

Registered pharmacy inspection report

Pharmacy Name: Kamsons Pharmacy, 153A Victoria Drive,
Eastbourne, East Sussex, BN20 8NH

Pharmacy reference: 9011568

Type of pharmacy: Community

Date of inspection: 02/11/2021

Pharmacy context

This is a modern pharmacy attached to a new medical centre in a residential area of Eastbourne. It dispenses people's prescriptions, sells a range of over-the-counter medicines and offers healthcare advice. It dispenses some of its prescriptions in multi-compartment compliance packs for those who may struggle to manage their medicines. It also offers a number of other services such as seasonal flu vaccinations, and a home delivery service for people who can't visit the pharmacy in person.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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	2.1	Good practice	There were plenty of staff available, and evidence to show that staffing levels were regularly reviewed. The staff did not appear pressurized and were completing their tasks in good time
		2.2	Good practice	Staff are encouraged to develop their skills, with most being either fully trained or undergoing further training. The company arranges useful and relevant training for its staff, and the pharmacy keeps records of this
		2.4	Good practice	Team members were clearly enthusiastic about their work and worked well together to achieve their common goals
3. Premises	Standards met	3.1	Good practice	The premises were well designed and the layout had clearly been well thought through to support the delivery of the pharmacy's current and potential future services.
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 a safe and effective manner. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They work to professional standards and identify and manage risks appropriately. The pharmacy has made some sensible adjustments to its processes to help make it safer for its team members and for people using its services during the pandemic. Team members understand their role in protecting vulnerable people, and they keep people's private information safe. The pharmacy generally keeps its records in a satisfactory manner, and it has appropriate insurance to protect people if things go wrong.

Inspector's evidence

The pharmacy assessed the risks involved before introducing any new services. It had found that when different team members accepted bookings for various services, they sometimes clashed, or people came in close together. As a result, it set up an appointments diary to avoid overloading its team. The pharmacy had also updated its procedures to help minimise the risks posed by the COVID-19 pandemic. Although the government had relaxed the rules requiring people to wear a face covering, the pharmacy's team members all wore masks themselves and encouraged everyone else entering the pharmacy to do so as well. They accepted that some people either couldn't wear one or didn't want to. But the responsible pharmacist (RP) would offer a mask to anyone without one who wanted to use the consultation room for one of its services.

There was a file with up-to-date standard operating procedures (SOPs), which had been last reviewed in May 2021 and due for review again in June 2023. There were signature sheets signed by staff to indicate that they had read and understood them. Some of the newer members of staff hadn't yet signed them, but all appeared to be following the company's procedures. The pharmacy had a business continuity plan in place to help ensure its services could be maintained in the event of a power cut or other unforeseen incident.

Incidents such as dispensing errors or near misses were recorded on daily sheets which were kept together in a file. Although there was some evidence of learning from mistakes, there wasn't a regular routine of team meetings or huddles to share them among the team. The RP explained that before his arrival there had been a succession of locums which made it difficult to organise regular meetings. But he did indicate that he would start holding team meetings when the pharmacy worked on the new Pharmacy Quality Scheme (PQS).

Staff roles and responsibilities were set out in the SOP file. There was a matrix setting out where responsibilities lay for their tasks. The correct RP notice was on display for people to see who was in charge of the pharmacy's services that day. The RP record was held on the patient medication record (PMR) computer system. It was up to date, although there were a few entries missing to show when the RP's responsibilities had ended for the day. The trainee accuracy checking technician (ACT) described the process she followed and how her training was supervised.

There was a complaints procedure in place and a notice on the wall for people to see. The pharmacy encouraged people to give them feedback either via Trustpilot or their facebook page. There was a certificate on display showing that the pharmacy had valid professional indemnity cover in place until

August 2022.

