

Registered pharmacy inspection report

Pharmacy Name: Kamsons Pharmacy, 32A Durlston Drive, BOGNOR REGIS, West Sussex, PO22 9TD

Pharmacy reference: 1106867

Type of pharmacy: Community

Date of inspection: 02/02/2023

Pharmacy context

This is a community pharmacy next door to a medical centre in a residential area on the outskirts of Bognor Regis. The pharmacy dispenses NHS and private prescriptions. It offers a range of services such as seasonal flu vaccinations and can supply Emergency Hormonal Contraception (EHC). The pharmacy provides multi-compartment compliance aids to people if they find it difficult to manage their medicines. The pharmacy also supplies medicines to several local residential care homes.

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 well together and had a culture of openness and honesty providing 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 well. They routinely record their mistakes and review them to help improve the pharmacy's internal processes. Team members proactively protect the welfare of vulnerable people, and they understand how to suitably protect people's private information. The pharmacy generally 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 regularly. And the pharmacy team had read and signed them. 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. They had taken measures to mitigate the risk of transmission of COVID-19. A risk assessment had been carried out in relation to the impact of COVID-19 on the pharmacy and its services. Face masks and PPE were available for the team and hand sanitiser was readily available for people entering the pharmacy to use. There was a business continuity plan in place.

There was a 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 stock holding of medicines to maximise the shelf space as well as ensuring that stock of fast-moving lines did not run out.

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 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. However, a second fridge used for storing prescriptions awaiting collection had not been monitored for some time and the pharmacist agreed to restart this monitoring immediately. 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 separate 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 may identify and refer safeguarding concerns appropriately. There was a safeguarding policy in place at the pharmacy. The pharmacists and technician working had completed CPPE level 2 safeguarding training. 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 satisfactorily staffed by suitably skilled team members. This helped to manage the workload safely. Staff present during the inspection included the regular pharmacist and a trained technician as well as 3 trained dispensers and 2 trainee dispensers/ technicians and 2 trained counter assistants.

The pharmacy has good retention of its staff and many team members were long-standing staff who had worked at the pharmacy 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 were observed undertaking their tasks with appropriate direction from the RP. People who worked at the pharmacy 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 had completed training on identifying signs of sepsis and the pharmacists highlighted any suitable training for staff on an ongoing basis.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a satisfactory environment to deliver its services. The pharmacy is clean, it is professional in its appearance. Although due to the increase in business the space available was becoming limited.

Inspector's evidence

The pharmacy comprised of a main dispensary, a compliance tray 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. There were plastic screens separating the retail area from the dispensary. The consultation room was clean and could be kept secure when not in use. The ambient temperature was controlled by air-conditioning units and was appropriate for the delivery of pharmaceutical services.

Principle 4 - Services ✓ Standards met

Summary findings

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 generally 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 from the 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 125 people for use in their own homes and pharmacy services for local care home patients using original pack dispensing. 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 against 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 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 explained they would contact the contractors if they required more frequent waste collection.

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 fridges were 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.

Computer terminals were password protected and positioned in a manner that prevented unauthorised access.

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.