

Registered pharmacy inspection report

Pharmacy Name: Livesey Pharmacy, 238 Livesey Branch Road,
BLACKBURN, Lancashire, BB2 4QL

Pharmacy reference: 1033102

Type of pharmacy: Community

Date of inspection: 14/09/2020

Pharmacy context

This community pharmacy is in a large residential area close to the centre of Blackburn. Most people who use the pharmacy are from the local area. The pharmacy's main activities are dispensing NHS prescriptions and selling over-the-counter medicines. The pharmacy supplies some medicines in multi-compartment compliance packs to help people take their medicines and it delivers medicine to some people's homes. This was a targeted inspection after the GPhC received information that the pharmacy had been obtaining an unusually large quantity of codeine linctus, which is addictive and liable to abuse and misuse. All aspects of the pharmacy were not inspected on this occasion. The inspection took place during the COVID-19 pandemic.

Overall inspection outcome

Standards not all met

Required Action: Statutory Enforcement

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 not all met | 1.1 | Standard not met | The pharmacy does not properly manage the risks and governance around the purchasing, sale, and supply of codeine linctus. So, vulnerable people may be able to obtain codeine linctus when it could cause them harm. |
| 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 not all met | 4.2 | Standard not met | The pharmacy buys and sells large amounts of codeine linctus without adequate safeguards in place. |
| 5. Equipment and facilities | Standards met | N/A | N/A | N/A |

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy does not identify and manage all the risks associated with its services, especially in relation to the sale and supply of codeine linctus to people. This means that vulnerable people might be able to obtain medicines that could cause them harm. The pharmacy has written procedures that the pharmacy team follows but there is no evidence it has recently reviewed the procedures. This means there is a risk that team members may not be following up-to-date procedures. The pharmacy completes all the records it needs to by law and it protects people's private information. People using the pharmacy services can raise concerns and provide feedback. The team members respond appropriately when errors occur, they discuss what happened and they take action to prevent similar errors. But they don't regularly review all errors which means they may miss opportunities to help identify patterns and reduce errors.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) that provided the team with information to perform tasks supporting the delivery of services. The SOPs were last reviewed by the Superintendent Pharmacist (SI) on 24 October 2017. This meant there was a risk that team members were not following up-to-date procedures. The SOPs described the roles and responsibilities of the team members. They had read the SOPs and signed the signature sheets to show they understood and would follow the SOPs. A signature sheet for one of the dispensers was not with the SOPs. The dispenser stated the SI had taken it as part of the review of the dispenser's employment contract. The team members demonstrated a clear understanding of their roles and knew when to refer to the pharmacist.

The pharmacy had a SOP covering self-care and signposting that was also due for review on 24 October 2017 but there was no evidence of a review. The SOP described the circumstances when a person asking to buy an over-the-counter (OTC) medicine should be referred to the pharmacist. This included requests for medicines likely to be abused and listed codeine as one of these medicines, though not codeine linctus specifically. This SOP had a sheet for the team to sign but no team member had signed the sheet. A flowchart in the SOP folder outlined the specific questions the team should ask when selling OTC medicines but did not reference medicines liable to abuse. The SOP covering self-care and signposting and the flowchart did not detail what to do when a request to buy an OTC medicine was refused. The two documents didn't detail what to do about any recording of refused sales. The SI knew codeine linctus was liable to misuse and was concerned about the number of people requesting codeine linctus. The SI stated to reduce the number of people buying the codeine linctus he decided to increase the price in an attempt to dissuade people from buying codeine linctus. The SI stated that the price increase had not stopped people buying codeine linctus. The SI stated that if the inspector told him to stop selling codeine linctus he would do so. The SI stated that NHS prescriptions were very rare and no large dispensing stock bottles of codeine linctus were found during the inspection. The SI stated that records were not kept of the sales of codeine linctus and records of the refusal of requests to buy codeine linctus were not kept. This meant the pharmacy had no audit trails for the sales of codeine linctus, the frequency of purchase by the same person and the number of requests that had been refused. The staffing profile indicated that different pharmacists and team members worked at different times making it difficult to monitor repeat sales without an audit process.

