

Registered pharmacy inspection report

Pharmacy Name: Kamsons Pharmacy, 4 Station Parade, East Preston,
LITTLEHAMPTON, West Sussex, BN16 3AE

Pharmacy reference: 1037374

Type of pharmacy: Community

Date of inspection: 12/07/2023

Pharmacy context

This is a busy community pharmacy located on a parade of shops in a residential area close to the railway station. The pharmacy dispenses NHS and private prescriptions. It offers a range of services such as seasonal flu and COVID vaccinations. The pharmacy provides multi-compartment compliance aids to people if they find it difficult to manage their medicines.

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	2.4	Good practice	The pharmacy team worked very well together, supporting each other effectively in managing a high workload and still delivering a good service to local people.
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 has safe and effective working practices. Members of the pharmacy team monitor the safety of their services. They record their mistakes and review them to help improve the pharmacy's internal processes. Team members protect the welfare of vulnerable people, and they understand how to suitably protect people's private information. The pharmacy maintains its records appropriately in accordance with the law.

Inspector's evidence

The pharmacy had written procedures in place, and these had been reviewed and updated periodically although this hadn't been documented. The pharmacy team had all read and signed these procedures. There was a procedure in place to learn from dispensing errors. Dispensing errors were recorded and reported where appropriate to head office and the national reporting system. There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. The team used individual baskets to hold dispensed medicines to prevent them mixing up different prescriptions. Dispensing labels were also seen to have been completed indicating who had dispensed and who had checked a prescription.

The pharmacy's team members understood what their roles and responsibilities were when questioned. Counter staff were aware of the risks relating to the sale of codeine containing pain relief and knew when to seek advice from the pharmacist. There was a written complaints procedure in place and displayed for people to see. Staff were all clear on the processes they should follow if they received a complaint. The pharmacy team was able to contribute suggestions to improve services and recently action had been taken to review the storage space and the stock holding of medicines to maximise the shelf space as well as ensuring that stock of fast-moving lines did not run out. There was a business continuity plan in place.

A certificate of public liability and indemnity insurance was on display. Records of controlled drugs (CD) were maintained electronically as well as patient returned controlled drugs which were also maintained appropriately. The CD balance was checked regularly. There were some patient returned and out-of-date CDs that had been separated from regular CD stock and labelled appropriately. The responsible pharmacist (RP) record was correctly completed and the RP notice was displayed and could be clearly seen by the public. There was a main fridge in the dispensary in use and temperatures were recorded and monitored daily. Date checking of medicine stock was in place. The private prescription, emergency supply and specials records were maintained appropriately.

The pharmacy's team members were seen to be following the company's information governance procedures during the inspection. The computer screens were all facing away from the public and were password protected. Confidential waste was collected separately to normal waste and disposed of appropriately. Information was available for people to see how their personal information was handled by the pharmacy.

On questioning, staff were clear about how they would identify and refer safeguarding concerns appropriately. There was a safeguarding policy in place at the pharmacy. The pharmacist and their team had completed appropriate safeguarding training for their roles. Contact details for local safeguarding advice, referral and support were available for the staff to use should the need arise.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has sufficient staff to manage its workload safely. Pharmacy team members are suitably trained and skilled for the tasks they undertake. They have a clear understanding of their responsibilities. And members of the pharmacy team work well together and have a clear work culture of openness, honesty and learning.

Inspector's evidence

The pharmacy was suitably staffed by appropriately skilled team members. This helped to manage the workload safely. Staff present during the inspection included the regular pharmacist and three trained technicians as well as five trained dispensers and two counter assistants. The pharmacy also had a pharmacy graduate completing their foundation training. The pharmacy has good retention of its staff and some team members had worked for the company for a number of years.

The team wore name badges identifying their roles. The pharmacist held team briefings to discuss current issues and encouraged feedback from staff. The team worked well together with individual members being responsible for covering set activities on a daily rota. The team were observed undertaking their tasks with appropriate direction from the RP. The team didn't feel the targets set for the pharmacy stopped them from making decisions that kept people safe. They were comfortable about making suggestions on how to improve the pharmacy and its services. They knew the pharmacy had a whistleblowing policy and who they should raise a concern with if they had one.

Team members understood their role and responsibilities, they asked appropriate questions before selling medicines over the counter, held a suitable level of knowledge to sell medicines safely and referred when required. Staff completed ongoing training particularly when new services were introduced and the pharmacists working highlighted any suitable training for staff.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a satisfactory environment to deliver its services. The pharmacy is clean and it is professional in its appearance. Although due to the increase in business in recent years the space available is becoming limited. People can receive services in private when they need to.

Inspector's evidence

The pharmacy comprised of a main dispensary, a compliance pack assembly area as well as a consultation room and retail waiting area. The pharmacy fixtures and fittings were appropriate for the service provided and the pharmacy was clean, well lit and was presented in a professional manner. However due to the increase in business the storage space for stock and assembled medicines awaiting collection was limited. There was a sink available in the dispensary with hot and cold running water with sanitiser to allow for hand washing.

The consultation room was clean and items stored within it could be kept securely when not in use. The ambient temperature of the pharmacy was controlled by air-conditioning units and was appropriate for the delivery of pharmaceutical services.

Principle 4 - Services ✓ Standards met

Summary findings

Despite being very busy, the pharmacy provides its services safely and effectively. The pharmacy team is helpful and ensures the pharmacy's services are easily accessible. The pharmacy obtains its medicines from reputable sources. It stores and manages them appropriately.

Inspector's evidence

The pharmacy's opening hours were listed on the front window and its services were being advertised to people entering the pharmacy. Entry into the pharmacy was via an automated door from the adjacent carpark and the premises consisted of clear, open space. This assisted people with wheelchairs or restricted mobility to easily use the pharmacy's services.

The pharmacy team supplied multi-compartment compliance packs for around 300 people for use in their own homes. The pharmacy also utilised the company centralised dispensing hub to assist with the safe assembly of compliance packs and free up time for the pharmacy team. The pharmacy team had a good awareness of the strengthened warnings and measures to prevent valproate exposure during pregnancy. Valproate patient cards were available for use during valproate dispensing to people who may become pregnant. The staff explained that they would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they were aware of these and query if they were taking effective contraception. The pharmacist was aware of the issues and challenges around the short supply of medicines, for example the risks around unopposed oestrogen therapy and the steps to take in such circumstances.

A delivery service was available for patients unable to collect their medicines and deliveries were controlled, scheduled and monitored for audit purposes electronically. The pharmacy used recognised wholesalers to obtain medicines and medical devices. Specials were ordered via licensed specials manufacturers and appropriate records were maintained. The pharmacy team had access to destruction kits for the destruction of controlled drugs. Designated bins were available and being used for the disposal of medicines returned by patients. Waste collection was regular and team members were aware of the need to separate hazardous waste.

Medicines and medical devices were stored within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented and up to date. Short-dated products were appropriately marked. The fridge was in good working order and the stock inside was stored in an orderly manner. MHRA drug alerts and recalls were received and actioned appropriately by the pharmacy team. Records and audit trails to demonstrate this were kept.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. The pharmacy keeps its equipment clean and uses its facilities appropriately to protect people's privacy.

Inspector's evidence

The pharmacy was equipped with current versions of reference sources and clean equipment. This included measures for liquid medicines and counting triangles.

The pharmacy restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team.

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.