

# Registered pharmacy inspection report

**Pharmacy Name:** Kamsons Pharmacy, 1A Lewes Road, BRIGHTON,  
East Sussex, BN2 3HP

**Pharmacy reference:** 1107827

**Type of pharmacy:** Community

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

## Pharmacy context

This is a community pharmacy on a busy main road in Brighton. It is in the same building as a medical centre and not far from a university. It mainly dispenses NHS prescriptions and offers flu vaccinations (when in season) and travel vaccinations. It supplies medication in multi-compartment compliance packs to people who need this additional level of support. And these packs are usually assembled by the pharmacy's offsite hub. The inspection was carried out over two days and was undertaken following information received by the GPhC.

## 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 met	N/A	N/A	N/A
<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	4.2	Standard not met	The pharmacy does not always keep up to date with dispensing and other routine tasks including date-checking stock and stock balance checks.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy's team members sometimes struggle to undertake routine tasks in a timely way, but overall the pharmacy adequately manages the risks associated with its services. People can raise concerns or provide feedback about the pharmacy's services. The pharmacy adequately protects people's personal information. And team members know how to protect the welfare of a vulnerable person. Staff know their own roles and responsibilities. The pharmacy largely keeps the records it needs to, but it sometimes struggles to keep these up to date. Staff have written procedures to refer to, but it is not clear if these are regularly reviewed. So, they might be less likely to reflect current best practice.

### Inspector's evidence

The inspection was done over two days, 24 and 28 March 2023. The same responsible pharmacist (RP) was present on both days. The pharmacy had a set of standard operating procedures (SOPs) split over two folders, but they were a little disorganised and hard to navigate. Many SOPs had been implemented in 2013 and due for review in 2015, but it was not clear if they had been reviewed. There were signatures to indicate that team members had read and signed them, but this was also hard to navigate. And in some instances, the lists of signatures had reached the end of the page and were now being written sideways along the edge of the page. This made it hard to identify who were the current team members and which SOPs they had read.

Near misses, where a dispensing mistake was identified as part of the dispensing process, were recorded on a paper log. The RP said that the number of near misses had increased recently due to staffing issues. He said that a review of the near misses had recently been done, but reviews were not done on a regular basis to identify any patterns or trends. The RP explained how he would record any dispensing errors, where a dispensing mistake had reached a person.

The trainee medicines counter assistant (MCA) could explain what she could and could not do if the pharmacist had not turned up in the morning or if the RP was absent from the premises. And what she would do if she was concerned about any requests for medicines liable to abuse or misuse.

There was a sign in the public area explaining to people how they could raise a concern or provide feedback. And there was a complaint procedure that team members could refer to. The RP said that there had been recent staffing issues, and the number of people complaining or exhibiting aggressive behaviour had increased.

The pharmacy had current indemnity insurance and the right RP notice was displayed. The RP records, emergency supply records, and unlicensed medicine records seen complied with requirements. The records of private prescriptions dispensed largely had the required information, but a few were missing the prescriber's details.

Controlled drug (CD) registers were maintained electronically. The RP had found a few discrepancies in the running balances of some CDs and had started to investigate them but said he had been unable to complete the investigations as the pharmacy had been too busy. There were records of CDs that people had returned for destruction, although these CDs were not always destroyed promptly. And there were some CDs which had been returned by people which were not stored in a way which could be easily

audited. These issues increased the risks around the pharmacy's management of its CDs. Soon after the inspection, the pharmacy's area manager confirmed that all date-expired and patient-returned CDs had been destroyed. She described how the running balance discrepancies were being actively investigated, and that the local CD accountable officer would be informed. She confirmed that the CD running balances would be checked regularly going forward, in accordance with the company's procedures.

No confidential information was visible from the public area of the pharmacy. Confidential waste was separated from general waste and sent offsite for disposal. Computers were password protected and the screens positioned so that people using the pharmacy could not see information on them.

The RP confirmed he had completed safeguarding training and contact details of local safeguarding agencies were available in the dispensary. The RP said he had tried one of the numbers previously to make sure it was working. He said that other team members had completed training about safeguarding, and there was a safeguarding procedure in with the SOPs. A team member said that they would refer any concerns to the pharmacist. There was a poster in one of the consultation rooms to highlight to people to raise any safeguarding concerns they had.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has just enough staff to provide its services. But it is not always able to keep up to date with dispensing and other routine tasks such as date-checking stock and stock balance checks (see Principle four). Team members feel able to raise concerns, and they can take professional decisions. They largely do the right training for their roles, but the pharmacy does not always start them on an accredited course within the required timescales.

### Inspector's evidence

On the first day of the inspection there was the RP, one trained locum dispenser, a trainee pharmacist, one trained medicines counter assistant, and one apprentice dispenser. There was also a member of staff who had been working in the dispensary for around eight months and had not been enrolled on an accredited training course. She was working her notice period and was due to stop working for the pharmacy in around a week's time. There were piles of baskets containing part-dispensed prescriptions on several of the worksurfaces, and staff said that they were around four days behind with dispensing. The RP explained that several team members had left at the end of 2022 and the pharmacy had experienced problems in recruiting and retaining replacement staff.

