

# Registered pharmacy inspection report

**Pharmacy Name:** The Wimpole Pharmacy, 18 Wimpole Street,  
LONDON, W1G 8GD

**Pharmacy reference:** 1088134

**Type of pharmacy:** Closed

**Date of inspection:** 30/01/2024

## Pharmacy context

This pharmacy operates from a room in a business premises in the Harley Street area. It is not open to the public. The pharmacy mainly supplies medical aesthetic treatments from its website <https://wimpolepharmacy.co.uk/>. It also fulfils some supplies through a third-party website. The pharmacy does not offer any NHS services.

## Overall inspection outcome

### Standards not all met

**Required Action:** Improvement Action Plan

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 effectively manage the risks associated with its services. It doesn't complete effective due diligence checks when working with third party providers. And it does not obtain sufficient assurances that the prescribers it dispenses prescriptions for are completing consultations in a safe manner.
<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	4.3	Standard not met	The pharmacy does not have suitable systems in place to manage pharmaceutical waste or monitor storage temperatures of some of its stock medicines and medical devices.
<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 overly relies on prescribers who register with its website following its terms and conditions, and it cannot provide sufficient assurances that the medicines it supplies are safe for the people receiving treatments. The pharmacy works with other third-party providers, but it does not always fully consider the risks before it starts working with these services which could compromise safety. The pharmacy team keeps people's personal information safe, and it maintains the records it needs to by law.

### Inspector's evidence

The pharmacy primarily dispensed prescriptions for non-surgical cosmetic treatments including dermal fillers, botulinum toxins, weight loss medicines, hair loss treatment, and components for intravenous infusions. These were usually supplied directly to practitioners or clinics for them to administer to people. The pharmacy only supplied people based within the UK. The company which owned the pharmacy also fulfilled non-prescription stock orders for aesthetic products from a room adjacent to the pharmacy. This room was also used for additional storage.

People were required to register an account in order to request supplies via the Wimpole Pharmacy website. Only healthcare professionals who were accredited to prescribe were able to register to access the area of the website which allowed them to generate and issue electronic prescriptions. Prescribers provided their professional registration details and uploaded a photographic identity document when creating an account. They were also required to provide proof of their professional indemnity insurance and aesthetic training or competency records. These details were checked and verified by the customer service assistant when an account was created. Account details and registration information was held on the software system. The pharmacy reconfirmed details of professional registration, including a check for any conditions on a prescriber's practice periodically. But there wasn't an audit trail on the system to show when registration checks had last taken place, which could mean any changes to a prescriber's registration status might be overlooked.

Prescribers who registered with the website were from various healthcare professions, including doctors, dentists, nurses, and pharmacists. When issuing a prescription, prescribing practitioners were required to confirm they complied with the pharmacy's terms and conditions including following appropriate clinical guidance issued by healthcare regulators. The date of birth of each person receiving treatment was also supplied, as confirmation that treatments were not being carried out on individuals that were under the age of 18. But there wasn't an explicit declaration confirming that a physical examination of the person receiving the treatment had been carried out recently as recommended in the guidance. The pharmacy did not routinely complete any follow-up with the prescribers to seek further reassurance about their prescribing or to confirm whether they had completed a physical examination of the person receiving the treatment.

The pharmacy's website offered to introduce aesthetic practitioners to two GMC registered doctors who worked in partnership with the pharmacy. The doctors regularly issued prescriptions for treatments which the pharmacy dispensed and supplied to aesthetic practitioners to administer. The superintendent was unsure of the exact arrangement between the prescriber and the practitioner, or

how the prescribing doctor consulted with the person receiving the treatment. This meant the pharmacy could not provide assurances that this service operated safely.

A number of prescriptions were received from a third-party website <https://facesconsent.com/>. Practitioners using the website were able to register for an account which provided them with access to the website's electronic prescription portal. Faces Consent completed the registration checks. The pharmacy did not independently verify prescribers' registrations or take steps to satisfy themselves that identity checks had been completed appropriately by the third-party company. And it relied on prescribers following the third party's terms and conditions.

The pharmacy's aesthetic business was relatively new. It had assessed some of the risk before setting up the service and documented these. But risks were not fully considered on an ongoing basis, and the pharmacy had not updated the risk assessment showing what due diligence checks had been completed or how risks would be managed prior to working with third party providers.

The pharmacy had standard operating procedures (SOPs) which covered the operational activities in the pharmacy. The SOPs had not been updated to reflect some systems and processes that the pharmacy had introduced more recently. The pharmacy kept records of dispensing errors and the superintendent was informed. Pharmacists reflected on any incidents and shared learning with each other. The pharmacy's complaints process was explained on its website. The superintendent confirmed he usually resolved any pharmacy related concerns together with the regular pharmacists. Other complaints relating to the stock fulfilment operation were usually handled by the team member designated as manager.

The pharmacy had up to date professional indemnity insurance for the services it provided. The responsible pharmacist (RP) displayed their notice in the pharmacy, and an RP log was maintained. The time the RP ceased their duties was not routinely recorded which could compromise the integrity of the record. Private prescription records were kept electronically using the facility in the patient medication record system (PMR). A small sample of records were viewed and seen to contain the correct information. The pharmacy did not supply controlled drugs (CDs) and it did not have any current CD registers. It supplied some unlicensed special hair loss preparations on prescriptions, and it kept records of these supplies which identified batch numbers and supplier details.

The pharmacy was registered with the Information Commissioner's Office. Its privacy policy on the website explained how the pharmacy used and processed people's data. Confidential waste was disposed of using a shredder. Team members with access to personal information understood that this should not be disclosed outside the business. The pharmacist confirmed that he and the other pharmacists working at the pharmacy regularly had completed safeguarding training.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy services are provided by pharmacists working as part of a wider team. The team works collaboratively and the current workload is manageable.

