

Registered pharmacy inspection report

Pharmacy Name: Kamsons Pharmacy, 139 Brighton Road, CRAWLEY,
West Sussex, RH10 6TE

Pharmacy reference: 1109049

Type of pharmacy: Community

Date of inspection: 11/04/2019

Pharmacy context

This is a busy community pharmacy set in a medical practice on the southern edge of a large town. Most people who use the pharmacy are patients of the medical practice. The pharmacy dispenses NHS prescriptions. It offers NHS health checks, vaccinations and a substance misuse treatment service. It also supplies medicines in multi-compartment compliance packs to people who live in their own 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	1.8	Good practice	Staff have access to a wide range of information to help them recognise, support and protect vulnerable people.
2. Staff	Good practice	2.2	Good practice	Members of the pharmacy team receive set aside time to train and to keep their skills and knowledge up to date. And they learn from their own and other people's mistakes.
		2.4	Good practice	Staff work effectively together as a team and have a work culture of openness, honesty and learning.
3. Premises	Good practice	3.1	Good practice	The pharmacy is well designed to meet the needs of people who use it.
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy is good at providing its services safely and effectively. It takes extra care when supplying high-risk medicines. This helps make sure that people take their medicines safely.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

Members of the pharmacy team know what their roles and responsibilities are. They work to professional standards and identify and manage risks appropriately. The pharmacy adequately monitors the safety of its services. Its team members log and review the mistakes they make during the dispensing process. The pharmacy generally keeps all the records it needs to by law. The pharmacy acts upon people's feedback. And it keeps their private information safe. Staff have access to a wide range of information to help them recognise, support and protect vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) in place for the services it provided. And these were scheduled to be reviewed in August. Members of the pharmacy team were required to read and sign the SOPs relevant to their roles.

The team members responsible for making up people's prescriptions kept the dispensing workstations tidy. And they used colour-coded containers to prioritise the dispensing workload and to keep people's prescriptions separate from other prescriptions. They referred to prescriptions when labelling and picking products. They initialled each dispensing label. And assembled prescriptions were not handed out until they were checked by an appropriately trained checker who also initialled the dispensing label.

Staff described the actions they have taken to reduce risks in the dispensing process, such as, the separation of quinine sulfate and quinine bisulfate to prevent picking errors. Dispensing incidents and near misses were recorded, reviewed and discussed to share learning and help strengthen the dispensing process.

A responsible pharmacist (RP) notice was on display on the pharmacy counter. Staff were required to wear name badges which identified their roles within the pharmacy. They understood what their roles and responsibilities were, and these were described within the SOPs.

A complaints procedure was in place and patient satisfaction surveys were undertaken annually. The results of a recent patient satisfaction survey were published online. Staff tried to keep people's preferred makes of medicines in stock when they were asked to do so.

The pharmacy was indemnified through the National Pharmacy Association (NPA). The pharmacy's controlled drug (CD) register, its records for emergency supplies made at the request of practitioners and its RP records were held electronically and were adequately maintained. The running balance of the CD register was audited regularly. The nature of the emergency was not always included in the electronic records for emergency supplies made at the request of patients. The prescriber's details within the electronic private prescription records were occasionally incomplete or incorrect. The date a specials line was obtained, when it was supplied and to whom were omitted from some recent specials records.

An information governance policy was in place and staff were required to sign a confidentiality clause. Arrangements were in place for confidential waste to be collected and sent to a centralised point for secure destruction. Patient details were not always removed or obliterated from patient returned

pharmaceutical waste before disposal.

Safeguarding procedures were in place. Staff had access to the NHS safeguarding application which provided them with a wealth of information on safeguarding topics and key contacts to raise safeguarding concerns within the locality and the wider area. Members of the pharmacy team were encouraged to complete safeguarding training relevant to their roles; for example, dementia friends training and CPPE safeguarding training. Staff knew what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person. They knew their patients well and if a patient, who was due to collect their prescription, or their representative did not attend the pharmacy or if the delivery driver could not deliver to them this was followed up to ensure the patient was okay. Staff were vigilant and the pharmacy's culture supported them when they raised a safeguarding concern.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy has enough team members to provide safe and effective care. Staff work effectively together as a team and have a work culture of openness, honesty and learning. They receive set aside time to train and to keep their skills and knowledge up to date. And they learn from their own and other people's mistakes. The pharmacy encourages team members to give feedback. And its staff know how to raise a concern if they have one. The pharmacy's team members can exercise their professional judgement and the quality of care they provide is not compromised in order for them to meet targets.

