

# Registered pharmacy inspection report

**Pharmacy Name:** Kamsons Pharmacy, 84 High Street,  
LITTLEHAMPTON, West Sussex, BN17 5DX

**Pharmacy reference:** 1111586

**Type of pharmacy:** Community

**Date of inspection:** 06/08/2019

## Pharmacy context

This is a community pharmacy located on the main shopping high street in Littlehampton town centre. The pharmacy provides pharmacy services to local residents and tourists. The pharmacy dispenses NHS prescriptions and provides healthcare advice to people. It also supplies medicines to care homes and in multi-compartment compliance aids, for those patients who live at home and may have difficulty managing or remembering to take their medicines. The pharmacy is part of the Kamsons group.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	2.4	Good practice	Staff worked effectively together as a team and showed a good culture of openness, honesty and learning
<b>3. Premises</b>	Good practice	3.1	Good practice	The pharmacy premises are spacious and fitted out to a high standard
		3.5	Good practice	Pharmacy services are provided in a very professional and hygienic environment.
<b>4. Services, including medicines management</b>	Standards met	4.1	Good practice	The pharmacy services are tailored to the needs of the local community and the pharmacy works closely with other local healthcare providers, to provide effective care.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy provides services safely and effectively in line with clear processes and procedures which are being followed by staff. Team members record, review and learn from mistakes that occur during the dispensing process to prevent similar mistakes in future. The pharmacy team asks people for their views and deals with any complaints appropriately. And it uses the feedback to improve the service it provides. The pharmacy team generally keeps the records it needs to. And the pharmacy protects patient information and ensure that vulnerable people are protected.

### Inspector's evidence

Procedures were in place to record, review, and learn from adverse events. The pharmacist demonstrated that dispensing incidents and near misses were recorded, reviewed and feedback provided to staff. A recent review following the analysis of a near miss incident involving insulin pens and cartridges had led to the highlighting and separating of stock in the fridge, to try and reduce the risk of similar errors. Dispensing incidents were reported to head office and when appropriate to the NRLS. The pharmacist explained that baskets were used in the dispensing process to manage the workflow, separate prescriptions and help reduce the likelihood of errors. Standard operating procedures (SOPs) were in place for the services provided from the pharmacy, with all SOPs having been last reviewed and re-issued by the company during September 2017. SOPs were signed by staff and signature sheets were retained as verification.

The roles and responsibilities of staff were defined within the SOPs. The medicines counter assistant (MCA) was clear on her role and responsibilities. On questioning, the MCA explained that she would refer any requests for advice and certain P medicines (for example regular requests for codeine preparations) appropriately to the pharmacist. The patient complaints and feedback procedure informing patients how they could provide feedback or raise any concerns, was clearly displayed on a poster and leaflet displayed at the counter. A patient satisfaction survey had been completed and the summary results were available for patients to see. Generally, feedback was very positive. However, some comments related to the availability of healthy living advice. As a consequence, the pharmacy staff were attempting to target patients about healthy living and health promotion advice where appropriate. The pharmacy was also an accredited 'Healthy Living Pharmacy'.

The pharmacy had professional indemnity insurance arrangements in place for the pharmacy services provided. The responsible pharmacist (RP) sign was on display. The RP records together with electronic CD registers, emergency supply, special records and private prescription records examined were generally in order. However, care should be taken to ensure that the RP always signs out when ceasing duties. Running balances were checked and recorded for controlled drugs and those balances checked during the inspection were correct. Records of patient returned controlled drugs were maintained. The responsible pharmacist explained that all staff were required to read and sign to confirm their understanding of the confidential nature of the information that may be acquired by them in the course of their employment. The pharmacy had an up-to-date SOP dealing with information governance. The pharmacy used Summary Care Records and an SOP and training had been implemented.

Access to the pharmacy computer and the patient medication record (PMR) systems was restricted to authorised members of staff and password protected. A confidential waste bin was used to dispose of patient identifiable and confidential waste. Confidential waste was stored securely and transported to

head office for destruction. Child protection and vulnerable person safeguarding SOPs were in place and all staff had read and understood these procedures and were aware of what to do and who to contact if they had any concerns about the safety of a child or a vulnerable adult. The pharmacist had also completed the CPPE safeguarding training.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has good levels of qualified staff for the services it provides and provisions are in place to ensure staffing levels are maintained. Pharmacy staff have the appropriate skills and qualifications for their roles and are encouraged to undertake ongoing learning. The team works effectively together with openness and honesty, to help support the safe and effective delivery of pharmacy services. Team members can make suggestions and get involved in making improvements to the systems used and services provided.

### Inspector's evidence

The pharmacy dispensed approximately 13,500 items each month. One pharmacist, six trained NVQ2 dispensers, and two counter assistants (one trained and one about to commence training), were present during the inspection. Staffing levels are changed in response to business needs and staff rotas were in place to ensure appropriate staff levels are maintained. In cases of staff shortages, staff could be transferred from other local branches or relief staff were used to assist. Staff had completed appropriate training courses for their roles or were in the process of completing training appropriate to their roles. And staff were encouraged to continue and develop their skills and progress through training courses. Staff wore uniforms and name badges and were identifiable to patients.

