

Registered pharmacy inspection report

Pharmacy Name: Kamsons Pharmacy, The Meads Medical Centre,
Bell Farm Road, UCKFIELD, East Sussex, TN22 1BA

Pharmacy reference: 1117928

Type of pharmacy: Community

Date of inspection: 07/02/2024

Pharmacy context

This pharmacy is next door to a medical centre on the outskirts of Uckfield in East Sussex. 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 | 1.8 | Good practice | Staff at all levels are clearly aware of safeguarding issues and can describe instances where they have identified people at risk and taken action to help them. |
| 2. Staff | Standards met | 2.2 | Good practice | The pharmacy provides its new team members with a structured induction programme with regular progress reviews. More experienced members of the team support them while they are still learning. The pharmacy's records show that its team members carry out regular training to keep themselves up to date. |
| | | 2.4 | Good practice | Those team members seen were enthusiastic about their roles and appeared keen to learn. They were working effectively as a team, supporting each other in their work. |
| 3. Premises | Standards met | N/A | N/A | N/A |
| 4. Services, including medicines management | Standards met | 4.1 | Good practice | The pharmacy team actively reaches out to people with responsibility for caring for others, working closely with a local support organisation. |
| 5. Equipment and facilities | Standards met | N/A | N/A | N/A |

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy provides its team members with clear written instructions on how to carry out their tasks safely and effectively. It makes sure they are clear about their roles and responsibilities. They work to professional standards, identifying and managing risks effectively. The pharmacy regularly reviews the mistakes its team members make and takes appropriate action to reduce the chances of similar mistakes happening again. It keeps all the records that it should, making sure they are easily accessible. Its team members have a very good understanding of their role in helping protect vulnerable people. The pharmacy manages and protects confidential information well and tells people how their private information will be used.

Inspector's evidence

There was a folder containing the pharmacy's standard operating procedures (SOPs) to help ensure its team members carried out their tasks in a consistent, safe and effective manner. The SOPs were signed by all team members to show that they had read them and would work 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. Staff roles and responsibilities were set out in a specific SOP within the folder. There were also SOPs covering the responsible pharmacist (RP) requirements and a section with useful information for locums. The pharmacy also had a business continuity plan with contact details of people who could provide assistance in the event of an emergency. This was available online for all staff on the Kamsons hub.

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. The pharmacy received regular newsletters from the SI's office which included details of any patterns or trends they had identified from those reports. 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 highlighted with 'think' stickers on the shelf edges to help avoid the wrong item being selected. The pharmacy completed regular clinical audits as part of the PQS, evidence of which was seen in the PQS folders.

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. 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 most of those records examined were in order. There were a few where the prescriber's name had been missed out. After a brief discussion with the team, everyone agreed to make sure the prescriber details were included in future. The prescriptions themselves were available in a folder so the missing entries could be added to complete the required records. Emergency supply records were also on the PMR and included a very brief reason for the supply. Having discussed this, the team agreed to provide more detailed reasons in future. 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 week on a Thursday. 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 book for CDs returned by people who no longer needed them. Those entries examined were in order and there were none awaiting destruction.

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. There was a privacy notice on display to let people know how the pharmacy dealt with their personal information. 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. One member of the team described a recent intervention that had a positive outcome, emphasising to the inspector that they can provide a safe space for those in need.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely and effectively. Pharmacy team members are well-trained and have a clear understanding of their roles and responsibilities. They work well together and can make suggestions to improve safety where appropriate.

Inspector's evidence

There was a locum pharmacist on duty during the inspection, as the regular pharmacist spent two days a week working in the adjacent medical centre. The regular pharmacist had developed a very good working relationship with the practice over a prolonged period of time, which helped improve communications between them and integrate the pharmacy's services with those of the medical practice. This had resulted in the practice inviting him to work more closely with them, and now supporting him in becoming a pharmacist independent prescriber (PIP). Other team members on duty included a full-time qualified accuracy checking dispenser, one qualified full-time dispensing assistant and two more in training. There were also two medicines counter assistants (MCAs). They were working well together, supporting each other with their tasks if required. In the event of unexpected absences, staff flexed their hours where possible to cover any gaps and could also call upon staff from the nearby head office for help if needed.

There was a training folder containing certificates for the training courses that each member of the team had completed. This included various subjects such as disposal of inhalers, LASA training, antimicrobial stewardship as well as certificates for the required accredited training. One of the dispensing assistants and one of the MCAs had both recently started working at the pharmacy so hadn't yet been enrolled on an accredited training course. They were both in their three-month probationary period and were expecting to be registered on the required training course at the end of their probation. One of the other dispensing assistants had recently completed her probationary period and had been enrolled on a combined counter and dispensing assistant course but had not yet received the coursework. During her induction she had completed various training courses including antibiotic stewardship.

