

# Registered pharmacy inspection report

**Pharmacy Name:** Buchan Chemist, 7 Perry Common Road, Erdington, BIRMINGHAM, B23 7AB

**Pharmacy reference:** 1120406

**Type of pharmacy:** Community

**Date of inspection:** 12/11/2020

## Pharmacy context

This community pharmacy is located on a busy main road of a Birmingham suburb. It dispenses prescriptions and sells a limited range of over-the-counter medicines. The pharmacy supplies some medicines in multi-compartment compliance aid packs to help make sure people take them at the right time. And it offers additional services including Medicines Use Reviews (MURs) and a substance misuse service. 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:** 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
<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 which is liable to abuse and misuse.
		1.2	Standard not met	The pharmacy does not adequately audit or monitor its purchases, sales or supplies of codeine linctus to help identify potential misuse and abuse.
<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 and supplies large amounts of codeine linctus without making appropriate checks to safeguard against misuse.
		4.3	Standard not met	The pharmacy cannot demonstrate that it suitably stores and manages medicines which require refrigeration appropriately.
<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 does not identify and manage the risks in relation to the sale and supply of codeine linctus. This means that there are some risks to patient safety and potentially vulnerable people may obtain medicines that could cause them harm. The pharmacy's working practices in relation to other services, including the supply of prescriptions, are generally well managed. Pharmacy team members are clear about their roles and they understand how to keep people's private information safe.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. The procedures were not version controlled and they had not been signed by the superintendent pharmacist authorising them for use. The pharmacist said that he had reviewed the procedures when he began working at the pharmacy as the regular pharmacist in October 2019, but there was no record of this. The dispenser confirmed that she had read the procedures some time ago, but team members had not signed to confirm their understanding of the contents. A matrix with job roles and responsibilities had not been completed, but team members were observed to work within their roles during the inspection. The dispenser was clear on the activities which were permissible in the absence of a responsible pharmacist (RP). The pharmacy had professional indemnity insurance provided by the National Pharmacy Association (NPA) and a certificate displayed was valid until March 2021.

The pharmacy had procedures covering the 'sale of medicines' and 'support for self-care' which both stated that requests for medicines containing codeine should be referred to the pharmacist. Medication sales were discussed with the dispenser who was aware of some high-risk medications which were liable to abuse or misuse. The dispenser said that the pharmacy did get repeated requests for medications such as co-codamol, both in person and via telephone. She told the inspector that the pharmacy had stopped selling codeine. When asked for clarity, the dispenser confirmed that this meant codeine linctus, but she could not recall when the pharmacy had stopped selling it, or the last time that she had sold a bottle from the pharmacy.

The pharmacist was aware that medications like codeine could be misused and were potentially addictive. Initially when asked about sales of codeine linctus, the pharmacist said that they received one or two requests per day and that throughout the COVID-19 pandemic, he estimated he had sold two to three bottles of codeine linctus per week. He explained that he would only supply one bottle each time, and he checked that it was being used for the treatment of a dry cough and provided warnings about the potential for addiction. When asked about the information suggesting that the pharmacy was obtaining an unusually large quantity of codeine linctus, he stated that this could be due to an ordering error. Recent invoices indicated that in the ten days prior to the inspection, the pharmacy had sourced a total of 7.2L of codeine linctus from various wholesalers in pack sizes of 2L and 200mL, including one 2L bottle and four 200mL bottles on the day before the inspection, but no codeine linctus could be found on the pharmacy premises during the inspection. When presented with this information, the pharmacist admitted that all of this stock had been sold and that he made frequent supplies of codeine linctus to several regular customers; he stated that he sometimes felt pressured to make sales.

The pharmacist confirmed that he had not raised any concerns about frequent requests for codeine linctus with the police Controlled Drugs Liaison Office (CDLO), the regional Controlled Drugs

Accountable Officer (CDAO) or members of the pharmacy management, including the superintendent pharmacist. After the inspection, the inspector spoke with the superintendent pharmacist. He confirmed that he was unaware of the quantity of codeine linctus being purchased or supplied by the pharmacy, as he did not routinely have access to the pharmacy's invoices. After admitting to the sales, the pharmacist expressed regret and told the inspector that he would no longer sell codeine linctus.

