

# Registered pharmacy inspection report

**Pharmacy Name:** Kamsons Pharmacy, Eccleshill Health Centre,  
Newlands Way, BRADFORD, West Yorkshire, BD10 0JE

**Pharmacy reference:** 1099144

**Type of pharmacy:** Community

**Date of inspection:** 30/04/2019

## Pharmacy context

The pharmacy is adjacent to a GP surgery and an out-of-hours and specialist care clinic in the suburbs of Bradford. It is open 47 hours per week. And is open six days a week. The pharmacy team mainly provide NHS dispensing and sell a range of over-the-counter medicines. And offer services including medicines use reviews (MUR) and the NHS New Medicines Service (NMS). It provide a substance misuse service, including supervised consumption, and supplies multi-compartmental compliance packs to people.

## Overall inspection outcome

### Standards not all met

**Required Action:** Improvement Action Plan

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 not all met	1.1	Standard not met	Pharmacy team members have not read the standard operating procedures (SOPs) available. And, there is evidence that procedures are not being followed.
		1.2	Standard not met	Pharmacy team members do not record near-miss and dispensing errors or report them to their superintendent pharmacist as required by SOPs. This means they may miss chances to prevent future errors.
<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 not all met	4.3	Standard not met	The pharmacy does not adequately store and manage medicines to make sure they are safe to supply to people. Pharmacy team members do not follow procedures to check for out-of-date medicines. And, there are out of date items on the shelves. They mix medication from different manufacturers in the same box. And they transfer medicines from the manufacturer's packaging to another container. They don't always record details such as batch number and expiry dates. So, there is a risk that they will supply medicines to people that may not be safe to use.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance Standards not all met

### Summary findings

The pharmacy has procedures in place to identify and manage risks. But, they have not been read by the current pharmacy team. And there is evidence that documented procedures are not followed. So, the pharmacy team are not clear about how to do things in the agreed, safest and most effective way. The pharmacy team know how to keep people's information secure. And they know what to do if there is a concern about the welfare of a child or vulnerable adult. The pharmacy keeps the records required by law. Systems are in place for the pharmacy team to record mistakes that happen. But, pharmacy team members don't always record their mistakes. And they don't fully explore and discuss why mistakes happen. So, the team do not always learn from the mistakes. And they do not always make changes to stop similar errors in the future.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. The SOPs had been reviewed in August 2017. And, it had scheduled the next review of the procedures for August 2019. The pharmacy had records that the procedures had been read and understood in 2017. But, it had no records to confirm if the staff present had read and understood them. The pharmacist started working at the pharmacy in November 2017 and had not read the SOPs, but had started working for the company in August 2016, and had read SOPs in another branch. There was a medicines counter assistant who had started working at the pharmacy in December 2017. And a pharmacy technician who started a month ago. They advised they had not read the SOPs. The medicines counter assistant was asked what she would do if the pharmacist was absent in different scenarios. She clearly explained what she could and could not do in each circumstance. She was asked what she would do if someone asked to buy a product containing pseudoephedrine. She advised she would ask the necessary questions to make sure the sale was safe and appropriate and restrict the sale to one box. And she would refer to the pharmacist if she was unsure or had any queries. But, there were examples of procedures not being followed. For example, the procedures for dealing with near miss and dispensing errors. The pharmacy defined the roles of the pharmacy team members in each procedure. And tasks were allocated verbally to team members throughout the day.

The pharmacist identified and recorded near miss errors made by the pharmacy team when dispensing. The pharmacy team discussed the errors made. But, they did not discuss or record much detail about why a mistake had happened. Data collected about mistakes was analysed every two weeks, and the pharmacist advised this was shared with the team if he found any patterns of error and asked them to be more careful. But, the analysis was not recorded. So, pharmacy team members could not reflect on any changes made to see if they had reduced the type of error identified. When questioned, pharmacy team members could not give any examples of any changes made to prevent certain near miss errors happening again.

The pharmacy had a clear process for dealing with dispensing errors that had been given out to people. The SOP detailed how to fix, investigate and record a dispensing error. But the pharmacist advised that when errors were made, he raised the error with the team and suggested ways to prevent it happening again. But, dispensing errors were not recorded or reported to the superintendent pharmacist's team, as required by the procedure. There were no examples given of any error or any changes made to prevent recurrence, despite staff stating that errors had happened.

The pharmacy had a procedure to deal with complaints handling and reporting. It had a poster available for customers in the retail area which clearly explained the company's complaints procedure. It collected feedback from people by using questionnaires. But, the pharmacist could not find any analysis information from the last set of questionnaires. And, there were no examples of any changes being made to improve pharmacy services in response.

The pharmacy had up to date professional indemnity insurance in place. They had a certificate of insurance displayed. And it expired on 31 August 2019.

