional standards, identifying and managing risks effectively. They are clear about their responsibilities and know when to seek help. The pharmacy keeps satisfactory records of the mistakes that occur. The pharmacist regularly reviews them with members of the team so that they can all learn from them and help prevent them from happening again. The pharmacy manages and protects confidential information well and has suitable insurance in place to help protect people if things do go wrong.

Inspector's evidence

There were up-to-date standard operating procedures (SOPs) in place. They were stored on the company's intranet and available for all staff to see. They were last reviewed in May 2023 and next due for review in June 2025. There was a separate folder with a signature page for each individual SOP which had been signed and dated by team members. This showed that they had read and understood the SOPs, and that they would follow them. There was a business continuity plan in place to ensure people could still access the pharmacy's services if it had to close for any reason.

There was a file for staff to record their near misses and errors showing the nature of the incident, who had made it and what had been learned as a result. The near miss record form was kept at one of the dispensing workstations for ease of access. Each team member recorded their own mistakes, along with any learnings and actions to help prevent a recurrence. All errors and near misses were discussed regularly with the team as a whole and a review form completed. The information on these forms was collated, analysed for trends and then used to complete the annual patient safety report. Any errors that weren't detected until after they had been handed out were reported to the NHS 'learn from patient safety events' (LFPSE) Service as well as to their head office.

There was a roles and responsibilities matrix in the SOP folder, and everyone understood their own responsibilities and knew when to ask for help. The correct notice was on display to show people the name and registration number of the responsible pharmacist (RP) who was on duty. There was a daily RP record kept on the pharmacy computer system. A small number of entries were missing the time the RP's responsibilities ceased for the day. When this was pointed out, the RP agreed to ensure it was completed in future. Staff could describe what they could and couldn't do in the absence of the RP. There was also an SOP telling staff what to do if the pharmacist failed to arrive before the pharmacy was due to open. Prescription labels were initialled to show who had assembled and checked the prescriptions. And the prescription tokens were initialled by the pharmacist to show that they had completed a clinical check.

There was a complaints procedure in place with a notice on display for people to see. The pharmacy had professional indemnity insurance in place, valid until October 2024. The RP obtained a copy of the up-to-date certificate of insurance during the inspection.

Private prescription records were maintained using the pharmacy's patient medication record (PMR) system. Those records examined were generally complete although a few of the dental and private prescribers' details hadn't been recorded as required. Once this had been pointed out, the RP agreed to

ensure that the correct prescriber details would be recorded in future. The RP explained that they didn't usually agree to make emergency supplies as most requests were generally received while the local GP surgery was open so that people could obtain a prescription.

The online controlled drugs (CD) register was easily accessible, and those records examined were all in order. The ACT explained how entries were made for each delivery of stock arriving, and also for prescriptions once they had been handed out. Entries for CDs that had been delivered were only made after the driver had returned and confirmed safe delivery of the CD. Alterations to the records were made using a specific part of the program which recorded the details of the person making the adjustment and the reason so that there was a complete audit trail. The entries in the CD register were balanced weekly against the items held in stock. The balances of two CDs were checked and found to correspond with their respective entries in the register. The RP recorded CDs returned by people who no longer needed them. Schedule 2 CDs returns were noted on dedicated section of the online CD register. The pharmacy had the necessary kits for denaturing and disposing of the unwanted CDs. The pharmacy ordered unlicensed medicines (Specials) from recognised suppliers and those records examined were all in order.

There was an information governance (IG) file containing the pharmacy's IG policy and a privacy notice was on display for people to see. There was also a separate section within the SOPs which had been signed by team members to say that they understood that confidential information obtained by them during the course of their employment should not be disclosed. Team members were able to describe how they would protect people's confidential information. There was a container at each workstation for confidential waste which was emptied into a sack at the end of each day before being collected for secure destruction.

All registrants had completed level 2 safeguarding training and the rest of the team had completed the training required for the PQS. This included domestic abuse and suicide awareness training courses. Contact details for the local safeguarding agencies were available online and the team was signposted to the NHS safeguarding app.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has sufficient staff to manage its workload safely, and they work well together as a team. The pharmacy provides its team members with regular training to help keep their knowledge up to date. And it keeps suitable records of their training. It also ensures they can make suggestions to improve safety and workflows where appropriate.