The pharmacy kept all the records required by law, plus those additional ones necessary to show that it was providing its services safely and effectively. Private prescription records were stored on the PMR system. Among those examined, there were several where the correct prescriber details had not been recorded. Once this had been pointed out, the RP agreed to ensure that the correct details would be recorded in future. Controlled Drug (CD) records were also kept on the PMR system, and the running stock balances were checked every month in accordance with the SOP. Methadone balances were checked every time it was dispensed, and adjustments for overage recorded, and also sent to head office for audit purposes. Two randomly selected CDs were checked, and the stock balances matched those recorded on the system. Unwanted CDs returned by patients were recorded in a book which documented their destruction along with details of the required witness. The pharmacy had plenty of kits available to denature those CDs prior to their safe disposal. Emergency supplies were recorded on the PMR and included the reason for supply. But some did simply state 'run out'. Records of unlicensed medicines were complete and contained all the required information. The PMR system was automatically backed up overnight while the pharmacy was closed. If for any reason the backup failed, then there would be a message for the pharmacy to create a manual backup.

There was an information governance (IG) policy in place, read and signed by staff, including training records. There was a privacy notice on display for people to see, and the data security and protection (DSP) toolkit was completed as required by the NHS. Team members understood the importance of maintaining confidentiality and could describe how they would protect people's personal information. There were also 'your data matters' leaflets from the NHS on display, explaining to people how their personal information would be used. The pharmacy had procedures in place to prevent inadvertent data breaches, such as using a recognised delivery app on their driver's phones so that deliveries could be recorded without people seeing other people's details. Confidential waste was kept separate from other waste and sent to their head office in sealed sacks for shredding offsite.

There were safeguarding procedures in place with current local contact details available for staff to use if needed. All registered pharmacy professionals had completed the required level 2 safeguarding training, and other staff were trained to the equivalent of level 1.

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. Pharmacy team members are well trained, well supported and have a good understanding of their roles and responsibilities. They can make suggestions to improve safety and workflows where appropriate

Inspector's evidence

The staff on duty during the inspection included the RP, an accuracy checking technician (ACT), a trainee ACT, a dispensing assistant, a trainee dispensing assistant and two medicines counter assistants. There was also a delivery driver and delivery manager present for a brief period during the inspection. They all appeared to be working well together and managing their workload. The staff also knew who they could speak to if they needed to ask for help. The RP described how he would either contact other local branches, or his area manager for additional staff in the event of unexpected absences which might otherwise impact upon their workload.

Training records were seen confirming that all of the team had either completed the required training or were still undergoing training for their roles. And there were certificates available in the training folder. The RP described how the company had recently held a training day for its travel vaccination service. The trainee ACT described how she was progressing through her training programme and how her progress was being supervised. A newly appointed dispensing assistant also appeared to be well supported by the team around her. There was evidence of periodic reviews for individual team members, although none had been carried out since the pharmacy had moved into its new premises.

Staff were able to demonstrate an awareness of medicines liable to abuse and could identify patients making repeat purchases. They described how they would refer to the pharmacist if necessary. The MCAs were both asking appropriate questions when responding to requests or selling medicines.

The pharmacy had targets to achieve but they were sensibly applied, and the RP did not feel under any undue pressure. The team appeared to have open discussions about all aspects of the pharmacy and were positive and enthusiastic.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a secure, well-maintained and very professional environment for people to receive its services. The pharmacy has also included features in its design to help make it safer for its team and for people using its services during the pandemic. It is very well laid out with a spacious consultation room, which it uses regularly for some of its services and for sensitive conversations

Inspector's evidence

The pharmacy's premises were brand new and very spacious. There was a single automatic door with step-free access to the car park outside. There was also a wide, step-free entrance directly into the medical centre from the pharmacy. The pharmacy had a smaller entrance at the rear of the dispensary which was restricted to staff and deliveries.

