

Registered pharmacy inspection report

Pharmacy Name: Kamsons Pharmacy, 590 Christchurch Road,
Boscombe, Bournemouth, BH1 4BH

Pharmacy reference: 9012438

Type of pharmacy: Community

Date of inspection: 20/11/2024

Pharmacy context

This pharmacy is in on a busy high street in the Boscombe area of Bournemouth. It sells a range of over-the-counter medicines, dispenses NHS and private prescriptions, provides the Pharmacy First service, a contraceptive service and a blood pressure service. They also provide flu vaccines, multi-compartment compliance aids and a local delivery service.

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 suitably identifies and manages the risks associated with its services. It has up-to-date written procedures that the pharmacy team follows. It completes all the records it needs to by law and has suitable insurance to cover its services. The pharmacy team keeps people's private information safe. And it knows how to protect the safety of vulnerable people.

Inspector's evidence

Standard Operating Procedures (SOPs) were in place electronically for the dispensing tasks. The team members had all read and understood them. Staff roles and responsibilities were described in the SOPs, and they were reviewed every two years by the superintendent pharmacist or when there were any significant changes. The team members demonstrated a clear understanding of their roles and worked within the scope of their role. There was a complaints procedure in place within the SOPs and the staff were clear on the processes they should follow if they received a complaint. The complaints procedure was detailed in a leaflet available on a leaflet stand by the waiting area and on a poster on the consultation room door.

The pharmacist explained that she discussed any errors found when checking with the member of staff involved and asked them to reflect on why it had occurred and record it. The near misses were noted on a record in the dispensary and were discussed with the whole team regularly. The records included actions they had taken to prevent similar incidents recurring. The pharmacist explained that since two dispensers had become accuracy checkers, they had fewer errors leaving the pharmacy despite an increase in prescription volume. Errors which left the pharmacy were recorded and copies were held in the dispensary. One error where olanzapine had been mixed with oxybutynin resulted in the pharmacy team clearly separating the two medicines on the shelves and informing the team about drugs which had similar sounding names. There was a workflow in the pharmacy where labelling, dispensing, checking were all carried out at different areas of the work benches. The pharmacy also had a dedicated space for the preparation of multi-compartment compliance aids.

A valid certificate of public liability and professional indemnity insurance was available. The controlled drug register was maintained, and a balance check was carried out regularly. Records of this were completed electronically. The responsible pharmacist record was maintained, and the correct responsible pharmacist notice was displayed in pharmacy where people could see it. The electronic private prescription records were completed appropriately. The unlicensed 'specials' records were complete with the required information documented accurately. The maximum and minimum fridge temperatures were recorded daily, and the fridge was in the correct temperature range.

The computers were all password protected and the screens were not visible to people waiting in the pharmacy. There were cordless telephones available for use and confidential wastepaper was collected in white bags and later destroyed appropriately. The pharmacist had completed the Centre for Post-graduate Pharmacy Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children, and the rest of the team had completed a safeguarding training module as part of their accredited training. All team members were aware of things to look out for which may indicate a safeguarding issue. The team had a safeguarding vulnerable groups policy which contained all the

contact and signposting information should the team suspect a safeguarding incident.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy trains its team members for the tasks they carry out using accredited training courses and provides additional training to allow the staff to develop their roles. The pharmacy team manages its workload safely and effectively. And team members support one another well. They are comfortable with assisting one another, so that they can improve the quality of the pharmacy's services.

Inspector's evidence

During the inspection, there was one pharmacist, two accuracy checking dispensers, two locum dispensers and one medicines counter assistant. The pharmacist explained that she felt there were enough staff members for the dispensing level, and they would all work together to ensure they covered the hours when people were away. The pharmacist stated that the company regularly provided extra cover for the team when required.

Accredited training was provided by Buttercups and they regularly received additional training from the company. This ensured team members were kept up to date with any professional changes and their knowledge of clinical subjects was maintained. The pharmacists attended regular training sessions to keep their practical skills, such as vaccination training, up to date.

Team members explained that their opinions about their job and working environment were considered and they could provide feedback to the pharmacist or the area manager. There was a whistleblowing policy for the company which all the members of staff had signed to say they read and understood. There were no targets in place and the team explained that they would never compromise professional judgement for financial gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean, organised and appropriate for the services delivered. The pharmacy has enough workspace for the team to work effectively and it is presented well. The pharmacy has suitable consultation rooms for private conversations.

