

# Registered pharmacy inspection report

**Pharmacy Name:** Al Shafa Pharmacy, 93 Shireland Road,  
SMETHWICK, West Midlands, B66 4QJ

**Pharmacy reference:** 1103406

**Type of pharmacy:** Community

**Date of inspection:** 02/12/2020

## Pharmacy context

Al Shafa pharmacy is owned by Your Prescriptions Limited, having being acquired in September 2020. The company also owns another pharmacy 'Your Prescriptions', which is located a few doors away. Your Prescriptions is a 'closed' distance selling pharmacy that does not have a website and has no obvious means of selling over-the-counter medicines. Al Shafa pharmacy is located within a parade of shops, in a residential area of Smethwick. It is open late nights and at weekends. The pharmacy dispenses prescriptions and provides some medicines in multi-compartment compliance aid packs, to help people take them at the right time. This was an intelligence-led inspection based on information received by the GPhC that the pharmacy had been obtaining unusually large quantities of codeine linctus, which is liable to abuse and misuse. Other aspects of the pharmacy's services were not inspected in detail 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
<b>1. Governance</b>	Standards not all met	1.1	Standard not met	The pharmacy does not properly manage the risks or have suitable governance arrangements around the purchasing, sale and supply of codeine linctus and some promethazine containing medicines, such as Phenergan elixir, which are both liable to abuse and misuse.
		1.2	Standard not met	The pharmacy does not monitor its purchases, sales or supplies of codeine linctus or promethazine containing medicines. So it cannot provide assurance that the medicines are being supplied appropriately.
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards not all met	4.2	Standard not met	The pharmacy purchases large amounts of codeine linctus and Phenergan elixir. But it is not able to show how the medicines are supplied or why they are needed. So it cannot provide assurance that the medicines are not being misused.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance Standards not all met

### Summary findings

The pharmacy buys large quantities of some over-the-counter medicines which are known to be liable to misuse. But it does not have effective systems in place to control the ordering of these medicines. And there is little information available about how they are being supplied. This means that there are risks to patient safety because people may be able to obtain medicines that they are not using safely.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) covering services and operational activities. Some were dated to show they had been reviewed within the last two years. But others did not have review dates and in some cases there was more than one version of the SOP. The version controls on other procedures were sometimes unclear. So, it was not clear if procedures reflected current practice or which procedure was currently in use. For example, the pharmacy had two procedures covering the sale of medicines, one produced in 2019 and the other which lacked any version control details. One procedure stated that sales of medicines containing codeine should be referred to the pharmacist, but the other simply listed codeine linctus as a medicine which required more vigilance when being sold. Having both procedures in the SOP file, may cause confusion and mean staff may not know which procedure they are expected to follow. Team members had read and signed various SOPs to confirm their understanding of the contents. The pharmacy displayed a professional indemnity insurance certificate. This had expired in October 2017. The superintendent pharmacist subsequently provided confirmation that insurance arrangements were in place and valid until the end of October 2021.

The sale of medicines was discussed with a dispenser, who was aware of medicines which were susceptible to abuse. The dispenser explained that the pharmacy team were aware of issues in the local area where some medicines may be misused and, so, they were cautious when selling them. She added that she did not sell codeine linctus and said that repeated requests for any medications would be referred to the pharmacist. The responsible pharmacist (RP) on duty was a regular locum pharmacist. He was aware that medicines such as codeine linctus could be misused and were addictive. He explained that since he began working at the pharmacy last year, he had introduced strict procedures and did not sell codeine linctus. He could not recall when he had last sold a bottle of codeine linctus from the pharmacy, adding that if people asked for it he would normally signpost them to other services, such as their GP. But he did not keep any records of this as an audit trail.

Four invoices for codeine linctus were found present in filing trays in the dispensary. Three of them were dated November 2020 and indicated that during that month the pharmacy had obtained 62 x 200mL bottles of codeine linctus from various wholesalers. The fourth invoice, for 24 x 200mL bottles of codeine linctus was addressed to the other branch (Your Prescriptions) and was dated as being delivered on the morning of the inspection. The pharmacist was not aware that these medicines had been received and they did not appear to be present at the pharmacy. A dispenser explained that she had taken the medicine to the other branch for storage. The dispenser went to look for them at the other branch but could not find them. After the inspection, the inspector was sent a photograph of the 24 bottles of codeine linctus, which had apparently been located.

Invoices also found present showing that during November 2020, the pharmacy had obtained 60 x 100mL bottles of Phenergan elixir, (which is commonly mixed with codeine linctus for recreational use to produce a 'high' effect). The RP explained that he was not involved in ordering medicines at the pharmacy and indicated that this was normally the responsibility of a dispenser.

The correct RP notice was displayed, and the RP log was maintained in an electronic format. There were occasional entries where the time RP duties had ceased had not been recorded, so the log was not fully compliant.