On the second day of the inspection there was a trainee MCA, an accuracy checking technician (ACT), the locum dispenser, the trainee pharmacist, and another locum dispenser. Staff had managed to get more or less up to date with the dispensing, but there were noticeably a lot more baskets of part-dispensed prescriptions which were awaiting checking. There were estimated to be around 80 baskets containing prescriptions awaiting checking on the central dispensing island. This left a small amount of clear worktop for dispensing, but there was just enough to let three people dispense. The ACT said that she was the manager of a local branch and would be working in the pharmacy three times a week to help support the team. She was helping to check the dispensed prescriptions. She was aware that some of the team members were relatively new and would need additional training. There were plans to recruit at least one additional dispenser, and the RP was due to cease working for the pharmacy at the end of the week. The RP was the trainee pharmacist's supervisor, and another supervisor was due to start the following week.

The pharmacy was relatively busy on both days of the inspection, and there were queues of people at the counter several times. The RP was seen to be busy checking prescriptions and dealing with queries during the inspection. He said that several team members had left at the end of 2022 which had caused additional pressure. Staff felt able to raise concerns and had done so previously when team members had left and the pharmacy had become busier. The pharmacy had received additional support and was provided with some locum dispensers and team members from other branches. Team members were not set any numerical targets. The RP said that he was encouraged to offer services such as the New Medicine Service where appropriate, but he did not feel under undue pressure to do so. And he felt fully able to take professional decisions.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are generally suitable for the services it provides. People can have a conversation with a team member in a private area. And the premises are secure from unauthorised access.

### Inspector's evidence

The pharmacy was of an adequate size and generally clean, although some of the workbenches were covered with piles of baskets containing part-dispensed prescriptions. There was however just enough clear space for team members to dispense and check prescriptions. Lighting was mostly good throughout, but there was one area of the dispensary near a section of shelves where the lights were not working. This had been resolved by the second day of the inspection.

There were two consultation rooms which were suitable for private conversations. One room had lockable cupboards which contained some confidential information and this was discussed with the RP who said that the cupboards would be locked in future. This was found to be the case on the second day of the inspection. The premises were secure from unauthorised access.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy does not always manage its services effectively. It does not always keep up to date with dispensing and other routine tasks including date-checking stock and stock balance checks. People with some additional needs can access its services. It takes the right action in response to safety alerts. And it gets its medicines from reputable sources and mostly stores them properly.

### Inspector's evidence

There was step free access into the pharmacy from the street via an automatic door, and also access directly from the adjoining medical centre. The shop area had a large open space which helped people with wheelchairs and pushchairs manoeuvre.

Baskets were used to help keep different people's medicines separate. Although there were several large piles of baskets containing medicines and prescriptions, these were generally well organised and kept tidy.

Multi-compartment compliance packs were usually assembled by the company's central dispensing hub before being supplied by the pharmacy. The packs had an audit trail to indicate who had dispensed and checked them and were labelled with a description of the medicines inside. Patient information leaflets were not usually supplied with the packs. The packs had a QR code on them, which when scanned directed people to the EMC website, but not to the page for the specific medicines. It was written on the pack that if people were unable to access the website and wanted a specific leaflet then they would request one. However, this was written in such tiny writing on the pack that it was barely legible. Following the inspection, the area manager confirmed that people being transferred to this service were sent a letter explaining that they could request patient information leaflets.

The pharmacy had provided flu vaccinations during the season, which had recently ended. If a person wanted a travel vaccine, the RP explained that the person applied for one online. And then a prescription was sent electronically to the pharmacy and the vaccine was administered. A printed copy of the prescription, together with the batch number and expiry date of the vaccine administered was retained in the pharmacy.

Team members did not think that prescriptions for higher-risk medicines were routinely highlighted, and no examples of these medicines were found awaiting collection. Prescriptions for Schedule 3 and 4 CDs seen had been highlighted, to alert team members about the shorter prescription validity date. Staff were aware of the additional guidance about pregnancy prevention for people taking valproate who were in the at-risk group. The pharmacy had spare information leaflets but not spare stickers or warning cards for use with split packs. The trainee pharmacist said that these would be ordered in.

Medicines were obtained from licensed wholesale dealers and specials suppliers. The pharmacy generally kept its medicines in a tidy way. Date-checking records were behind schedule and contained gaps; staff said that this was because the pharmacy had been so busy. During a random check of the shelves lasting a few minutes, nine date-expired medicines were found in stock. Some medicines were found which had not been kept in their original containers and were not labelled with batch numbers or expiry dates. Keeping medicines in this way could make date checks or dealing with product recalls less

effective.

CDs were not always stored securely, but this was rectified when highlighted. Out-of-date CDs and CDs that people had returned were not always appropriately separated from each other. This was discussed with the RP during the inspection and after the inspection the area manager confirmed that the medicines had been destroyed. Non-CD medicines that people had returned were appropriately separated from regular stock.

The pharmacy received emails about drug alerts and recalls from several sources. The RP explained how the pharmacy acted on them and printed out any ones where the pharmacy may have stock. And these printouts were retained together with a record of the action taken.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services and maintains it appropriately. It used its equipment to help protect people's personal information.

### Inspector's evidence

The pharmacy had clean glass measures for use with liquids. There was a machine used for measuring liquids for the substance misuse service, and this was calibrated and flushed daily. Periodically, it was cleaned with a specialised solution. Tablet counting equipment was clean. The phone was cordless and could be moved to a more private area. There was a separate counter for people to access the needle exchange service, equipped with the used needle disposal bins, and this helped provide a degree of privacy.

### 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.