

Registered pharmacy inspection report

Pharmacy Name: Kamsons Pharmacy, Jubilee Health Centre,
Shotfield, WALLINGTON, Surrey, SM6 0HY

Pharmacy reference: 1111412

Type of pharmacy: Community

Date of inspection: 17/01/2024

Pharmacy context

This pharmacy is next door to a large medical centre in Wallington. It dispenses people's prescriptions, sells over-the-counter medicines, and provides healthcare advice. It supplies some medicines in multi-compartment compliance packs for people who find it difficult to manage their medicines. It also has a delivery service for people who can't easily get to the pharmacy themselves.

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	N/A	N/A	N/A
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 provides its services in line with clear, up-to-date written procedures which are being followed by its team members. 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

The pharmacy had a new folder containing reprinted standard operating procedures (SOPs) to help ensure its team members carried out their tasks in a consistent, safe and effective manner. There were no signatures as the original signed SOPs had been mislaid, but team members confirmed that they had read them and were observed working in accordance with them. There was a cover sheet from the superintendent pharmacist's (SI) office confirming that they had been reviewed in May 2023 and would next be reviewed in June 2025. The pharmacy also had a business continuity plan in place as one of the requirements of the NHS pharmacy quality scheme (PQS).

There were near miss and error record sheets available for team members to document any mistakes they made, along with what they had learned, and any action taken. The responsible pharmacist (RP) reviewed the errors and near misses every month, and learnings were discussed with the whole team before being recorded on the patient safety report for the SI. Any errors that left the pharmacy were recorded separately and reported to the NHS learning from patient safety events (LFPSE) service, formerly known as NRLS. Medicines that looked alike, or whose names sounded alike (LASAs) were kept separate on the shelves, and there were some stickers on the shelf edges to highlight items which could easily be mixed up. The pharmacy completed regular clinical audits as part of the PQS.

There was a notice on display to tell people the name of the pharmacist responsible for the pharmacy on that day. The RP record was maintained on the pharmacy computer system, and those entries examined were all in order. Staff roles and responsibilities were set out in the SOP folder.

The pharmacy had a notice on display explaining its complaints procedure. There was also a certificate of professional indemnity and public liability Insurance on display, valid until 31 August 2024. Private prescription records were maintained on the pharmacy's patient medication record (PMR) computer system, and those records examined were all in order. Emergency supply records were also on the PMR and included a reason for the supply, as required. There was a folder containing records of unlicensed medicines ('specials') ordered by the pharmacy. The records included certificates of conformity and those examined included the patient and prescriber details, along with a copy of the dispensing label as required. The electronic controlled drugs (CD) records were complete and up to date, and stock balances were checked every four weeks in accordance with the SOP. The electronic register included an audit trail to show when any alterations had been made, who by and with a reason. There was a record of CDs returned by people who no longer needed them. Those entries examined were in order.

Those team members questioned understood how they could protect people's confidential

information, describing for example, how they would check people's details carefully before discussing their medicines over the phone. The pharmacy had an information governance (IG) policy and completed the Data Security and Protection (DSP) toolkit as required by the NHS. Confidential waste was kept in sacks which were sealed and securely stored on the premises before being taken to the company's head office for secure destruction.

All staff had completed safeguarding training to level one, and registered pharmacy professionals to level two. Safeguarding procedures were in place with current local contact details available. Upon questioning, team members were able to describe some of the signs to look out for which may indicate a safeguarding concern, and they knew when to refer to the pharmacist.

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 suitable training to help keep their knowledge up to date. More experienced team members give the necessary support to those still in training. Team members are aware of medicines that may be liable to misuse and know how to respond appropriately to requests for them. The pharmacy ensures its team members can easily make suggestions to improve safety and workflows where appropriate.

Inspector's evidence

There were two pharmacists (including the RP), a trainee pharmacist, two registered accuracy checking technicians, three dispensing assistants and two medicines counter assistants (MCA) on duty during the inspection. They were working well together, supporting each other with their tasks if required. There was a mix of full-time and part-time staff who could cover any unplanned absences.

There was a training folder containing certificates for the training courses that each member of the team had completed. The trainee pharmacist explained that he had started his foundation year at the pharmacy in July and would be sitting the registration assessment in June 2024. The RP was his supervising pharmacist, and they were shortly due to complete the 26-week review. They were both happy with the progress made to date and the trainee pharmacist appeared enthusiastic about his training.

Staff were observed while serving at the medicines counter. They asked appropriate questions and knew when to refer to the pharmacist. Upon questioning they demonstrated a good awareness of the signs to look out for when dealing with requests for medicines which may be liable to abuse. There was a whistleblowing policy in place and team members felt able to make suggestions to help improve their service. There were targets in place, but they were applied sensibly and didn't affect the pharmacist's professional judgement.

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. It has an innovative approach to ensuring its team members keep the premises clean. 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 bright, professional and well maintained. There were automatic doors to help make it easier for people using mobility aids to enter the pharmacy. There were some signs in the windows telling people about the services the pharmacy offered. The retail area was spacious and uncluttered so that people had plenty of room around them while they waited.

The dispensary was behind the medicines counter, which was protected by a clear Perspex screen. There was plenty of space for the team to work safely and effectively. There was a computer workstation at the front of the dispensary overlooking the medicines counter, and two more terminals at the rear of the dispensary. The entire premises were regularly cleaned, on a weekly basis. One of the technicians was responsible for managing the process and had designed a matrix using cartoon characters and symbols for team members to colour in when they had cleaned their allocated sections. They explained how they liked to add a little fun to some of their routine tasks. There was also a rolling three-month date checking process.

