General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Campbells Chemist, 175 Poulton Road, WALLASEY, Merseyside, CH44 9DG

Pharmacy reference: 1034739

Type of pharmacy: Community

Date of inspection: 28/07/2020

Pharmacy context

The pharmacy is situated amongst a small number of retail shops in a residential area of Wallasey, in the Wirral area of Merseyside. The pharmacy dispenses approximately 9,000 NHS prescription items each month. It provides a substance misuse service to 25 people (no supervision at present due to COVID-19), multi-compartment compliance aids for approximately 150 community patients, and three care homes with approximately 100 residents in total, and prescription collection and delivery as services. This was a targeted inspection following information that the pharmacy had been obtaining an unusually large quantity of codeine linctus, which is addictive and liable to abuse and misuse. The inspection focused on the key standards.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan; 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 frequently sells codeine linctus. But it does not have adequate systems in place to identify and manage the risks of abuse, overuse or misuse.
		1.2	Standard not met	The pharmacy does not monitor or review the sales of medicines that are liable to misuse or abuse. So it cannot provide assurance that sales are appropriately controlled.
2. Staff	Standards not all met	2.2	Standard not met	The medicines counter assistants do not have enough knowledge about the correct use of some of the medicines they sell.
		2.3	Standard not met	The pharmacist does not adequately supervise sales of over-the-counter medicines. So the pharmacy cannot provide assurance that they are being used safely.
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 sells large amounts of codeine linctus without making appropriate checks to prevent misuse.
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 have appropriate governance arrangements in place to make sure medicines are sold safely. The pharmacy team does not review or monitor the sales of medicines that are commonly abused or misused. And it does not identify or manage the risks that are involved with the sale of these medicines.

Inspector's evidence

A responsible pharmacist (RP) notice was displayed conspicuously. There were up-to-date standard operating procedures (SOPs) for the services provided, with a signature sheet showing that members of the team had read and accepted them. Roles and responsibilities of staff were defined in the SOPs. A dispenser was seen to be following the 'dispensing' SOPs and was able to clearly describe her duties.

Dispensing errors were recorded on an incident report form and reviewed by the superintendent (SI). A separate log was kept to record near-miss incidents. The responsible pharmacist (RP) said these were discussed with the pharmacy team member at the time they occurred. But the records were not formally reviewed for trends and patterns.

There was a clinical intervention and referral record book used to record interventions with prescriptions. The most recent record was dated February 2020. There were no records kept of over-the-counter medicine interventions. So, team members may not always be aware of occasions when requests to purchase medicines had been refused.

The pharmacy had installed a Perspex screen in front of the medicines counter, to help protect team members and members of the public during the COVID-19 pandemic. The team members wore personal protective equipment (PPE), including face masks. A medicines counter assistant who was in direct contact with people wore a visor. Hand sanitising gel was available. The SI had completed COVID-19 risk assessments for individual team members. And these had been submitted to NHS England.

When questioned, the SI could not explain why the pharmacy would be purchasing unusually large quantities of codeine linctus. He was aware of two patients who received regular NHS prescriptions for codeine linctus. The patient medication records (PMR) for these patients showed that one was prescribed 1000ml of codeine linctus each month at a dose of 5ml twice a day. The SI remembered that he had queried this with the prescriber in February or March of 2015 and had been told that the patient had throat cancer and had been taking the codeine linctus for a long time. The other regular prescription was for 2000ml of codeine linctus at a dose of 10ml up to five times a day. The SI said the patient had informed him that they had been taking it for a long time. A PMR search identified two further patients who had received codeine linctus on NHS prescriptions. One had three prescriptions for 200ml supplied in the last 12 months and the other had received a single supply of 500ml of codeine linctus in August 2019.

The SI explained that the two medicines counter assistants were responsible for ordering retail stock, including all Pharmacy (P) medicines. Orders were placed twice a day with the various wholesalers. The SI said that he was not involved with this, but that he ordered dispensary stock. The two dispensers said that they were not normally involved with the sale of P medicines or other retail stock.

The RP record had ten different days during July 2020 where no information was recorded. The SI accepted responsibility for the incomplete entries and confirmed that he had been the RP on each of those days.

Principle 2 - Staffing **Standards not all met**

Summary findings

The pharmacy has enough staff to manage its workload and team members have completed the required training for the jobs they do. But the pharmacist does not effectively supervise the sales of medicines. The pharmacy team does not always make appropriate professional judgements in the best interests of people. And the medicines counter assistants sometimes sell medicines without having enough knowledge about the correct uses or the risks involved.

Inspector's evidence

There was a regular locum pharmacist, signed in as RP, two dispensers and two medicines counter assistants on duty at the start of the inspection. The team appeared to manage the workload effectively. The SI arrived at approximately 10am.

