

# Registered pharmacy inspection report

**Pharmacy Name:** Kamsons Pharmacy, 12 Carew Court, Hawkswood Road, HAILSHAM, East Sussex, BN27 1UL

**Pharmacy reference:** 1103570

**Type of pharmacy:** Community

**Date of inspection:** 24/03/2023

## Pharmacy context

This pharmacy is in small parade of shops in a residential area of Hailsham, East Sussex. It dispenses people's prescriptions, sells over-the-counter medicines and offers health advice. It delivers medicines to people who can't visit the pharmacy in person and provides some medicines in multi-compartment compliance aids if people struggle to manage them otherwise.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	2.1	Good practice	The pharmacy reviews its staffing levels so that it is sufficiently well staffed for them to complete their tasks properly, without undue pressure in good time.
		2.2	Good practice	There is a structured induction programme for new team members who are also well supported by their more experienced colleagues. The pharmacy actively supports their ongoing learning and provides them with plenty of training.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	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. It also highlights parts of those procedures to help its team members apply them appropriately. 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 last reviewed in May 2021 and next due for review in June 2023. There was 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. Several of the SOPs had sections highlighted or other evidence to show that they had been updated to suit the individual pharmacy's needs. There was also a handwritten page of notes showing how the pharmacy tried to improve compliance with the SOPs. The Responsible pharmacist (RP) explained how he showed new team members how to do things before getting them to read and sign the SOPs as it was a lot of information to take in at one time. The pharmacy had recently received a newly updated SOP on drug recalls and alerts which the RP had just briefed into the team before getting them all to sign it. Workplace risk assessments had been carried out as part of the pharmacy quality scheme (PQS). Although most of the additional measures put in place during the pandemic had been discontinued, they still cleaned their worksurfaces and touch points more frequently than before. 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 the dispensing workstations for ease of access. Any error or near miss was passed back to the team member involved for them to correct it and to help make sure they learned from their mistakes. 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 who was on duty. There was a daily RP record kept on the pharmacy computer system. 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.

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 August 2023. The certificate was on display for people to see.

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 hadn't been recorded. Once this had been pointed out, the RP agreed to ensure that the correct prescriber details would be recorded in future. The accredited checking technician (ACT) explained that they didn't receive many requests for emergency supplies as they had a good working relationship with the local GP surgery and could generally obtain prescriptions urgently if required. There were some entries on the PMR showing supplies that had been made using the NHS111 service or through the Community Pharmacist Consultation Service (CPCS). These were also recorded on the PharmOutcomes online reporting platform.

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 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 against the items held in stock once every month. The RP completed a report for their head office to confirm that they had done this. They also had to specifically confirm the methadone balance. 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, and schedule 3 CDs in the bound record book. Although there was no requirement to record returned schedule 3 CDs, the RP felt it was good practice to do so. 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 3 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.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has plenty of 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. The pharmacy also provides its registered pharmacy professionals with the help and support they need to keep their registration current. More experienced team members give plenty of support to their newer colleagues. The pharmacy regularly reviews how its team members are working so that it can help them with their career development. It 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 qualified dispensing assistants, one qualified medicines counter assistant (MCA) and one trainee MCA who had only recently joined the team. She 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. This appeared to be sufficient for the workload. 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. Team members appeared enthusiastic about what they were doing and were working effectively together. The ACT explained that there was another team member who could come in if needed to cover staff shortages. They could also call upon their other local branches or head office for help if required.

One of the dispensing assistants described the online training that the pharmacy gave them. Some of the modules were specifically related to the requirements of the PQS. The ACT had a training folder containing details of the training she had completed. She was currently preparing for her professional revalidation. There were annual appraisals in place to help track staff progress and identify any development needs. The RP confirmed that the newly appointed team member would be registered on the appropriate training course at the end of her probationary period.

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 very 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 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 waiting area was uncluttered and had several seats for people to use while waiting for their prescription. 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 to work safely and effectively with a logical workflow. The RP pointed out that the pharmacy had been recently extended to the rear, providing more available workspace. Work areas and public areas were well organised, clean and tidy.

There was a 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 rooms weren't in use. It was used for providing services such as the seasonal flu vaccination service, or for having private conversations. No confidential information was visible. There was a sink with hot and cold running water, sanitiser and hand towels.

The dispensary sink was spotless, with hot and cold water, sanitiser and drying facilities available. All worksurfaces were frequently cleaned and free from 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 very 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). For example, terbinafine tablets were kept well away from tetracycline tablets. Pregabalin capsules were kept separate from gabapentin. Baskets were used to keep all the items for a prescription together while they were being assembled and then awaiting a final check. The baskets were stored tidily 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.

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.

Compliance aid assembly was carried out offsite at the company's central hub. They were supplied to people on either a once weekly basis or every four-weeks depending upon their needs. Prescriptions for compliance aids were ordered on a four-week cycle. Any changes to people's medicines were verified and then recorded on their individual medication sheet before being added to the PMR system so that there was an audit trail. The clinical check and labelling were carried out in the pharmacy before being sent to the hub for assembly. The final accuracy check was carried out at the hub although the RP did carry out a sample of checks upon their arrival back at the pharmacy for additional assurance. They were then married up against the original EPS prescription tokens before being put on the shelves for delivery. Each shelf had a separate section for each day of the week for them to go in. Patient information leaflets (PILs) were supplied with the first delivery of each cycle. There were descriptions of the medicines included within the compliance aids and an indication of which medicines were supplied separately.

The pharmacy provided a substance misuse service to a small number of people. Those records

examined appeared to be in order. The RP 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 ACT 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. They kept a record of all interventions on the pharmacy's PMR system. The pharmacy had recently completed a valproate audit for the PQS and hadn't identified anyone in the at-risk group during the audit period. They also described the checks they made when dispensing other high-risk medicines such as warfarin. Many people didn't have their INR results with them, but the RP still made a record of each intervention.

The pharmacy offered the NHS seasonal flu vaccination service using a valid patient group direction (PGD) as the legal mechanism for doing so. 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 other vaccines such as hepatitis B or some travel vaccinations. 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. 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 administering 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 interest in the service locally. Although the pharmacy only had a few cases, some however had identified previously undetected high blood pressure resulting in referrals to their GPs for treatment.

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. There was a colour-coded chart on the wall to indicate the month(s) each colour represented. Fridge temperatures were monitored daily and recorded on the PMR system. The ACT explained the action she would take if the fridge temperature went outside the acceptable range.

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. The second cabinet had been installed during the extension works and was currently empty. 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. 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 mostly 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 spotlessly clean standard conical measures available to use with liquid medicines. There were two plastic syringes used for measuring small top-up amounts of liquid required for some antibiotics. Upon reflection the RP agreed to order a 5ml conical measure to use instead of the syringes. Some measures had been marked, and stored separately, so that they would only be used for measuring controlled drugs. 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.

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. The RP explained that although they had paper copies, he found the online version more convenient particularly when checking doses for children or completing other clinical checks.

### 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.