The pharmacy had considered some risks to the pharmacy team and people using the pharmacy during the COVID-19 pandemic. There was a sign at the entrance asking for only one person to enter at a time and a Perspex screen had been installed at the medicine counter. The pharmacy team had access to personal protective equipment (PPE) including face masks. The team were not initially wearing face masks when the inspector arrived, but the dispenser then wore one for the duration of the inspection. The pharmacist said that individual risks for COVID-19 had been considered, but neither he nor the dispenser could recall completing a formal risk assessment, to review their individual risk status. Team members used hand sanitiser and regularly cleaned surfaces throughout the inspection. In the event a team member had to self-isolate, cover was available from another branch of the pharmacy, which was located a short distance away.

Pharmacy team members discussed near misses at the time of the event. The pharmacist said that some records were kept, but that the completed records were sent to the owner at the end of each month and could therefore not be produced. A current near miss log for the month was not in use. The pharmacist could recollect some of the pharmacy's previous near misses and explained some actions that they had taken in response. A procedure for documenting near misses and dispensing incidents was not seen on the day. When asked, the pharmacist provided details of the information he would capture in response to a dispensing incident. He said that he would usually record this information, but he did not have any forms available for this. He was not aware of any recent dispensing incidents.

The correct RP notice was displayed near to the medicine counter. The RP log was maintained, but the time at which RP duties ceased was not routinely being recorded, so the record was not fully compliant.

The pharmacy had a folder with policies covering Information Governance and the General Data Protection Regulation (GDPR). Team members segregated confidential waste, which was then removed by an external contractor for suitable disposal. The pharmacist used a personal NHS smartcard to access patient data.

The pharmacy had a safeguarding procedure in place. The details of local safeguarding agencies could be located using the internet if necessary. The dispenser explained the types of concerning behaviours that she would be watching for, and she discussed a previous concern regarding a substance misuse patient which had been escalated to the local drug and alcohol team. Records documenting this were not provided. The pharmacist said that he had completed level 2 safeguarding training, but he had not directly considered that inappropriate sales of codeine linctus could be a potential safeguarding issue.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload and its team members hold the appropriate qualifications for their roles. But structured ongoing learning and development is limited, 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, the regular pharmacist was working alongside a qualified dispenser. The pharmacy also employed a pharmacy apprentice and a regular delivery driver. The pharmacy team managed the workload adequately throughout the inspection and leave within the pharmacy was planned. Cover was arranged, as necessary using team members from another branch.

The dispenser had completed an accredited training programme with Buttercups. But structured ongoing learning and development was limited. The pharmacist said that informal discussions on training took place whilst working and that the dispenser also read trade press magazines to stay up to date. There was an open dialogue between the pharmacy team members during the inspection. The dispenser was happy to approach the pharmacist with any concerns and both of them were comfortable about approaching and speaking with the superintendent pharmacist and the pharmacy owner. The dispenser was unsure if the pharmacy had a formal whistleblowing policy, but she understood what whistleblowing meant and said that she felt confident enough to raise any concerns that she might identify.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and properly maintained. It has a room where people can speak to the pharmacy team in private. But this is cluttered, which limits the space available and detracts from the professional image.

### Inspector's evidence

The pharmacy was generally well maintained and 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. There were clean WC and handwashing facilities available. The pharmacy also had a separate sink for the preparation of medicines, which was equipped with suitable cleaning materials. Pharmacy team members completed housekeeping duties and they were observed to regularly wipe down dispensing work benches during the inspection.

The retail area was tidy, and the walkways were clear from clutter and obstructions. The pharmacy stocked a range of goods which were suitable for a healthcare-based business. However, some OTC Pharmacy restricted Calgel and Dentinox teething gels were displayed on shelves in the retail area. Once identified, these were removed, and the pharmacist secured them behind the medicine counter.

The pharmacy had a private consultation room, which was signposted from the retail area. The room was cluttered with old display materials which limited the space available and detracted from the overall professional appearance.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy orders and supplies unusually large amounts of codeine linctus which is liable to misuse. But it does not have adequate safeguards in place to make sure these supplies are safe and appropriate. This means people's conditions might not be properly monitored, and their use of over-the-counter medication may not be appropriately controlled. The pharmacy's prescription services are suitably managed, and it gets its medicines from licensed suppliers. But it cannot always demonstrate that all medicines are suitably stored.