The pharmacy was inspected during the COVID-19 pandemic. The SI had completed risk assessments for team members to identify their personal risk of catching the virus and the steps needed to support social distancing and infection control. The team members had access to Personal Protective Equipment (PPE) but only the locum pharmacist was wearing a mask when the inspector arrived at the pharmacy, the SI and dispenser on duty were not wearing masks. The risk assessment for the dispenser on duty revealed she was exempt from wearing a mask due to an underlying medical condition. She was wearing disposable gloves. Throughout the inspection the dispenser and pharmacist mostly worked at separate stations in the dispensary which provided some level of social distancing. The pharmacy had COVID-19 information posters on the front door and it displayed a separate poster on the door reminding people to wear face coverings. The pharmacy restricted the number of people entering the pharmacy to two at a time and to support social distancing it had marked the floor of the retail area to show people where to stand. The pharmacy had a clear plastic screen across part of the pharmacy counter to provide the team with additional protection.

On most occasions the pharmacist when checking dispensed prescriptions and spotting an error asked the team member involved to find and correct the error. The pharmacy kept records of these errors known as near misses. The near miss records looked at found the team usually recorded details of what had been prescribed and dispensed to spot patterns. The entries also captured causative factors and learning outcomes. The pharmacy had a system to report errors that reached the person, known as dispensing incidents, that included the actions taken by the team to prevent the same error. The pharmacy did not review the near miss errors and the dispensing incidents to help identify patterns and check if any changes made in response to common errors were being followed. The pharmacy had a procedure for handling complaints raised by people using the pharmacy and it displayed information for people to know how to raise a concern. The pharmacy team used surveys to find out what people thought about the pharmacy and published the results on the NHS.uk website. The results were also displayed on the wall into the dispensary which was out of sight for people to read. Positive comments from the last survey were about the team.

The pharmacy had up-to-date indemnity insurance. A sample of controlled drug (CD) registers looked at met legal requirements. The pharmacy usually checked CD stock against the balance in the register to help spot errors such as missed entries. The pharmacy recorded CDs returned by people and promptly destroyed them. A sample of Responsible Pharmacist records and records of private prescription supplies looked at met the legal requirements. A sample of records for the receipt and supply of unlicensed products looked at mostly met the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA).

The pharmacy had a SOP covering information security that the team had read. The pharmacy did not display a privacy notice and there was no other information for people to read about how the team protected their confidential details. The pharmacy had a large shredder for destroying confidential waste. The bin that usually held the shredded document was full of documents waiting to be shredded. The dispenser explained shredding was usually done straight through the shredder. The SI explained to reduce the amount of confidential waste the team returned all the prescription repeat slips to the person as often several pages of these slips would be generated after downloading the electronic prescription.

The pharmacy had safeguarding guidance that the team had read and it had a list of contact numbers for local safeguarding teams for the pharmacy team to refer to. The SI and locum pharmacist had completed level 2 training from the Centre for Pharmacy Postgraduate Education (CPPE) on protecting children and vulnerable adults. The team had not had the occasion to report a safeguarding concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a team with the qualifications and skills to support its services. Team members work well together and support each other in their day-to-day work. They openly discuss errors so everyone can learn from them and improve their skills. The team members regularly discuss what they can improve on and agree new processes to help them efficiently deliver the pharmacy's services. But the pharmacy has not made suitable changes in response to frequent requests for codeine linctus sales.

Inspector's evidence

The Superintendent Pharmacist (SI) covered the morning opening hours Monday to Saturday and regular locum pharmacists covered the remaining hours. The pharmacy team consisted of one part-time qualified dispenser and a part-time trainee dispenser who was near completion of her training via the pharmacy apprentice course. At the time of the inspection the SI, the locum pharmacist who worked Monday afternoons and the dispenser were on duty. The SI reported two team members with several years' experience of working at the pharmacy had left the employment of the pharmacy. To help the team the SI called upon a dispenser who used to work at the pharmacy to provide holiday cover. The SI was in the process of interviewing for a pharmacy apprentice. The SI planned to ask the successful applicant to attend the pharmacy on a Saturday to see how the pharmacy operated and to give them a better understanding of the work involved. The SI had experienced a few people deciding just before they were due to start to work at the pharmacy that they no longer wanted the job. The SI thought that giving the person applying for the role a chance to attend the pharmacy for a short time would help the applicant have a better understanding of the job and if it was suitable for them.