Inspector's evidence

The pharmacy opened for 49 hours a week and dispensed about 11,000 prescription items a month. The pharmacy team consisted of a full-time pharmacist (the RP), a full-time accuracy checking pharmacy technician, a full-time trainee dispensing assistant, a part-time dispensing assistant, a full-time trainee medicines counter assistant (MCA), a part-time counter assistant and two part-time delivery drivers.

The pharmacy relied upon its team members or staff from neighbouring branches to cover planned or unplanned absences. The Area Manager also provided support when needed and he arrived part-way through the inspection as the full-time trainee dispensing assistant was away. The Area Manager was a pharmacist.

The pharmacy had a comprehensive induction training programme for its staff. Staff needed to complete mandatory training during their employment. And they have completed or were undertaking accredited training relevant to their roles. The counter assistant was enrolled upon a MCA training programme during the inspection.

Members of the pharmacy team worked effectively together in a supportive environment and the RP led by example to ensure people were served and counselled in a helpful, sympathetic and knowledgeable way. The pharmacist supervised and oversaw the supply of medicines and advice given by the pharmacy team.

The team members described the questions they would ask when making over-the-counter recommendations and explained when they would refer customers to a pharmacist; for example, repeated requests for products liable to abuse and requests for treatments for infants or older people.

Staff performance and development needs were monitored and discussed informally throughout the year and at annual appraisals. The team members were encouraged to ask the pharmacists questions, familiarise themselves with new products, attend training events and complete their accredited training or 'Kamsons Academy' training to ensure their knowledge was up to date. They received set aside time to train. A plan was in place for staff to become smoking cessation advisers so the service could be relaunched at the pharmacy. Members of the pharmacy team were also encouraged to learn from their mistakes and share any learning outcomes with their colleagues.

Team meetings were held regularly to update staff, share learning from mistakes or concerns and so staff could make suggestions about the pharmacy. The pharmacy team received updates from head

office on professional matters and to share learning from adverse events from other stores.

Staff felt comfortable in providing feedback about the pharmacy during team meetings or raising a concern with the persons nominated within the company's whistleblowing policy. Staff feedback led to changes to the rostering of tasks within the pharmacy so team members could fulfil each other's responsibilities if they were away.

Pharmacists would only carry out Medicines Use Reviews (MURs) and New Medicine Service (NMS) consultations when it was clinically appropriate to do so and when the workload allowed so the delivery of services to patients was not compromised.

Principle 3 - Premises ✓ Good practice

Summary findings

The pharmacy is clean and it provides a safe, secure and professional environment for people to receive healthcare. It is well designed to meet the needs of people who use it. And to make sure they can receive services in private when they need to.

Inspector's evidence

The pharmacy was air-conditioned, bright, clean, spacious and modern. It was professionally presented. And its fixtures and fittings were of a high standard. The pharmacy team was responsible for keeping the premises clean and tidy.

The pharmacy's layout had been carefully considered. It had an automated entrance, a dedicated seating area for people, two consultation rooms and a quiet room people could use to read health promotion information in. The pharmacy's counter was wide and parts of it were low level. The dispensary had ample dispensing workbench and storage space available for the current workload. The pharmacy also had a separate room for the assembly of multi-compartment compliance packs to minimise distractions.

The consultation rooms were clearly signposted, suitably sized and well-equipped. They were available if people needed to speak to a team member in private. And one room had been specifically designed to deliver the pharmacy's needle exchange and substance misuse treatment services. It had a dedicated needle exchange point and a reception area for clients to use. The pharmacy's sinks were clean. And it had a supply of hot and cold water. Antibacterial hand wash and alcoholic hand sanitisers were also available.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes sure people can access its services. It is good at providing its services safely and effectively. It takes extra care when supplying high-risk medicines. This helps make sure that people take their medicines safely. The pharmacy gets its medicines from reputable suppliers and stores them securely and safely. And it generally disposes of people's waste medicines appropriately.

Inspector's evidence

The pharmacy had an automated door and its entrance was wide and level with the outside pavement. It had an induction loop for people who wore hearing aids. And part of its counter was at a level that wheelchair users could use comfortably. The pharmacy's services were advertised and the pharmacy team knew where to signpost patients to if a service was not provided.