Staff were observed while serving at the medicines counter. They asked appropriate questions and knew when to refer to the pharmacist. Those questioned were able to describe the signs to look out for when dealing with requests for medicines which may be liable to abuse. One member of the team described a particular series of requests from the same person which she referred on to the pharmacist. 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 and professional environment for people to receive its services. The team keeps them very clean and tidy, presenting a suitably professional image. The premises include a private room which the team uses for some of its services and for private conversations.

Inspector's evidence

The premises were bright, professional and well maintained. There were wide automatic doors to help make it easier for people using mobility aids to enter the pharmacy from the car park outside. There was also a second entrance directly from the medical practice. 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. 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, two more terminals on a central island and a third at the rear of the dispensary. The entire premises were regularly hoovered and mopped twice a week on a rota, so everyone took their turn. Worksurfaces were wiped several times a day. There was also a rolling three-month date checking process which was recorded on a matrix. Storage shelves were cleaned at the same time as the date checking.

There was a separate consultation room, accessible directly from the retail area and with a second doorway into the dispensary. There were ceiling-height cupboards containing records of the pharmacy's services, and some of the equipment needed for those services. There was a desk with a computer and seating for two people. The desk extended to the sink, with hot and cold running water. The doors were 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 small staff area. Bags and paperwork were also stored in here. 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 delivers its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and manages its medicines safely, and so makes sure that all the medicines it supplies are fit for purpose. It responds well to drug alerts or product recalls to make sure that people only get medicines or devices which are safe for them to take. It identifies people supplied with high-risk medicines so that they can be given extra information they may need to take their medicines safely.

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. The pharmacy was accredited as a Healthy Living Pharmacy (HLP) to level 1. There was a healthy living area just inside the entrance with leaflets and poster highlighting local health and wellbeing services. The pharmacy had actively developed a relationship with 'Care for Carers', a support organisation for those with caring responsibilities. The pharmacy displayed the organisation's magazine in its healthy living area and was actively promoting it to local carers. The pharmacy also used its close working relationship with the medical practice to identify specific local needs and tailored its services to meet them.

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 the drivers using the 'Pro delivery' app to record each delivery and for the pharmacy to know where they were. The delivery driver explained that they no longer asked people to sign for deliveries themselves, the app allowed the driver to confirm delivery. He explained the additional check they went through when delivering CDs, including signing the prescription itself.

The pharmacy assembled some prescriptions in multi-compartment compliance packs for people who found it difficult to manage their medicines. Most were assembled offsite at the Kamson hub dispensary. The dispensing assistant explained that she always assembled new compliance packs in the pharmacy and then sent subsequent cycles to the hub. Compliance packs containing fewer than two items were also assembled in the pharmacy. She explained how she ordered prescriptions 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. Additional 'when required' items were only ordered upon request. Paper patient information leaflets (PILs) weren't provided but the compliance pack included instructions and a QR code for people to download them. The dispensing assistant confirmed that if someone specifically wanted paper PILs, she would supply them and make a note on their PMR so that they would continue to receive them. There was a brief description of each tablet or capsule inside the compliance pack. The completed compliance packs were stored 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, with dispensing labels positioned 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. The national protocol was the legal mechanism for providing the service. There was a valid copy in the folder, signed and dated by all those administering the vaccine. The pharmacy kept the necessary records and had in-date adrenaline autoinjectors available in case of an emergency. There was a separate SOP covering the administration of adrenaline which had also been signed and dated. The pharmacy also provided a travel vaccination service, based upon private prescriptions issued by the company's pharmacist independent prescribers (PIP).

The pharmacy provided the Community Pharmacist Consultation Service (CPCS) and records of each consultation were available online. The RP had completed the necessary training for the recently launched 'Pharmacy First' service, so the pharmacy could offer the service once the regular pharmacist had completed his training. He demonstrated the online platform being used for providing the new service, highlighting the various clinical pathways, exclusion criteria and red flags. There were Patient group Directions (PGDs) available for each of the medicines that could be supplied under the service, and a master PGD valid until 30 January 2027, which he had signed.

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 importance of correctly resetting the fridge thermometers after each reading was discussed. The RP outlined the procedure they followed if the fridge temperature went outside the required range.

There were two CD cabinets securely bolted to the wall in accordance with the regulations. The pharmacy had the necessary kits to denature and safely destroy CDs. Both CD cabinets were well organised with one of the cupboards being used for those items awaiting delivery and items which didn't need to be recorded in the registers. 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 for safe disposal.

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 suitable facilities for the services it provides, and it makes sure that they are properly maintained. It also ensures that people's private information is kept safe and secure.

Inspector's evidence

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

The pharmacy had two medical grade fridges. One large one used primarily for insulins, and a second one primarily for travel vaccines. The second was had only recently been installed following a review of the pharmacy's increasing requirements. There was also a blood pressure monitor which was replaced every two years.

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. |