Inspector's evidence

The pharmacy building was located on a busy high street in the centre of Boscombe in Bournemouth. The pharmacy had recently relocated into a larger premises which were built for the purpose. Fixtures and fittings were brand new and well maintained. The pharmacy was presented well with a bright and modern appearance.

The pharmacy included a retail area and medicine counter, dispensary and two consultation rooms. The pharmacy was laid out with the professional areas clearly defined away from the main retail area of the pharmacy. There was clear definition between the medicines counter and dispensary, and rest of the retail area of the shop.

The consultation rooms were signposted as being available for private discussions. One was located at the front of the shop and the other was located next to the medicines counter and had two entrances: one from the shop floor and one from the dispensary. Both were locked when not in use. Patient confidentiality could be maintained, and prescriptions were screened from public view. The dispensary was organised and well maintained. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services. The team members reported that they cleaned the pharmacy regularly between themselves.

The ambient temperature was suitable for the storage of medicines and was regulated by an air conditioning system. Lighting throughout the pharmacy was appropriate for the delivery of pharmacy services. There was a fire exit at the back of the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a range of services to support the health needs of its community. And people can easily access these services. The team makes suitable checks to ensure people taking higher-risk medicines do so safely and they provide appropriate counselling. Team members store and manage medicines appropriately. And they take the right action in response to safety alerts and medicines shortages, so people get medicines and medical devices that are safe to use.

Inspector's evidence

There was a range of leaflets available to people about services on offer in the pharmacy and general health promotion by the waiting area of the pharmacy and in the consultation room. There was a screen advertising services in the waiting area of the pharmacy. There was step-free access into the pharmacy via an electric door. The team provided a free delivery service for housebound people and those who had difficulty accessing the pharmacy. There was seating available should people require it when waiting for services.

The team members were aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were taking valproates. The pharmacy team had completed an audit on valproates and although they did not have any affected patients, they explained that they use valproate information cards and leaflets when they dispense valproates. Team members explained that when dispensing valproates, they pulled up the safety information card on the boxes and ensured the dispensing label was placed behind it. They were also aware of the requirements to only provide original packs when dispensing valproates.

The pharmacy provided the Pharmacy First service and the team had all completed the appropriate training. The PGDs were all signed and seen to be complete, and the pharmacist was familiar with the pathways. The pharmacy team also provided a hypertension case finder service where they would target people more at risk of hypertension for blood pressure checks and some people were monitored over 24 hours using an ambulatory blood pressure monitor. One of the accuracy checking dispensers explained that all the dispenser had been trained to provide elements of this service. The pharmacy team provided a supervised consumption service to the local community and used a Methasoft dispenser to help measure the required amount of sugar free solution for each patient.

A sample of multi-compartment compliance aids were checked. They were all seen to have accurate descriptions of the medicine inside and were provided with the appropriate Patient Information Leaflet.

The pharmacy obtained medicinal stock from licensed wholesalers. Invoices were seen to verify this. Date checking was carried out regularly and the team had stickers to highlight items due to expire and recorded any items which had expired. There were denaturing kits available for the destruction of controlled drugs and dedicated bins for the disposal of waste medicines were available and seen being used for the disposal of medicines returned by patients. The team also had a designated bin for the disposal of hazardous waste and a list of hazardous waste medicines. The fridge appeared to be in good working order and the stock inside was stored in an orderly manner. The CD cabinets were appropriate

for use and CDs for destruction were segregated from the rest of the stock. MHRA alerts came to the team via email, and they were actioned appropriately. The recall notices were printed off in the pharmacy and annotated to show the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has appropriate equipment for the services it provides. And it keeps its equipment clean and well maintained to make sure it is safe to use and it calibrates equipment to ensure it works properly.

Inspector's evidence

There were several crown-stamped measures available for use, including 250ml, 100ml, 50ml and 10ml measures. Some were marked to show they should only be used with methadone liquid. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters. Up-to-date reference sources and pharmacy textbooks were available. Internet access was also available should the staff require further information sources.

The computers were all password protected and conversations inside the consultation could not be overheard. Members of the team all used their own NHS Smart Cards and did not share them to ensure access was appropriate and audit trails could be maintained. Electrical equipment appeared to be in good working order. The pharmacy used a Methasoft dispenser to help prepare the methadone. The team calibrated the machine daily in the morning and locked the stock away appropriately when the pharmacy was closed.

The pharmacy had a recommended ambulatory blood pressure monitor available to provide the hypertension case-finding service. The pharmacist also had several items of equipment for the Pharmacy First service. Medicines awaiting collection were stored in a manner which was inaccessible to people. Patient information was not visible from the counter.

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.