### Inspector's evidence

There was a step-free entrance to the pharmacy and a small amount of free parking was available outside. The pharmacy advertised some of its services and people visiting the pharmacy had access to a small range of health promotion literature.

The pharmacy received most of its prescriptions via the electronic prescription service (EPS), and it provided a delivery service for people who were unable to collect their medicines. This was managed using a delivery application and procedures had been adapted in light of the pandemic to minimise contact on delivery. During the initial peak of the COVID-19 pandemic, the delivery service had been under increased pressure. In response, the pharmacy had recruited an additional delivery driver for a short period of time, to help manage this demand.

The dispensary was organised and there was a defined workflow. The work benches were generally clear of unnecessary clutter, and prescriptions were segregated using baskets to help prevent them from being mixed up. Pharmacy team members signed 'dispensed' and 'checked' boxes as an audit trail for dispensing.

The dispenser was clear about the questions that she would ask to help make sure that sales were appropriate and suitable. She explained that in response to repeated requests for some over-the-counter (OTC) medicines, pharmacy team members sometimes informed people that the pharmacy was out of stock, and where possible, they kept problematic medicines known to be misused out of sight. The dispenser said that this sometimes made it easier to refuse sales, as some people making requests could be intimidating. The dispenser also discussed alternative products that may be recommended instead of codeine linctus, such as Robitussin, for a diabetic patient. She told the inspector that she had previously witnessed the pharmacist refusing inappropriate requests and provided an example of this involving Nurofen Plus. But records of refusals were not kept as an audit trail.

The pharmacist said that he spoke with the superintendent pharmacist regularly, but he had not raised any concerns regarding the frequent requests of codeine linctus with anybody else within the company. The pharmacist was aware that there was a risk of abuse associated with some OTC medicines. But he had not completed any recent continuing professional development on substance misuse, nor was he familiar with some of the ways in which codeine linctus could be abused. For example, he told the inspector that he was unfamiliar with 'Purple Drank' whereby codeine linctus is mixed with Phenergan Elixir to create a 'high' effect. There was no information obtained during the inspection that suggested the pharmacy was obtaining unusual quantities of Phenergan Elixir and the pharmacist did not raise any concerns. The informed the inspector that the sales of codeine linctus to regular patients took place a

few times a week and he supplied it in 200mL bottles, which were sometimes dispensed from the 2L stock bottles. This was not in line with the Human Medicines Regulations 2012 as it altered the marketing authorisation of the codeine linctus, which is a schedule 5 controlled drug, and means its classification changed from a pharmacy (P) medicine to that of a prescription only medicine (POM).

The pharmacy did not keep records of any sales which were refused. An interventions book was available, but the last entry had been made in 2014. The pharmacy had no other procedures to enable the sale and supply of codeine linctus to be fully monitored and reviewed.

The pharmacy ordered medicines from several licensed wholesalers. The pharmacist placed daily orders using the pharmacy computer system or via the telephone. Medicines were generally ordered to replace the stock which had been supplied, rather than in bulk. On occasion, the pharmacist reported that some medicines may be transferred to the other branch as the pharmacy had limited storage space. Records of this were not kept as an audit trail, and the pharmacist told the inspector that he did not recall any codeine linctus being transferred. The pharmacist confirmed that the codeine linctus stock shown on the invoices as having been obtained in the ten days prior to the inspection, was no longer present in the pharmacy.

Medicines were stored tidily on shelves in the dispensary, but there were a small number of medicines which had been packed down outside of their original packaging. Some of these medicines were not labelled with details such as batch numbers and expiry dates; the pharmacist removed them from the shelves once they were identified. Stock medicines stored in the refrigerator were generally organised. But at the time of the inspection, the temperature probe on the thermometer was not being stored inside the refrigerator. This meant that the temperature of the refrigerator could not be assessed. The pharmacy was unable to provide any recent temperature records and could not therefore demonstrate that thermolabile medications were being suitably stored.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

This pharmacy has the equipment it needs to provide its services. And team members use 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 for further research. A range of clean glass measures and a counting triangle were also available for use.

Electrical equipment was in working order and the computer screen faced away from public view to help protect people's privacy. In response to the COVID-19 pandemic, the pharmacy had installed a Perspex screen at the medicine counter. And team members had access to some items of PPE, including face masks.

### 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.