The pharmacy had made some adjustments in response to the COVID-19 pandemic. The pharmacy team had access to personal protective equipment (PPE), including face masks, but these were not always worn unless in a direct patient facing role. The pharmacist wore a face mask throughout the inspection, as the team were not always able to fully social distance when working. The pharmacy had also placed markings on the floor to encourage social distancing and encouraged the use of face masks.

Details of near miss dispensing incidents were recorded on a near miss log, which was available in the dispensary. Entries were reviewed periodically to identify any underlying patterns of trends. The pharmacy team were in the process of tidying the shelves in the pharmacy, to help reduce the risk of picking errors.

Pharmacy team members had access to personal NHS smartcards and a copy of the pharmacy's privacy notice was displayed. Team members segregated confidential waste for suitable disposal.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members hold the appropriate qualifications for their roles. They complete some ongoing learning, but this is not always structured, so team members may not always be able to show how they keep their knowledge and skills up to date.

### Inspector's evidence

On the day of the inspection a regular locum pharmacist was working alongside two qualified dispensers. The pharmacy employed a third dispenser, who left earlier in the day due to illness, and a pharmacy technician who worked part time. The workload in the pharmacy was busy, but team members were observed to work well together and there was no backlog in dispensing on the day.

Pharmacy team members were suitably qualified for their roles and some training certificates were displayed near to the medicines counter. A dispenser explained that team members completed some ongoing training. Providing examples of e-learning modules on topics including sepsis and obesity. The most recent modules had been completed during work hours.

There was an open dialogue amongst the pharmacy team. A dispenser said that concerns regarding the sale of medication would always be referred to the pharmacist and the team were also able to contact the superintendent pharmacist, if required.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is generally suitably maintained. It has a room where people can speak to the pharmacy team in private. But this is very cluttered, which means that it is not currently properly accessible to people and it detracts from the professional image.

### Inspector's evidence

The pharmacy was in a suitable state of repair and it was generally clean. There was adequate lighting throughout, and the temperature was suitable for the storage of medicines. The dispensary had clear work areas, which were separated for dispensing and checking activities. The pharmacy also had a separate sink for the preparation of medicines, which was equipped with suitable cleaning materials. Pharmacy team members completed general housekeeping duties. The retail area was tidy. The pharmacy stocked a range of goods which were suitable for a healthcare-based business and chairs were available for use by people waiting for their medicines. The pharmacy had a private consultation room, but this was not signposted from the retail area and it was very cluttered, which detracted from the overall professional appearance and meant that it was not suitable for use by patients.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy orders unusually large amounts of codeine linctus and Phenergan elixir which are both liable to misuse. But it does not have adequate safeguards in place to make sure these medicines are effectively managed. So it cannot provide assurance that the medicines are being supplied appropriately or that people are using them safely.

### Inspector's evidence

The pharmacy had a manual door, which was visible from the medicine counter, so people who needed assistance could be identified. The pharmacy advertised some of its services and its opening hours.

The pharmacy received most of its prescriptions via the electronic prescription service (EPS) and it offered a delivery service to people who were unable to collect their medicines. Prescriptions were dispensed using baskets to help reduce the risk of medicines being mixed up and an audit trail was maintained for dispensing and checking.

A dispenser was clear about the questions she would ask to help make sure medicines were sold appropriately. She told the inspector that the pharmacy did not sell codeine linctus and identified other products that she may recommend for the treatment of dry cough, including pholcodine linctus. The pharmacist explained that he would also ask questions to make sure people received medications which were suitable for their needs. But the pharmacy did not keep any records of sales which were refused or people who were referred to other services. There was no codeine linctus on display for over-the-counter sales and the only stock found present was a large 2L dispensing bottle. A single bottle of Phenergan elixir was also found in the dispensary. The pharmacist searched the pharmacy computer and produced a list of codeine linctus dispensed from the end of June 2019 to present day. In total the pharmacy had supplied 2.7L of codeine linctus during that time.

The pharmacy ordered medicines from several licensed wholesalers. Orders were placed daily through the computer system and also over the telephone. A dispenser explained that on occasion, the pharmacy bulk ordered some medicines if they were reasonably priced. Large boxes of various stock medicines were present in the pharmacy storeroom. Medicines were also stored at the other branch located close by. The pharmacy did not keep an records of medicines which were being moved between the two branches.

Medicines were stored in the dispensary on large shelving units. They were disorganised in places, which may increase the risk of a picking error. The pharmacy team members had completed some recent date checking and medicines which were due to expire by February 2020 had been removed from the shelves. No expired medicines were identified during random checks and the pharmacy refrigerators were within the correct temperature range.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. Team members use the equipment in a way that protects people's privacy.

### Inspector's evidence

The pharmacy had access to some paper-based reference materials and internet access was available to support further research. The pharmacy had a range of glass measures and counting triangles were available for loose tablets.

Electrical equipment appeared to be in working order. The pharmacy computer screens faced away from public view and there was a cordless phone to allow conversations to take place in private. In response to the COVID-19 pandemic the pharmacy team members had access to items of PPE.

### 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.