There was a professional looking consultation room, accessible directly from the retail area and with a separate doorway to the dispensary. There were ceiling-height cupboards containing records of the pharmacy's services, stationery, bags and other sundry items. There was a separate desk with another computer and seating for two people. The desk extended to the sink, with hot and cold running water. The door was kept closed when the room wasn't being used. Conversations held inside the room couldn't be heard from outside.

Staff toilets were at the rear, along with a staffroom and a small stockroom used for storing paperwork, bags and bottles as well as some stock. The premises were well lit, and there were air conditioning units to keep temperatures comfortable for people to work in and suitable for the storage of medicines.

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 manages its services well, keeping suitable records so that it can show who has done what and when. 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.

Inspector's evidence

There were signs in the window to tell people what services the pharmacy provided. The automatic door made it easier for people using wheelchairs to enter the pharmacy. There was also plenty of space for them to move around the displays or to access the consultation room.

There were controls in place to help minimise errors, such as using baskets for each prescription so that their contents were kept separate from other prescriptions. The baskets were colour-coded to separate those for people waiting from those for delivery and other non-urgent prescriptions. Dispensing labels included 'dispensed by' and 'checked by' boxes to indicate who had carried out those tasks.

Prescription tokens were initialled by the pharmacist, providing an audit trail to show who had carried the clinical check. Owings slips were used when prescriptions couldn't be supplied in full. There was a delivery service, with drivers shared between other local pharmacies owned by the company. The used the 'Pro delivery' app to record each delivery and for the pharmacy to know where the drivers were.

The pharmacy assembled some prescriptions in multi-compartment compliance packs for people who found it difficult to manage their medicines. They were assembled and stored in a separate area at the rear of the dispensary away from distractions. The pharmacy ordered prescription on people's behalf and upon receipt they checked that they were as expected. Any discrepancies were followed up with the GP practice and their PMR updated accordingly. The RP explained that they used a 'three-point check' on all prescriptions, firstly when it was labelled, secondly during assembly and a third and final check before completion. Patient information leaflets were provided and there was a brief description of each tablet or capsule inside the compliance pack. The completed compliance packs were stored in chronological order on designated shelves before being delivered.

The pharmacy dispensed 'blue scripts' for a small number of people using the local substance misuse service. Some of them consumed their medicines on the pharmacy premises under the supervision of the pharmacist. People who failed to turn up for their medicines on three consecutive days were referred back to the substance misuse team and no further supplies were made until a new prescription was provided.

Those team members questioned were aware of the risks involved when supplying valproates to people who could become pregnant. They were also aware of the requirement to supply valproates in the manufacturers' complete original packs. The RP demonstrated where they placed the dispensing label so that all the pre-printed warnings remained visible. They checked whether people had long-term contraception in place as part of the pregnancy prevention programme (PPP) and noted the

intervention on the PMR system. They also checked whether people had had the necessary blood tests before supplying other high-risk medicines such as lithium, warfarin or methotrexate.

The pharmacy administered flu vaccinations during the autumn and winter seasons. There were valid patient group directions (PGDs) in place as the legal mechanism for providing the service. They had been signed and dated by the RP. The pharmacy kept the necessary records and had adrenaline available in case of an emergency. The pharmacy also provided a travel vaccination service. The RP was one of the company's pharmacist independent prescribers (PIP) who provided private prescriptions as the legal mechanism for the supply, both in this pharmacy and in other branches of the company. She explained that her initial scope of practice had been dermatology but had since extended it following guidance issued by the Royal Pharmaceutical Society (RPS). There was a folder containing records of all the prescriptions issued, with each entry colour coded. Green for those supplied with no issues, yellow for those with queries which had been resolved before supplying and red where no supply had been made. The reasons were all recorded, and she conducted a self-audit every six months. All the company's PIPs would carry out their peer reviews together during their annual conferences.

The pharmacy provided the Community Pharmacist Consultation Service (CPCS) and records of each consultation were available online. The RP added that they had signed up for the recently announced 'pharmacy first' service, which would be provided once they had completed all the necessary training.

The pharmacy obtained most of its stock through the company's own internal distribution network, with the remainder coming from recognised pharmaceutical wholesalers. It stored its stock in the manufacturers' original containers. There was a date checking matrix and fridge temperature records. Those records examined were all within the required temperature range.

The CD cabinet was securely bolted to the wall in accordance with the regulations. The pharmacy had the necessary kits to denature and safely destroy CDs. The CD cabinet was well organised with out-of-date CDs clearly segregated from the rest. Unwanted medicines returned by people were checked for CDs and sharps. CDs were recorded before being put in the CD cabinet ready for safe destruction. People returning sharps were signposted to the local council. Unwanted medicines were collected by an approved waste contractor approximately every six weeks.

The pharmacy received drug alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) to advise it of any recalls or other problems with medicines or medical devices. The pharmacy annotated each one with any action taken and each team member initialled it to show that they had read it. They were then retained in a designated file.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy 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

The pharmacy had a set of crown-stamped glass measures, with second set of marked measures kept separately for use when measuring liquid CDs. There were copies of the British national Formulary (BNF) available and the pharmacy had online access to other reference sources if required.

The pharmacy had two medical grade fridges. There was also a blood pressure monitor which was replaced every two years. Electrical equipment had stickers showing when they had been tested by an electrician qualified to undertake portable appliance testing (PAT).

All the computers were password protected and those team members with NHS smartcards didn't share their passwords with each other. No computer screens, or other sources of confidential information, were visible to people using the pharmacy.

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.