Inspector's evidence

At the time of the inspection there was the RP, one ACT, three full-time dispensing assistants (including one self-employed locum covering annual leave, and one trainee) and two part-time medicines counter assistants (MCAs). The trainee dispensing assistant was still in her probationary period so hadn't yet been enrolled on an accredited training course but was being trained on the job by her colleagues. The RP confirmed that she would be enrolled once she had completed the imminent final appraisal at the end of her probationary period. This appeared to be sufficient for the workload and they were working well together. Although the pharmacy was busy with a constant flow of people collecting their prescriptions, the atmosphere was calm, and everyone clearly knew what they were doing. The ACT explained that they usually covered for each other in the event of staff shortages. They could also call upon their other local branches or head office for further help if required.

There was a folder for the Pharmacy Quality Scheme (PQS) which contained certificates showing the training that each team member had completed for this. There were also separate training files containing certificates to show other training, including the required accredited training for the ACT, dispensing assistants and MCAs. There were annual appraisals in place to help track staff progress and identify any development needs but these hadn't been carried out for some time as the pharmacy didn't currently have a permanently employed manager. The RP explained that she only worked three days a week as a locum but ensured there was some continuity for the team and for people using the pharmacy's services.

Staff were seen to be asking appropriate questions when selling medicines and were aware of which medicines may be liable to abuse. They knew when to refer to the pharmacist and which products they couldn't sell. There was a whistleblowing policy in place and staff knew who they could speak to if they had any concerns. There were some objectives for the team to achieve but they were sensibly managed and didn't affect the RP's professional decision-making.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises provide a secure, well-maintained, clean and professional environment for people to receive its services. The pharmacy is well laid out with sufficient space for people to wait for their prescriptions. It has a suitably fitted out, albeit rather small, consultation room, which it uses regularly for some of its services and for sensitive conversations.

Inspector's evidence

The premises were light, airy and modern looking. The retail area was approximately square in shape, creating an impression of space, even though there were several people in a queue waiting to be served. There were also some seats available for them to use. There was a Perspex screen at the medicines counter to help reduce the spread of airborne viruses. The layout was clear, and people could easily find what they wanted. There was plenty of space in the dispensary for team members to work safely and effectively with a logical workflow. There was a central island workbench where baskets of assembled prescriptions were kept while awaiting a final accuracy check.

There was a small consulting room with access from behind the prescription reception counter and a second door to the retail salesfloor. The doors were closed but not locked when the room wasn't in use. There was a computer on the desk and an open sharps bin underneath. When this was pointed out, the RP agreed to keep the door to the sales floor locked when the room was unoccupied. There was another door in the consulting room which led to a small stockroom, mainly containing over-the-counter products. The RP did point out that she always ensured that the recent browsing history was cleared from the computer before leaving the room, so that the next person wouldn't see who may have been in previously. So, there was no confidential information visible. The room was used for providing services such as the seasonal flu vaccination service, or for having private conversations.

The dispensary sink was clean, with hot and cold water, sanitiser and drying facilities available. All worksurfaces were clean and free from visible dirt and dust. Room temperatures were maintained by combined heating and air-conditioning units to keep staff comfortable and were suitable for the storage of medicines. The layout was arranged to allow effective supervision of the retail sales area, which was professional in appearance.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides its service in a safe and effective manner, and people with a range of needs can easily access them. It sources, stores and manages its medicines safely, and so makes sure that all the medicines it supplies are fit for purpose. It identifies people supplied with high-risk medicines so that they can be given extra information they may need to take their medicines safely. The pharmacy responds appropriately to drug alerts or product recalls to make sure that people only get medicines or devices which are safe for them to take. And it manages its other services well, keeping satisfactory records so that it can show who has done what and when.

Inspector's evidence

There was a single wide, step-free, entrance door into the pharmacy from the main road outside. There was plenty of space in the waiting area, making it easily accessible for people using wheelchairs or mobility scooters.

There were controls in place to minimise errors such as separating those items which looked alike or whose names sounded alike (LASAs). These items were placed in clearly labelled baskets to help draw attention to them. Baskets were also used to keep all the items for a prescription together while they were being assembled and then awaiting a final check. The ACT described the process she followed to ensure she only completed an accuracy check on items that had already been clinically checked by the pharmacist. The baskets were stored tidily on the central island to help prevent any mix ups. They were also colour coded so that team members would know which ones were for people waiting, which were for delivery and those that were less urgent. There was a separate box for prescriptions with missing items. There was a documented owings process for them where the RP would check if they could wait for the item to come in, or whether they would prefer them to obtain a suitable alternative. The ACT highlighted the amount of time they often spent trying to obtain suitable alternatives for items that were otherwise unavailable.