The pharmacist explained that he carried out staff appraisals, where performance and development needs were individually discussed and documented. Staff were encouraged to continue their own personal development by completing regular training courses e.g. magazine articles and company training events. The pharmacist was observed supervising and overseeing the sales, supply and advice given by staff. Staff were observed following the sales of medicines protocol when making recommendations about medicines to buy and referred patients to the pharmacist when necessary. On questioning, staff were able to explain how they would raise a concern they had about the provision of a pharmacy service with the company and confirmed that they would not have any hesitation in doing this if circumstances required.

Regular informal staff meetings and briefings take place and staff feedback concerning the operation of pharmacy systems is encouraged. As a consequence of staff discussions, the pharmacy reviewed the operation of its date checking procedures so that individual staff members took personal responsibility for tidying and date checking specific sections of the dispensary. Formal meetings were held for branch managers across the group. The company sets some targets around MURs and NMS, but the pharmacist did not feel under any pressure to compromise his professional judgement when providing these services.

## Principle 3 - Premises ✓ Good practice

### Summary findings

The pharmacy premises are spacious and provide a very good professional environment for the delivery of pharmacy services to people. It has suitable facilities to protect the privacy, dignity and confidentiality of people. And the team uses them to ensure confidentiality is protected.

### Inspector's evidence

The pharmacy was spacious, well lit, fitted out to a good standard, well presented and of a professional appearance. A consultation room was available for use to ensure that patients could have confidential conversations with staff when necessary. The consultation room was checked during the inspection and no conversations could be heard in the areas next to it.

The ambient temperature of the pharmacy was controlled through the air conditioning units. Care should be taken to ensure that the consultation room door is kept secured to prevent unauthorised access, when not in use. Hand washing facilities were available in the consultation rooms, dispensary and staff areas. The sinks were clean and each had a supply of hot and cold water.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy delivers its services in a safe and effective manner. People receive appropriate advice and support to help them use their medicines properly. The pharmacy advertises its services which people can easily access. The pharmacy generally sources, stores and manages medicines well, and so makes sure that all the medicines it supplies are fit for purpose.

### Inspector's evidence

The pharmacy provides a range of services tailored to the needs of the local population for example multi-compartment compliance aids. Given the local elderly population, this service ensures that vulnerable patients could be cared for in their own homes. The pharmacy worked closely with the surgery and local hospitals in managing this service. The pharmacy also provides a valuable delivery services for housebound patients.

The pharmacy, consultation room and pharmacy counter were accessible to all including patients with mobility difficulties. The pharmacy advertised its services well. Staff were clear about what services were offered from the pharmacy and where to signpost patients to if a service was not provided. The pharmacy also had access to the internet to assist with this. In accordance with the SOPs the dispensed-by and checked-by boxes of the dispensing labels on assembled medicines were initialled. Clinical checks were carried out by the pharmacist as part of the accredited checking technician procedure. Patient information leaflets were supplied with all medicines. The pharmacy carried out regular clinical audits for example in relation to gastro protection and patients receiving NSAIDs. A system of utilising stickers was also in place to highlight issues relating to high-risk medicines for example valproate products, to enable the pharmacist to target counselling and guidance appropriately.

The pharmacy took steps to identify female patients receiving valproate products and to identify those at risk and to ensure appropriate action was being taken in relation to counselling and the pregnancy protection program information. Pharmaceutical stock requiring refrigeration was stored between 2 and 8 degrees Celsius. The pharmacist demonstrated that the maximum and minimum temperatures of the pharmacy refrigerator was recorded daily including logging any incidents and the associated action taken. Fridge stock was rotated and stored in an orderly manner in the fridge. Medicines were stored generically in alphabetical order and in appropriate conditions. Medicines were stored within their original manufacturer's packaging. However, care should be taken to ensure that stock is stored tidily and in an organised manner to help reduce errors.

Pharmaceutical stock was subject to regular date checks through a date checking matrix and stock close to expiring was appropriately highlighted. The staff were aware of the recent requirements for ensuring compliance with the Falsified Medicines Directive (FMD), in relation to verification and decommissioning of medicines. At the time of the inspection the pharmacy had received the hardware scanning equipment and the appropriate software was in place. The pharmacy had recently received an updated SOP for FMD, although this could not be located during the inspection and currently the pharmacy was not routinely scanning or decommissioning medicine packs. The pharmacy used licensed wholesalers to obtain its stock. Invoices from a sample of wholesalers were seen.

Waste medicines were stored securely in appropriate containers and disposed of via licensed contractors. Improvements could be considered by ensuring that the pharmacy has the availability of

appropriate containers to dispose of hazardous waste (for example cytostatics and cytotoxics).The pharmacy had appropriate procedures in place for dealing with drug recalls and safety alerts and maintained documented records of action taken in relation to such recalls.



## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy has the necessary and appropriate equipment and facilities for the services provided. And it uses these to protect people's confidential information.

### Inspector's evidence

A range of crown stamped measures were available at the pharmacy. The pharmacy had equipment for counting loose tablets and these were clean at the time of inspection. Medicine containers were stored securely to minimise the risks of contamination by foreign matter. The pharmacy had up to date copies of BNF, BNF children and drug tariff as well as access to the internet and facility to access the NPA information service. The pharmacy computer terminals and PMR were password protected. The computer screens were out of view of the public. Staff were observed disposing of confidential waste in the special bins provided.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✔</span> <b>Excellent practice</b>	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.
<span style="color: green;">✔</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✔</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.