The retail area was large and airy, with plenty of space to allow people to maintain their distance from each other. There were clear perspex screens at the medicines counter to help reduce the spread of the coronavirus. The premises were spotless, and the staff appeared keen to maintain this. Although there wasn't a written cleaning rota in place, they were all involved in keeping their own areas clean. The premises were vacuumed at the beginning and end of each day, and in between if required. There were sanitising wipes and solution for wiping down work surfaces, and touch points were cleaned after people had been in the consulting room. The pharmacy also had a certificate from Health Education England (HEE) indicating that it had completed the infection prevention & control (IPC) and anti-microbial stewardship domain of the PQS. There was a notice with emergency contact details on so that team members would know who to contact in the event of any problems with the building or its utilities. A builder was present during the inspection undertaking some snagging.

The layout of the premises had clearly been well thought through and enabled the work to flow in a logical fashion. There were two island units in the main area of the dispensary, which were tidy and free of clutter even though they were being used for assembling prescriptions. There was a separate area at the rear of the dispensary, away from distractions, for assembling multi-compartment compliance aids. And a separate bench for completing those prescriptions with items owed. The dispensary sink was clean and tidy. There was hot and cold running water as well as hand wash and drying facilities.

The consulting room had a doorway for people to enter from the retail area, and a separate entrance for the pharmacist from behind the reception counter. There was a desk with two chairs for those using the pharmacy's services plus a third for the pharmacist. The patients' chairs were wipeable. There was an open sharps bin and a container for unwanted medicines in the room. But the doors were kept closed and access was monitored. There was a spotlessly clean sink with running hot and cold water, anti-microbial handwash and hand drying facilities. The staff toilets were not inspected as the builder was working in there, but the RP indicated that they were clean and tidy. There were air-conditioning units to keep the temperature of the premises comfortable for the staff 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 it has made it easy for people with a range of different needs to access them. The pharmacy sources, stores and manages medicines safely, and so makes sure that all of the medicines it supplies are fit for purpose. The team responds well to drug alerts or product recalls so that people only get medicines or devices which are safe. Team members identify people supplied with high-risk medicines and offer them extra information they may need to take their medicines safely. But they don't always keep adequate records of the checks they make, which may make it harder for them to show what they have done if a query should arise in future.

Inspector's evidence

One wall of the pharmacy was devoted to providing information to people. There were leaflets on display and notices for people to read. The main entrance was automatic and there were no obstacles to get in the way of people using wheelchairs or mobility scooters.

There were controls in place to minimise the risk of errors. For example, some medicines that looked alike or had names that sounded alike (LASAs) were kept on separate shelves. Examples included different strengths of furosemide tablets or keeping amlodipine tablets away from amitriptyline tablets. Those involved in each step of the dispensing process could be identified by their initials, either in boxes on the labels or on the prescription token itself. If a prescription couldn't be completed for any reason, it was kept separate so that it could be completed later. If individual medicines couldn't be obtained, then team members would try to obtain an alternative if possible. Staff indicated that several medicines were difficult to obtain but they used a variety of wholesalers to minimise this.

The pharmacy had a delivery manager who co-ordinated the drivers and delivery services for a number of local branches within the company. The drivers used a recognised app to record their deliveries, completing the signature page themselves to minimise any cross-contamination during the pandemic.

Compliance aid dispensing was mainly carried out by two dispensing assistants using a colour coded four-week cycle to manage the service. This enabled them to even out their workload across the four weeks, and to ensure that people received their medicines in good time. The dispensing assistant described how she always aimed to keep ahead of her deadlines, especially before bank holiday weekends. There was a record sheet for each individual person using the service, containing details of their medicines and when they should be taking them. Any amendments were noted on the sheet and also on the PMR system.

The medicines supplied to people using the pharmacy's substance misuse service were prepared at the beginning of each day. All were kept in the CD cabinet until the person arrived to take their medicine. All the necessary records were kept.