The pharmacy provided the team with access to some additional training. The SI shared invites to training events with the team members so they could identify courses that suited their development. The SI provided the team with informal feedback on their performance and discussed further training options. The SI had planned a contract review with one of the part-time dispensers that included feedback on her performance. The dispenser was interested in doing the pharmacy technician course and would speak to the SI about this.

The two dispensers regularly met to discuss workload and to identify opportunities to change processes. The team shared their ideas with the SI who supported the team to implement any changes. One of the dispensers had recently updated the box file holding repeat prescription request slips. This made it easier to know when the prescriptions had to be ordered and to locate the request slips. The dispenser had also identified the computer system allowed notes to be created for all the team to read. The computer notes replaced paper notes left in the dispensary which could be lost and enabled information such as reminding team members to record fridge temperature readings to remain as long as was needed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, secure and suitable for the services provided. It has facilities to meet the needs of people requiring privacy when using the pharmacy services.

Inspector's evidence

The pharmacy was clean and hygienic. The team regularly cleaned the pharmacy to reduce the risk of infection. The pharmacy had separate sinks for the preparation of medicines and hand washing. The team was observed regularly washing their hands throughout the inspection. The pharmacy had enough storage space for stock, assembled medicines and medical devices and the team kept floor spaces clear to reduce the risk of trip hazards. The team kept the pharmacy shelves tidy to help reduce the risk of picking errors.

The pharmacy had space available for the team to have private conversations with people. The premises were secure and the pharmacy restricted access to the dispensary during the opening hours. The pharmacy had a defined professional area and items for sale in this area were healthcare related.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy has processes that mostly support it to manage its services safely. But it does not have adequate safeguards in place to manage the safe supply of codeine linctus which is a medicinal product liable to abuse. It does not appropriately monitor and control the sales of codeine linctus. This means the pharmacy cannot be sure people receive medicines that are safe for them to take. The pharmacy gets its medicines from reputable sources and it stores and manages medicines correctly. The team carries out appropriate checks to make sure medicines are in good condition and suitable to supply.

Inspector's evidence

People accessed the pharmacy via a step-free entrance. The team had access to the internet to direct people to other healthcare services. The team was aware of the risks from high-risk medication including the criteria of the valproate Pregnancy Prevention Programme (PPP). The team had completed checks to identify people who met the criteria. The checks had not found anyone prescribed valproate who met the PPP criteria.

The pharmacy had procedures for the team to follow when people asked to buy over-the-counter medicines including medication that could be misused such as codeine linctus. The procedures listed codeine as a medicine requiring referral to the pharmacist though they did not mention codeine linctus specifically. The Superintendent Pharmacist (SI) stated that a large number of 200ml bottles of codeine linctus were sold each week. The dispenser on duty confirmed she would follow the procedures when a person asked to buy codeine linctus. And she would provide the pharmacist with the information given by the person asking for the codeine linctus in response to the questions she had asked. This included whether the person had the codeine linctus before. The dispenser confirmed she asked the pharmacist to speak to the person before codeine linctus was sold. During the inspection the dispenser was observed asking the pharmacist to speak to a person who asked for a product containing paracetamol and codeine. The inspector observed the pharmacist asking the person several questions and providing advice on the use of the product before selling the medicine. The SI stated that sales of codeine linctus were always for people stating they had a dry cough but further questions about the person's cough were not always asked. The SI knew codeine linctus was a medicine liable to abuse but he did not monitor the sales of codeine linctus. And he didn't monitor when requests to buy codeine linctus were refused. This meant the SI and other pharmacists working at the pharmacy could not be confident the person requesting the codeine linctus had not purchased it before or was previously refused a request. The SI stated he used to ask people to sign a record when a sale was made but he had stopped doing this but did not provide a reason why. The SI stated on most occasions, the request to buy codeine linctus was from a person who had not used the pharmacy before and often the person stated it was for another person such as a relative. The dispenser on duty stated she worked less hours than the other dispenser who would highlight to her anyone presenting to buy codeine linctus who had previously asked to buy it. The SI reported that the pharmacy had seen an increase in requests for Phenergan elixir February 2020 and March 2020 and as a result he had stopped selling this product.

