

Registered pharmacy inspection report

Pharmacy Name: Victoria Chemist, 118A Victoria Road,
MIDDLESBROUGH, Cleveland, TS1 3HY

Pharmacy reference: 1093203

Type of pharmacy: Community

Date of inspection: 26/08/2020

Pharmacy context

This is a community pharmacy in a street near to the town centre in Middlesbrough, Cleveland. The pharmacy dispenses NHS prescriptions and sells a range of over-the-counter medicines. The pharmacy supplies medicines to people in multi-compartment compliance packs. And delivers medicines to people who can't leave their home. This is a targeted inspection after the GPhC received information that the pharmacy was 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 the risks with all of its services, especially in relation to the sale and supply of codeine linctus to people. So, some vulnerable people may obtain medicines that could cause them harm. The pharmacy has written procedures to identify and manage risks to its other services. But it doesn't have specific instructions about the sale of medicines liable for misuse. So team members may not be clear about the safest way to supply these medicines. Pharmacy team members protect people's confidentiality. And they record and learn from mistakes that happen during dispensing.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. The pharmacy superintendent (SI) had reviewed the procedures in November 2019. On request the dispenser directed the inspector to the sale of over-the-counter (OTC) medicines. The inspector noted that the SI had not signed the SOP as authorised for use. Some members of the team had signed to confirm that they had read and understood their contents. But the trainee counter assistant had not signed any of the SOPs looked at, including the sale of over-the-counter medicines. The dispenser said that she had asked the trainee to sign the SOPs, but no one had checked that this had been done. The pharmacy's procedures referred to some medicines that were no longer sold over the counter such as Zocor Heart Pro which was discontinued in 2010. And they did not include information about how to manage the risks of selling codeine or other medicines liable to misuse to people over the counter. The trainee counter assistant told the inspector that when he sold codeine linctus, as part of his questioning he asked if they had taken it before and if they had he would sell it without reference to the pharmacist. He told the inspector that he usually sold one or two bottles a day. He stated that he sometimes referred to the pharmacist but was unable to describe the circumstances in which he would do so. When asked he told the inspector that he could not remember receiving training or guidance about the sale of codeine linctus. The responsible pharmacist (RP) was aware that opiates could be addictive to people. But the pharmacy did not have systems in place to monitor the number of requests for these types of medicines as not all team members working on the pharmacy counter referred all requests. The RP was aware there was a large demand for the sale of codeine linctus. He advised the inspector that it was very difficult to refuse a sale of codeine linctus because it is a very close-knit neighbourhood and people pass the word around that it is effective for a dry tickly cough, then they too request it. The pharmacist and the dispenser explained they received approximately one to two requests for codeine linctus each day. The SI contacted the inspector following the inspection and subsequently advised that all the staff had read the SOPs. He said the trainee counter assistant had not signed them but thought that he had. And he confirmed the counter assistants' course covered a section on misuse of medication in pharmacy and this included painkillers. He also advised that there were notes on two patient medication records indicating that they had been refused the sale of codeine linctus.

The pharmacy team members recorded any mistakes they made when dispensing. The records demonstrated that near misses were routinely recorded. The near misses had increased from eleven in February to twenty-three in March. The dispenser thought that this was when they were really busy at the start of the pandemic. The inspector noted that there was no sheet for April, the dispenser

confirmed that they must have mislaid it because they always record them. There were records for May onwards. The cause of the near miss errors was recorded. The dispenser explained that the team discussed near misses and changes were made as they occurred. They looked at them again at the end of the month looking for common errors. These monthly reviews were not recorded. The team had made various changes such as separating medicines that looked similar or their names were similar. The pharmacy had a process for dealing with dispensing errors that had been given out to people. It recorded incidents on a template pharmacy incident report form. The inspector noted that the reports were detailed and described the changes they had made to prevent a similar error happening again. There had been an error in June 2020 when beclomethasone spray was supplied instead of the beclomethasone inhaler. The team had analysed the error and the contributory factors were the similarity of the packaging and the fact that they were next to each other on the shelf. The team had separated them on the shelf.

The SI had considered risks due to the coronavirus to the pharmacy team and people using the pharmacy. The pharmacy team were unsure if the SI had documented risk assessments. The pharmacy had masks, gloves and aprons if needed. They were not wearing personal protective equipment (PPE) because they could usually keep two-meter distance. There were chairs placed in front of the counter to prevent people from getting too close. The pharmacy team cleaned the counter after each customer was served. Pharmacy team members washed their hands after any interactions where they handled paper prescriptions.

Pharmacy team members were aware of the need to keep people confidential information private. They were careful to ensure that private conversations with people were not overheard. Confidential waste was segregated into a marked bin. The confidential waste was sealed and taken to another branch for destruction. The Pharmacy had NPA insurance valid from 1 July 2020 to 30 July 2021.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage the workload in the pharmacy. The pharmacy team members are comfortable raising concerns in the pharmacy. But some team members do not fully question people requesting to buy codeine linctus. Not all pharmacy team members receive suitable training to sell medicines liable to misuse such as codeine linctus.