The pharmacy kept controlled drug (CD) registers. But, it did not complete all page headers in each register. It kept running balances in all registers. But, they were not audited against the physical stock regularly, including methadone. It checked the quantities and varying intervals between every two weeks and every three months. The pharmacy last audited the register for sugared methadone in July 2018. So, it may not know if CDs have been lost or diverted. It kept and maintained a register of CDs returned by people for destruction. And it was complete and up to date. The pharmacy maintained a responsible pharmacist record electronically. And it was complete and up to date. The pharmacist displayed their responsible pharmacist notice to people. The pharmacy team monitored and recorded fridge temperatures daily. They kept private prescription records in a paper register. And, they recorded emergency supplies of medicines in the private prescription register. But, four prescriptions were found that had not been recorded. They recorded any unlicensed medicines supplied, which included the necessary information in the samples seen.

The pharmacy kept sensitive information and materials in restricted areas. It positioned computer terminals away from public view. And they were password protected. It stored medicines waiting to be collected behind the pharmacy counter, also away from public view. And, it collected confidential waste in separate bags. The bags were closed when they were full. And they were collected and returned to the company's warehouse for destruction. The pharmacy team had not been trained about how to protect privacy and confidentiality. But, pharmacy team members said they had been given some information verbally. And were clear about how important it was to protect confidentiality. One team member explained the need to be discreet when talking to people about their medicines at the pharmacy counter. And, confirmed she would use the consultation room if needed. There was a procedure in place detailing requirements under the General Data Protection Regulations (GDPR). But, it had not been read by the current team.

When asked about safeguarding, a pharmacy team member gave some examples of physical symptoms that would raise their concerns in both children and adults. They explained how they would refer to the pharmacist. This would be assessed and would be referred to the area manager for advice and support. The pharmacist did not know where else he could go for advice or support with a concern. But, the pharmacy displayed contact details for the local safeguarding service on the wall in the dispensary. There was a procedure in place to help deal with a concern. But, it had not been read by the current team. The pharmacist had completed training in October 2017 via the Centre for Pharmacy Postgraduate Education (CPPE). But, other pharmacy team members had not completed any training.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team members have the right qualifications and skills for their roles and the services they provide. They complete training ad-hoc. But, they do not regularly reflect on their own performance. They discuss any training with the pharmacist. But, they don't complete regular planned training. And they don't have a regular formal process to discuss their performance or individual training needs. So, it may be difficult to tailor learning to the needs of the person and to make sure their knowledge and skills are up to date. The pharmacy team do not always establish and discuss specific causes of mistakes. This means they may miss chances to learn from errors and make changes to make things safer.

### Inspector's evidence

At the time of the inspection, the pharmacy team members present were a pharmacist, a pharmacy technician, a dispenser and a trainee medicines counter assistant. Pharmacy team members completed training ad-hoc by reading various trade press materials received in the pharmacy. And by having regular discussions with the pharmacists about current topics. Pharmacy team members were not aware of an appraisal process. The dispenser advised that any learning needs would be discussed with the pharmacist informally. And he would be signposted to the most relevant sources of information and help.

The pharmacy team communicated with an open working dialogue during the inspection. The dispenser advised she was told by the pharmacist when she had made a mistake. The discussion that followed did not fully explore why she had made the mistake. And, changes were not always made to prevent a mistake happening again.

Pharmacy team members explained they would raise professional concerns with the pharmacist manager, area manager or head office staff. They felt comfortable raising a concern. And confident that concerns would be considered, and changes would be made where they were needed. But, they could not give an example of any suggestions they had made to improve service delivery. The pharmacy did not have a whistleblowing policy available during the inspection. And, pharmacy team members did not know how to raise a concern anonymously. The company did not ask the pharmacy team to meet any targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and properly maintained. It provides a suitable space for the health services provided. And the pharmacy has a room where people can speak to pharmacy team members privately.

### Inspector's evidence

The pharmacy was clean and well maintained. All areas of the pharmacy were tidy and well organised. And the floors and passage ways were free from clutter and obstruction. But, during the inspection, there were several dispensing baskets stacked on benches around the dispensary waiting to be checked by the pharmacist. This reduced the amount of bench space available. There was a safe and effective workflow in operation. And clearly defined dispensing and checking areas. It kept equipment and stock on shelves throughout the premises.

The pharmacy had a private consultation room available. The pharmacy team used the room to have private conversations with people. The room was signposted by a sign on the door.

There was a clean, well maintained sink in the dispensary used for medicines preparation. There was a WC which provided a sink with cold running water and other facilities for hand washing.