The pharmacy usually supplied some medicines as supervised and unsupervised doses. Due to the COVID-19 pandemic and the risk of infection most people had moved to collection only doses. The team prepared the doses in advance to reduce the pressure of preparing at the time the person presented. The SI had contacted the local drug treatment team to raise concerns about some people who usually

had their medication in daily doses but had moved to weekly or two weeks supplies. The SI stated as a result of this some prescriptions had recently changed to daily collection doses. The pharmacy provided a needle exchange service that was popular. The person returning the bin containing used needles placed it directly into the appropriate waste bin that was removed for incineration. This meant the team did not handle the bin with the used needles inside. The replacement needles and kit were pre-packed off site for the team to handover.

The pharmacy provided multi-compartment compliance packs to help around 15 people take their medicines correctly. To manage the workload the team worked three weeks in advance of supply. This allowed time to deal with issues such as missing prescriptions and dispensing the medication into the packs. The team used a section of the dispensary to dispense the medication into the packs. The team recorded the descriptions of the products within the packs to help people identify their medicines and it supplied the manufacturer's information leaflets. The pharmacy occasionally received copies of hospital discharge summaries. The team checked the discharge summary for changes or new items.

The pharmacy provided separate areas for labelling, dispensing and checking of prescriptions. The pharmacy team used baskets when dispensing to isolate individual people's medicines and to help prevent them becoming mixed up. The pharmacy had checked by and dispensed by boxes on dispensing labels which recorded who in the team had dispensed and checked the prescription. A sample looked at found that the team completed both boxes.

The pharmacy obtained medication from reputable sources. The team members checked the expiry dates on medicines and kept a record of this activity. The team attached coloured dots to medicines with short expiry dates to prompt them to check the medicine was still in date. The team kept a list of medicines due to go out of date each month, no out-of-date stock was found. The team checked the fridge temperatures daily and usually recorded the readings on to the computer. When the inspector pointed out the few gaps in the record the dispenser added a note to the computer reminding all the team to record the fridge temperature readings. A sample of the fridge temperature records looked at found they were within the correct range. The team members did not always record the date of opening on liquids, for example an opened bottle of Seroxat 20mg/10ml with one month's use once opened did not have a date of opening recorded. This meant the team may not be able identify products with a short shelf life once opened and check they were safe to supply. When the inspector highlighted this the dispenser wrote a note and attached it to the shelves holding liquids to remind all team members to record the dates of opening. The pharmacy had medicinal waste bins to store out-of-date stock and patient returned medication. The pharmacy stored out-of-date and patient returned controlled drugs (CDs) separate from in-date stock in a CD cabinet that met legal requirements. The team used appropriate denaturing kits to destroy CDs.

The pharmacy had equipment installed and a computer software update to meet the requirements of the Falsified Medicines Directive (FMD) but the team was not using the equipment. The pharmacy received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via email which the team actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services and to protect people's private information.

Inspector's evidence

The pharmacy had references sources and access to the internet to provide the team with up-to-date clinical information. The pharmacy used a range of CE equipment to accurately measure liquid medication including separate measures for methadone. The pharmacy had a fridge to store medicines kept at these temperatures. The fridge had a glass door to enable stock to be viewed without prolong opening of the door.

The computers were password protected and access to people's records restricted by the NHS smart card system. The pharmacy positioned the dispensary computers in a way to prevent the disclosure of confidential information. The team turned the computer off in the consultation room when it was not in use. The pharmacy stored completed prescriptions away from public view and it held other private information in the dispensary and rear areas, which had restricted access.

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. |