Inspector's evidence

The RP told the inspector that he usually worked Monday to Thursday inclusive in the pharmacy. He confirmed that he was the superintendent (SI) for one of the company's other pharmacies in Skelton. The pharmacy was contracted to open for 100 hours each week, but they had reduced the opening hours to 7.30am to 7pm during the pandemic. The SI for the pharmacy usually opened it and came later in the day to close it. As well as the RP and the SI there had been another two pharmacists working as RP the previous week. On the day of the inspection, in addition to the RP, there were two trained dispensers, one trainee dispenser and one trainee counter assistant. The trainee had been in post for more than a year, he had not completed his counter assistant training in the time frame required, so he had started the course again. He had his books at home so was unable to show the inspector his progress. The RP was unsure if he was given time for training or who was supporting him with his training. The SI provided evidence that the trainee was registered on the NPA Interact Course. And the SI stated that he supported him with his training.

The staffing level was adequate for the volume of work during the inspection. And the team were observed working collaboratively with each other and the people using the pharmacy. The team demonstrated their understanding of their roles during the pandemic. And had put processes in place to manage the risks to themselves and people who used the pharmacy. The pharmacy team told the inspector that they served the local community who relied on them for advice, especially now that GPs in the area were not seeing patients. The pharmacy team had informal catch ups with the SI who usually opened the pharmacy each morning. So, he was available if they had any concerns. The SI discussed any issues with team members as they occurred. These discussions were not documented, so there was a risk that issues raised might not be followed up or properly addressed. The pharmacy team felt able to address any concerns with the SI.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and properly maintained. It provides a suitable space for the health services provided.

Inspector's evidence

The pharmacy was clean and well maintained. The pharmacy team had cleaning equipment and the counter and areas the customer had come into contact were cleaned and sprayed after use. The stock room was a little untidy. And there were some boxes on the floor. The dispensary was a little cluttered. But there was still an effective workflow in operation, with separate areas for labelling, dispensing, and checking prescriptions. The pharmacy had a private consultation room available. The pharmacist usually used the room to have private conversations. It was currently not being used during the pandemic. The room was signposted by a sign on the door. If people wanted to have a quiet word with the pharmacist there was a space to the side of the counter where people could have private conversations without being overheard. There was a clean sink in the dispensary used for medicines preparation. The light in the pharmacy was maintained to acceptable levels. The overall appearance of the premises was professional, including the exterior which portrayed a professional healthcare setting.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy has processes to help manage most of its services safely. But it does not have adequate safeguards in place when selling pharmacy medicines which are liable to misuse. So it cannot be sure that people receive medicines that are safe for them to take. And people's conditions may not be properly monitored and their use of over-the-counter-medicines may not be appropriately controlled. The pharmacy is easily accessible to people, including people using wheelchairs. It obtains its medicines from recognised suppliers and stores them appropriately.

Inspector's evidence

There was a step-free entrance to the pharmacy which allowed people with mobility issues and wheelchair users to access the pharmacy. Due to the additional workload and restrictions caused by the pandemic, some of the services which were usually provided, such as medicines use reviews (MURs) had been temporarily stopped. The pharmacy received most of its prescriptions via the electronic prescription service (EPS) and there was a home delivery service. The number of deliveries had increased significantly, and the workload was being managed by the regular delivery driver, who was working extra hours when needed. The delivery service had been adapted to minimise contact with recipients.

The pharmacy had a standard operating procedure (SOP) in place to help the team to manage selling some over-the-counter medicines to people. But there was no documented procedure or controls to help the team members manage the risks of supplying medicines that could be misused. Some team members said they referred sales of codeine linctus to the pharmacist. But on occasions if the person had used the codeine linctus before or had been recommended to use it by the GP, sales were not highlighted directly with the pharmacist. The pharmacist said sometimes it could be difficult to refuse sales of codeine linctus as people became upset. Team members did not make records of sales to people or discuss this with each other. This means repeat sales could go unchecked. The team members did not usually ask these people any more questions about their symptoms when the GP had referred people. The pharmacy could not show how vulnerable people were safeguarded from misusing this medicine.

Team members were aware of the warnings on the packs of valproate and the risks to people who may become pregnant. But they were unfamiliar with the pregnancy prevention program. The pharmacy team was unsure if the sodium valproate information leaflets and cards had been received. This may mean people do not receive information and advice about the pregnancy prevention programme (PPP). The pharmacy obtained medicines from licensed wholesalers. The pharmacy team members wrote down items that needed ordering as they were dispensed and sold. This included codeine linctus. They were ordered on the screen twice a day. The volumes of codeine linctus ordered was not highlighted to the RP. During the inspection the dispenser told the inspector that the pharmacy rarely transferred codeine linctus between the other two pharmacies in the company. The SI subsequently said that OTC medications were often ordered in bulk and often shared between the pharmacies. No governance arrangements for the transfer were shared. There were large quantities of codeine linctus on shelves behind the counter. The SI subsequently advised there was more stock of codeine linctus than normal in the pharmacy because they had been told there was a supply issue and ordered additional stock from another supplier. Other stock was stored tidily on the shelves. And the pharmacy

kept all stock in restricted areas of the premises. The pharmacy team kept the contents of the pharmacy fridge tidy and well organised. Temperatures in the fridge were measured and recorded daily. The records showed that they were consistently recorded and in range.

Principle 5 - Equipment and facilities Standards met




Summary findings

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