### Inspector's evidence

The pharmacy team comprised of two regular pharmacists and the superintendent pharmacist. The superintendent was available and provided ad hoc cover if needed but he did not work at the pharmacy on a regular basis. The RP usually worked alone so they dispensed and self-checked all prescriptions. The superintendent felt the current workload was manageable, and the pharmacist was not usually working under pressure, so undertaking both activities was not an issue.

One of the pharmacists was completing training courses in aesthetics. The superintendent and the other regular pharmacist had gained knowledge through experience of working in the pharmacy and by attending occasional events arranged by manufacturers of aesthetic products.

Three team members worked in the non-pharmacy area processing, assembling and dispatching stock orders. Each had designated roles, operations manager, customer service assistant and dispatcher. The customer service assistant completed registration checks, processed orders, and directed prescriptions to the pharmacy. Team members had not completed any formal training and simply gained experience whilst working in their roles. Due to the overlap between the two operations, the superintendent had developed a basic staff policy which covered matters such as handling complaints, health and safety, and confidentiality. Team members worked collaboratively with the pharmacists. All team members could contact the superintendent if needed.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is secure, and its website provides useful information about the pharmacy and its services. But the lack of space in the pharmacy makes it harder for team members to work in an organised manner.

### Inspector's evidence

The pharmacy was situated on the ground floor of the building. It consisted of a small room fitted with work benches, cupboards and shelving. Whilst extra storage space had been fitted, the pharmacy was cramped, and it was cluttered in places because of this. But there was enough bench space to assemble prescriptions safely,

The non-pharmacy areas included a small reception area next to the entrance to the pharmacy and the room used to store, assemble and dispatch non-prescription stock orders. This room was also untidy due to a lack of space. Both rooms were kept locked when not in use and the pharmacy was only accessible to the pharmacists.

The Wimpole Pharmacy website displayed the details of the pharmacy, including the registration number, address and details of the superintendent pharmacist. The regular RP's name was stated but their registration number was not.

The third-party website contained limited information about the pharmacy. It did not include details of the pharmacy address or registration number. This could make it harder for people using the website to verify the pharmacy's credentials.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy doesn't always store and manage its medicines appropriately. It doesn't have proper system for managing unwanted medicines to make sure these are disposed of safely. And it cannot provide assurances medicines and medical devices are stored at appropriate temperatures so they are suitable for use. The pharmacy does generally supply medicines safely and it carries out regular checks to help ensure that medicines are kept at the right temperature when they are transported. But prescriptions for aesthetic treatments do not always contain clear instructions for use. This makes it more difficult for pharmacists to make effective clinical assessments to ensure supplies are appropriate.

### Inspector's evidence

People using the pharmacy's services were able to contact the team directly via telephone, email or by a messaging service. Most prescriptions were received electronically. They were printed before the appropriate stock was selected and dispensed. Prescriptions often stated, 'use as directed', which made it difficult to confirm that the dose being administered, or if the amount requested was appropriate for the person receiving the treatment. The pharmacy had not set any limitations on maximum quantities which might suggest inappropriate use or stockpiling. The superintendent described an occasion where they had contacted a prescriber who was ordering large amounts of the same item regularly, but this appeared to be an isolated intervention. One prescription issued by one of the doctors working in partnership with the pharmacy indicated that there was significant distance between the location of the persons receiving the treatment and prescriber. This suggested a physical examination may not have been carried out by them, but this had not been followed up by the pharmacy.

A small number of practitioners working in clinics locally opted to collect their orders or prescriptions in person. But most prescriptions were delivered by a courier by same or next day delivery. Medicines were securely packaged for delivery. Standard items were placed in discreet cardboard boxes labelled with the delivery address. Cold chain items were stored in the fridge and were placed in plastic bags and packaged together with cold packs. The pharmacy had completed a delivery audit using a data logger to confirm that the temperature range stayed within acceptable limits during the delivery process. The courier service collected prescriptions once per day when the pharmacist was present.

Medicines were sourced from licensed suppliers. Stock was stored in the manufacturer's original packaging, but stock medicines weren't always stored in an orderly manner and some medicines were found in random locations. A couple of short-dated items were spotted during random checks of the shelves and there wasn't a clear date checking system. The pharmacy did not have a pharmaceutical waste contract or clear system to separate obsolete or expired medicines.

The pharmacy fridges were fitted with a thermometer. These thermometers were checked daily, maximum and minimum temperatures were recorded and appeared to be in a suitable range. Both rooms were windowless and there was little natural ventilation although air conditioning units were installed. The room temperature was not monitored in either of the rooms. A fan heater was being used in the stock room and the temperature appeared to be elevated above 25 degrees Celsius. This room was used to store products such as dermal fillers which the pharmacy sometimes supplied on prescription. Most manufacturers recommend that these products are stored below 25 degrees

Celsius.

The pharmacy was subscribed to received MHRA email alerts and the system was checked daily. Manufacturers also alerted the pharmacy to issues with products such as dermal fillers. The pharmacist was unsure if the pharmacy system permitted them to trace defective products as they had never had occasion to do this.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy has the equipment it needs for the services it provides. And team members use the equipment in a way that protects people's privacy.

### Inspector's evidence

The pharmacy had unrestricted internet access. Electrical equipment was in working order and there was no risk of information being seen or telephone conversations overheard as public access to the pharmacy was restricted. Computer systems were password protected.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✔</span> <b>Excellent practice</b>	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.
<span style="color: green;">✔</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✔</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.