Members of the pharmacy team explained that they did not receive any ongoing training, apart from reading the SOPs when they were updated. They did not receive appraisals. A dispenser said she was not blamed for near miss incidents or dispensing errors that she was involved with and thought they were an opportunity for her to learn. The team members said that the SI and regular locum pharmacist were supportive and answered any pharmacy related questions they may have. The team members were aware of who to speak to if they had a concern and said in the first instance they would speak to the SI.

The medicines counter assistants said they used the WWHAM questioning technique when people asked for over-the-counter medicines, to decide whether they were suitable. They both said that if they suspected a person might be abusing over-the-counter medicines, such as co-codamol, they would refer them to the pharmacist for review. A medicines counter assistant gave an example that she had referred a person who had asked for codeine linctus to the SI because they were a young adult and appeared suspicious. The SI said that he refused the sale of codeine linctus to this person because their answers to his questions appeared to be scripted, and he had received some information from a local pharmacy that a young adult had attempted to buy codeine linctus.

The medicine counter assistants said they were aware of several people who regularly bought codeine linctus each week. But they said there was little or no oversight of the sale of this medicine by the pharmacist. They said they would not normally check with the pharmacist unless they felt the person may be abusing it. A medicines counter assistant said that codeine linctus was being sold to treat coughs, for pain relief, and to people who said they were unable to swallow tablets.

Principle 3 - Premises ✔ Standards met

Summary findings

Not all principles were assessed on this inspection as it focused on specific standards and areas.

Inspector's evidence

This principle was not assessed because the inspection focused on other key areas.

Principle 4 - Services **Standards not all met**

Summary findings

The pharmacy team does not always carry out enough checks to make sure over-the-counter medicines are suitable for people who buy them or that they are being used safely. The pharmacy gets its medicines from licensed suppliers and they are appropriately stored so that they are kept in good condition.

Inspector's evidence

A dispenser explained the process for assembling and providing the multi-compartment compliance aid service for community patients. An audit trail was in place for changes to therapy and these were documented on the patient medication record (PMR) and on the printed medication record for each patient. Medicine descriptions were not present on the assembled compliance aid packs awaiting collection, which meant patients may not be able to easily identify the individual medicines. Patient information leaflets were included. The pharmacist initials were visible in the 'checked by' box on assembled compliance aid packs. But there were no dispenser initials, so it may not be possible to identify everyone involved in dispensing the medicines if there was an error or query.

A dispenser explained the process for delivering medicines to people's homes. She said that a patient signature was obtained on receipt of all medicines delivered prior to March 2020. Since the COVID-19 lockdown began, the delivery driver left the prescription medicines on the doorstep, stood back, and waited for the person to answer their door to pick up the medicines. Once the person had received their medicines, the delivery driver signed for receipt on their behalf.

The RP explained how the methadone service was carried out. She said that due to COVID-19, all supervision of methadone had been suspended by the drug and alcohol service. Substance misuse treatment prescriptions had been amended by the drug and alcohol service to daily, alternate day, weekly or fortnightly collection. Designated conical measures were used for measuring volumes of liquid controlled drugs. Controlled drugs supplied as part of the substance misuse treatment service were dispensed the day before they were due for collection and were stored appropriately.

When questioned, one medicines counter assistant said that she was aware of five people who regularly bought codeine linctus each week, and that she would sell a maximum of two bottles at a time. She said all of the people who bought codeine linctus regularly were elderly and that she didn't believe they were abusing it. The reasons customers gave for wanting to buy the codeine linctus included, cough, unable to take tablets, and for pain. The other medicines counter assistant said she would sell a maximum of one bottle of codeine linctus at a time and that she was aware of three or four people who bought codeine linctus regularly each week. There were eight x 200ml bottles of codeine linctus in stock. The SI said that in future he would ensure that a pharmacist approved the sale and supply of all requests for this medicine and that he would assume responsibility and control for the ordering of over-the-counter medicines.

Three stock rooms upstairs were used to store excess stock of prescription only medicines (POM), consumables and retail stock. The SI said that the POM stock was distributed between all three pharmacies in the group. The SI said that no over-the-counter preparations, including all Pharmacy (P) medicines, were distributed to the other two pharmacies. The pharmacy used licensed wholesalers to obtain medicines, including, Alliance, AAH, Cavendish, DE Pharmaceuticals, Ethergen and Medi-Health.

Date-checking of stock was carried out regularly and documented. Short-dated medicines were highlighted with a sticker attached to the medicine container. The date of opening was written on stock bottles of liquid medicines with limited shelf life. Several medicines were checked and no out-of-date medicines were found.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

Not all principles were assessed on this inspection as it focused on specific standards and areas.

Inspector's evidence

This principle was not assessed because the inspection focused on other key areas.

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.