Heat and light in the pharmacy were maintained to acceptable levels. The overall appearance of the premises was professional, including the exterior which portrayed a professional healthcare setting. The professional areas of the premises were well defined by the layout and well signposted from the retail area.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy is accessible to people. It sources its medicines from reputable suppliers. But, it doesn't always manage or store its medicines appropriately. The pharmacy team members don't always label stock medicines correctly or regularly check for out of date medicines. So, they risk supplying medicines to people that may not be safe to use. The pharmacy team members dispense medicines into devices to help people remember to take them correctly. They provide information with these devices to help people know when to take their medicines and to identify what they look like. But, they do not regularly provide people with medicines information leaflets. The team takes some steps to identify people taking high-risk medicines. And it provides them with some advice. But the team don't have any written information for people to take away. So, people may not have correct information they need to help them take their medicines safely.

### Inspector's evidence

The pharmacy was accessible via level access from the car park through an automatic door. Pharmacy team members advised they would write a conversation with someone with hearing impairment. And, one team member could speak Urdu and Punjabi, as well as English. But, they were unsure about how to help someone with visual impairment.

Pharmacy team members signed the dispensed by and checked by boxes on dispensing labels. This was to maintain an audit trail of staff involved in the dispensing process.

The pharmacy supplied medicines in multi-compartmental compliance packs when requested. It provided descriptions of the medicines supplied on the packaging. But, it did not provide people with patient information leaflets about their medicines regularly. The pharmacy team documented any changes to medicines provided in packs on the patient's electronic record. But, they did not record who had informed them of the changes and when. The dispenser advised that when hospital discharge summaries were received, they were reconciled against the master records. And, any changes were queried with the patients GP before any changes were made.

Pharmacy team members were supposed to check medicine expiry dates every month. But, checks had not been carried out since January 2019. And, there were no records of any checks in the dispensary since May 2018. After checking a sample of medicines on the shelves, the inspector found three boxes of dosulepin 75mg tablets that had expired in December 2018. Pharmacy team members highlighted any short-dated items with a coloured dot on the pack to three months in advance of its expiry. But, the team advised they relied on noticing coloured packs to remove products before they expired. The medicines counter assistant checked over-the-counter medicines and stock approximately every two months. She highlighted short dated items with a sticker on the pack. And, recorded each item on a monthly expiry sheet up to six months in advance of their expiry. She removed items from the shelves the month before they expired. The pharmacy responded to drug alerts and recalls immediately. And, any affected stock found was quarantined for destruction or return to the wholesaler. It recorded any action taken. And, records included details of any affected products removed.

The pharmacy obtained medicines from three licensed wholesalers. It stored medicines on shelves. But, some areas of the shelves were crowded and untidy. And, several boxes were found containing mixed

batches of medicines. White cartons were found containing medicines that had been removed from their original packaging. Most did not display the batch number or expiry date of the contents. And, one box was found unlabelled. In the controlled drugs (CD) cabinet, the inspector found a bottle of Zomorph 30mg capsules that had been removed from their original packaging. There was no batch number or expiry date written on the label attached to the bottle. The pharmacy kept all stock in restricted areas of the premises where necessary. It had adequate disposal facilities available for unwanted medicines, including controlled drugs (CDs).

The pharmacy team kept the contents of the pharmacy fridge tidy and well organised. They monitored minimum and maximum temperatures in the fridge every day. And they recorded their findings. The temperature records seen were within acceptable limits.

The pharmacist advised he would counsel any patient presenting at the pharmacy with a prescription for valproate if they were at risk of becoming pregnant. And provide them with information about the risks. But, there were no printed materials available to provide to people or use in the dispensing process. And, pharmacy team members did not highlight the presence of valproate on a prescription to the pharmacist.

The pharmacy had scanners and software in place to help identify counterfeit medicines under the new Falsified Medicines Directive. But, there were no procedures and no training had been provided to the team. And, staff were not using the equipment to identify potential counterfeit medicines. So, the pharmacy was not complying with current law.

The pharmacy delivered medicines to people. It recorded the deliveries made. But, it did not ask people to sign for their deliveries. The delivery driver left a card through the letterbox if someone was not at home when they delivered. The card asked people to contact the pharmacy to arrange a re-delivery. The team highlighted bags containing CDs with a sticker on the bag and on the driver's delivery sheet. And CDs were signed for on an itemised docket. The area manager said the company were currently trailing a delivery manager app to be able to efficiently track deliveries and capture signatures from recipient.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the necessary equipment available, which it properly maintains. And it manages and uses the equipment in ways that protect confidentiality.

### Inspector's evidence

The pharmacy had the equipment it needed to provide the services offered. The equipment available included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and use of the internet. The pharmacy team obtained equipment from the licensed wholesalers used. And they had a set of clean, well maintained measures available for medicines preparation. They used a separate set of measures to dispense methadone. The dispensary fridge was in good working order. And the team used it to store medicines only. Access to all equipment was restricted and all items were stored securely.

### 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.