The pharmacy offered influenza vaccinations. Its pharmacists administered about 200 vaccinations last winter. Some people chose to use the vaccination service at the pharmacy rather than their doctor's surgery for convenience or because they were not eligible for the NHS service. The pharmacy offered a remote independent pharmacist prescribing service for travel vaccinations and malaria prophylaxis. The demand for this service was low and seasonal.

Needle exchange clients were asked to return spent sharps within the containers provided and deposit these into a designated receptacle within a dedicated substance misuse treatment consultation room. Staff knew who was eligible for the service and the process they needed to follow. The pharmacists also monitored the consumption of some substance misuse clients' treatments. The pharmacy provided a delivery service to people who couldn't attend the pharmacy and an audit trail was maintained for each delivery.

The pharmacy provided over 30 MURs and about 45 NMS consultations a month. People provided their written consent when recruited for these. The pharmacy team targeted people who were eligible for a MUR or a NMS consultation. The RP routinely escalated potential adverse drug reactions he identified during these consultations to the prescriber, for example; ankle swelling in people initiated on a new 'statin'. He also arranged and conducted face-to-face follow-up NMS consultations at the pharmacy with people who were hard of hearing.

The pharmacy used disposable and tamper-evident packs for its multi-compartment compliance pack dispensing service. A dispensing audit trail was maintained for the assembled packs seen. A brief description of each medicine contained within the packs was provided. And patient information leaflets were routinely supplied. The Area Manager adjusted the settings on the patient medication record (PMR) system so that cautionary and advisory warnings were included on the packs' backing sheets.

Prescriptions were highlighted to alert staff when a pharmacist needed to counsel people and when CDs or refrigerated items needed to be added. Prescriptions for Schedule 2 to 4 CDs were routinely marked with the date the 28-day legal limit would be reached to ensure supplies were made lawfully.

Procedures were in place to identify patients receiving high risk medicines, such as anticoagulants, methotrexate, lithium and insulin, and ensure that these patients were counselled on the use of their

medicines and the management of their condition. Warfarin tablets were not included in multi-compartment compliance packs and patients taking warfarin were targeted by staff to check they understood their treatment plan and the importance of regular blood tests.

Members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that people in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. Valproate educational materials were available at the pharmacy.

Recognised wholesalers, such as AAH, Alliance Healthcare, Phoenix and Waremoss Ltd, were used to obtain medicines and medical devices. Staff were aware of the Falsified Medicines Directive (FMD). They could check the anti-tampering device on each medicine was intact during the dispensing process. But they weren't verifying or decommissioning medicines at the time of the inspection despite the pharmacy having scanning equipment and the associated software to do so. The pharmacy's SOPs hadn't been revised to reflect the changes FMD would bring to the pharmacy's processes. But the company had a plan in place for its pharmacies to comply with FMD in the near future.

Most medicines and medical devices were stored within their original manufacturer's packaging. Pharmaceutical stock was subject to regular date checks which were documented. CDs, which were not exempt from safe custody requirements, were stored within the CD cabinets. A record of the destruction of patient returned CDs was maintained. Staff were required to mark and keep patient-returned and out-of-date CDs separate from in-date stock within one of the CD cabinets. Pharmaceutical stock requiring refrigeration was appropriately stored between two and eight degrees Celsius.

Procedures were in place for the handling of patient-returned medicines and medical devices. Patient-returned waste was checked for CDs or prohibited items. People attempting to return prohibited items, such as household chemicals, were appropriately signposted. Although waste receptacles were available and in use, the arrangements to deal with cytostatic and cytotoxic products (hazardous waste) were unclear to some members of the pharmacy team. A process was in place for dealing with MHRA recalls and concerns about medicines or medical devices. MHRA alerts were retained and annotated with the actions taken following their receipt.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to deliver its services safely.

Inspector's evidence

The pharmacy had a range of clean glass measures including separate measures for CDs. It also had equipment for counting loose tablets and capsules. The pharmacy provided NHS health checks. It also provided blood pressure checks on request. The blood pressure monitor was replaced within the past 12 months and the cholesterol monitor used in NHS health checks within the past six months. The pharmacy had recently arranged for the accuracy of the cholesterol monitor to be verified by using a third-party pathology service.

Medical refrigerators were used to store pharmaceutical stock requiring refrigeration. And their maximum and minimum temperatures were checked and recorded regularly. Access to the pharmacy computers and the PMR system was restricted to authorised personnel and password protected. The computer screens were out of view of the public. A cordless telephone system was installed at the pharmacy to allow staff to have confidential conversations when necessary.

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.