The RP was aware of the risks involved for women of child-bearing age taking valproates. Everyone in the at-risk group was reminded of the pregnancy prevention programme (PPP) and the need to have long-term contraception in place. But those conversations were not documented. Upon reflection, the

RP acknowledged the need to keep a suitable record and would do so in future. Leaflets and prompt cards were available in the pharmacy if people needed them.

The pharmacy was providing a seasonal flu vaccination service, and several people came in for their jab during the course of the inspection. There were prefilled adrenaline injectors available in case they might be needed for anaphylaxis. Adult doses were kept in the consulting room and children's doses in the dispensary. There were valid patient group directions (PGDs) in place for both the NHS and private flu vaccination services. The pharmacy had also recently introduced a travel vaccination service, but demand for this hadn't yet picked up.

The pharmacy used a number of recognised licensed wholesalers in addition to its own internal warehouse to obtain its medicines. It obtained most of its unlicensed specials from IPS. Medicines were stored in an organised fashion on the dispensary shelves. They were all in their manufacturers' original containers, with the oldest stock at the front and newest at the rear. There were documented date checks every month, and any items with less than five months shelf life were identified with a coloured sticky dot. Any items that actually went out of date were recorded on the company's online reporting facility before being safely disposed of. This gave the company central visibility of its stockholding and usage so it could move stock around other branches to minimise wastage.

There were two fridges, a large one for stock and dispensed items awaiting collection. The second, smaller fridge was used for those items awaiting delivery to people's homes. The fridge temperatures were monitored and records kept on the PMR system. There were two CD cabinets, one for stock and one for dispensed items awaiting collection. The keys were kept on the pharmacist's person at all times. Prescriptions for CDs and fridge lines were highlighted with stickers so that staff would know where to look for them when people called in to collect them. Staff were aware that CDs could only be handed out within 28 days of the prescription being issued, but there was no process in place to highlight schedule 4 CDs such as zopiclone or diazepam. The RP believed that all staff would recognise them but upon reflection agreed that it would be a good idea to start highlighting them. All prescriptions awaiting collection were marked with a coloured marker pen to highlight the month in which they were assembled. This made it easier to remove old uncollected prescriptions when checking the retrieval shelves at the end of each month.

One of the MCAs described the process she would follow when someone brought back medicines they no longer wanted. She would ask if there were any sharps or CDs in the bag. If there were any sharps, people would be signposted to the local council, and any CDs would be brought to the attention of the pharmacist. They would then be entered in the patient-returned CDs book before being segregated in the CD cabinet whilst awaiting safe destruction and disposal. There were several denaturing kits available for the pharmacy to use when disposing of CDs. The rest of the unwanted medicines would be placed in a designated container before being collected by a suitable licensed contractor for safe disposal. There was no separate, purple-lidded container for returned hazardous medicines such as cytotoxics. The RP explained that their previous one had been collected and not replaced so he would obtain a new one. He also agreed to obtain a list of items to be disposed of using the hazardous waste container.

Drug alerts were printed and kept in a file, annotated to indicate what action had been taken, who by and when. Staff knew what to do if they received damaged or faulty medicines from their suppliers.

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 the equipment and facilities required for the services it provided. There was a blood pressure monitor available, although the RP wasn't sure when it had last been either replaced or recalibrated. Upon reflection he agreed to source a replacement and make a note of the date for future reference. There was also a set of scales so that people could be weighed. They were brand new and still in their original packaging.

Suitable reference sources were available, such as the British National Formulary (BNF). Other references were available online. There was a new set of crown-stamped conical glass measures for measuring the volume of liquid medicines. There was also a small plastic syringe present which was used for removing any syrupy liquids left in the bottom of the measures. The RP clarified that it was not used for measuring liquids.

Access to PMR systems was controlled by individual logins and passwords were not shared, including those for NHS smartcards. Computer screens were not visible to people using the pharmacy's services and team members would move away from public areas when talking on the phone. Prescriptions awaiting collection were also not visible from public areas of 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.