There was a separate area for those prescriptions awaiting delivery. The pharmacy used an app for managing the delivery service and to produce an audit trail showing what had been delivered and when. The RP explained that the drivers had still been trained to check they had the correct address and that they were handing over the correct bag. But they frequently needed to use agency drivers from the two courier companies approved by their head office. These drivers were given a paper drop sheet to complete instead of using the mobile phone app as a record of their deliveries. Some of these agency drivers were found to be less reliable than their regular drivers resulting in extra work for the team in following them up.

The pharmacy provided a substance misuse service to a small number of people. Some of them had to consume their medicine under the supervision of the pharmacist. The ACT explained that they measured out the required quantities for each daily dose at the beginning of the week, with each dose being checked by a second team member before being banded together by name in the CD cupboard. Those records examined appeared to be in order. The ACT confirmed that if people failed to turn up for their medicine on three consecutive days, then the person would be directed back to the prescriber, in accordance with the service specification.

The pharmacy had previously completed a valproate audit for the PQS and hadn't identified anyone in the at-risk group during the audit period. The RP described how she checked that women taking valproates who could become pregnant were aware of the risks and had suitable long-term contraception in place. The RP agreed to ensure that any such interventions would be documented on the pharmacy's patient medication record system (PMR). They were aware of the recently introduced requirement to supply valproates in their original manufacturers' packaging. The RP also described the checks they made when dispensing other high-risk medicines such as warfarin, lithium and methotrexate.

The pharmacy offered the NHS seasonal flu vaccination service using the national protocol for NHS supplies (valid until April 2024) and a patient group direction (PGD) as the legal mechanism for private supplies. There was also evidence of the RP's training to provide the service. There were two adrenaline auto-injectors in the consultation room for use in an emergency. The pharmacy also administered some travel vaccines and supplied a limited range of prescription only medicines such as those to delay menstruation or to treat erectile dysfunction. People completed a questionnaire, either in the pharmacy or online, which one of the company's pharmacist independent prescribers (PIPs) used to prescribe the appropriate vaccine or medicine. The prescriber contacted people direct if they had any queries before prescribing anything. The RP explained that he would verify the person's identity and satisfy himself that the product was safe and appropriate for the person to have before providing it. There were records of all vaccinations showing exactly what had been administered. The pharmacy had also introduced the NHS hypertension case finding service, but there had been very little uptake to date.

The pharmacy obtained its medicines from appropriately licensed wholesalers and stored them in the manufacturer's original containers. There was a file containing details of the date checks carried out every three months, showing which items were approaching their expiry date, and had coloured spots applied. The different colours were used to indicate the month during which the products would expire. Fridge temperatures were monitored daily and recorded on the PMR system.

Prescriptions awaiting collection were stored out of sight of people waiting at the medicines counter. Controlled drugs were stored in one of two CD cabinets, both securely fixed in accordance with the regulations. Any prescriptions for schedule 2 CDs were highlighted with a 'CD' sticker so that staff would know to look in the CD cabinet. Prescriptions for items that needed to be stored in the fridge were highlighted in a similar way with a 'fridge' sticker. The prescription retrieval shelves were cleared of uncollected bags every eight weeks.

There were suitable containers for storing unwanted medicines, which were regularly collected by a waste contractor arranged by the local NHS. Controlled drugs were brought to the attention of the pharmacist and appropriately recorded before being denatured and safely disposed of. People trying to return unwanted sharps were signposted to the local council. There was a file containing copies of alerts received from the Medicines and Healthcare products Regulatory Authority (MHRA). Those alerts were annotated to show what action had been taken in response, when and who by.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the right equipment for the range of services it provides. It also has easy access to appropriate sources of information that it may need. It uses its facilities and equipment appropriately to keep people's private information safe.

Inspector's evidence

There was a set of clean standard conical measures available to use with liquid medicines. There were two sets of some measures, separately marked for use with antibiotics in one case and for controlled drugs in the other. There was also suitable equipment for counting tablets and capsules.

There were two blood pressure monitors for use in the hypertension case finding service. They were new when the service was introduced approximately a year before. The RP explained that they would be replaced after two years. There were also anaphylaxis kits containing pre-filled adrenaline pens which were both in date. The pharmacy had two separate medical fridges. One in the dispensary for storing stock waiting to be dispensed. The second was behind the medicines counter and was used to store those items that had been dispensed and were awaiting collection.

All computer screens were positioned so that they were not visible to the public and were password protected. NHS smartcards were in use, and individual passwords were not shared. Team members were seen to move to the rear of the premises when taking phone calls so that they wouldn't be overheard by other people. The pharmacy had access to a range of online resources and had the British National Formulary (BNF) for reference.

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.