

# Registered pharmacy inspection report

**Pharmacy Name:** John Bannon Pharmacy, 5 The Pavillions, Amber Close, Amington, Tamworth, Staffordshire, B77 4RP

**Pharmacy reference:** 9010962

**Type of pharmacy:** Community

**Date of inspection:** 27/01/2020

## Pharmacy context

This pharmacy started operating in September 2018. It does not have an NHS contract and it specialises in providing aesthetic products and consumables directly to healthcare professionals and aesthetic practitioners. Prescription requests are received by email and dispensed and dispatched by the pharmacy.

## Overall inspection outcome

✓ **Standards met**

**Required Action:** None

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 met	N/A	N/A	N/A
<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 met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy effectively manages the risks associated with its services to make sure people receive appropriate care. And it protects people's private information. Members of the pharmacy team follow written procedures to make sure they work safely.

### Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. The SOPs had been prepared by the superintendent (SI) prior to the pharmacy opening in September 2018. The pharmacists had read and signed the SOPs, and roles and responsibilities of staff were highlighted within the SOPs.

Private prescriptions were dispensed using the 'emergency supply, script to follow' function on the PMR system. A copy of the prescription was sent by email from the practitioner to the pharmacy and the original prescription was posted afterwards. The pharmacy dispensed some signed orders for stock items for practitioners to use in their aesthetic clinics. The pharmacy did not currently hold a MHRA WDL but were in the process of applying for one. The pharmacy team dispensed from a limited formulary. Many of the products had very similar packaging; the SI explained that he had quickly become familiar with the different brands available and the variations within the brands. Products were stored in a specific order to assist when selecting a product for dispensing and they left gaps on the shelves to separate them. Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. There was a template form for recording dispensing errors, however, the SI was not aware of any dispensing errors that had been made since the pharmacy had opened.

People could contact the pharmacy in various ways, such as, telephone, email and social media channels. The contact details were advertised on the pharmacy website. A customer had made a complaint/query regarding the quantity supplied for a prescription, and the SI was informed so that it could be investigated and rectified.

The pharmacy had up-to-date professional indemnity insurance. The Responsible Pharmacist (RP) notice was clearly displayed and the RP log complied with requirements. Original prescription forms were reconciled with the order and retained in the pharmacy and records of supplies were kept on the pharmacy computer system. Confidential waste was stored separately and destroyed offsite by a specialist company. The SI had completed level 2 safeguarding training and did not supply a prescription if the patient was under-18.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage the current workload and the services that it provides. The pharmacy's team members are encouraged to use their professional judgement to make sure medicines are appropriate for people.

### Inspector's evidence

The pharmacy team comprised of the superintendent (RP at the time of the inspection), a pharmacist and administration staff. One of the administration team was a trained dispensing assistant and could assist in the pharmacy when required. One of the pharmacists worked closely with people from the aesthetic trade to market and grow the business and attended events, such as trade fairs, to advertise the service.

The team felt confident that they could manage the current workload and the SI said that the other pharmacist was available to perform a second check on prescriptions that he had dispensed. The pharmacists covered for each other's annual leave.

A formal performance review/appraisal had not been carried out yet as the pharmacy had not been operating for very long, but the dispenser said that the SI and pharmacist had continually given her feedback on his performance and asked for her feedback. The team appeared to work well together during the inspection and were observed helping each other throughout. The team discussed any pharmacy or business-related matters on a regular basis and the dispenser said that she felt comfortable speaking to the SI, the pharmacist or the GPhC, if she had any concerns.

The pharmacists and dispenser were observed dealing with queries about prescriptions. This was usually done by email or telephone. No formal targets were set, but there was an informal target for prescription growth.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean, secure and suitable for the services provided.

### Inspector's evidence

The premises were smart in appearance and appeared to be well maintained. Any maintenance issues were reported to the landlord. The dispensaries were an adequate size for the services provided and the stock held. An efficient workflow was seen to be in place.

The pharmacy did not have a website and the services had been advertised by 'word of mouth', trade advertisements and by using social media. The social media channels were managed by the marketing department at the pharmacy's head office in Ireland. This ensured that the posts had the corporate image and were made in accordance with ASA guidelines. The pharmacy team were aware of the recent update from the ASA about advertising prescription only aesthetic medicines and knew that prescription only medicines could not be advertised. There were meeting rooms available for aesthetic companies to offer training events for practitioners.

The pharmacy was clean and tidy with no slip or trip hazards evident. A cleaner came in every week and the pharmacy team did additional cleaning as required. Hot and cold running water, hand towels and hand soap were available. Rest-room and bathroom facilities for staff were available within the building. The pharmacy had air conditioning and the team monitored ambient temperature. Lighting was adequate for the pharmacy services offered. Prepared medicines were held securely within the pharmacy premises until they were dispatched.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy manages its services and supplies medicines safely. It gets its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use. The pharmacy can be contacted in various ways.

### Inspector's evidence

Dispensing baskets were used to keep medication separate. A dispensing audit trail was seen to be in place for prescriptions through the practice of staff signing their initials on the dispensed and checked by boxes provided on medicine labels. The workload was easily manageable, and this gave the pharmacists ample time to take mental breaks between dispensing and checking. The pharmacists took a mental break between dispensing and checking if they were self-checking prescriptions.

New prescribers were required to register with the pharmacy before prescriptions could be submitted for dispensing. The team checked the prescriber's identity and registration with their professional body. A copy of the check was retained in the prescriber file. A template prescription form was available for prescribers to use. This included boxes to capture all of the legally required information and also detailed the pharmacy's terms and conditions. The terms and conditions included a statement that the prescriber had carried out a face-to-face consultation with the patient prior to writing the prescription.

Prescriptions were initially received from prescribers as an electronic image, such as a scanned copy or a photograph of a prescription. This was printed and dispensed against. As part of the terms and conditions, the original prescription was usually then sent from the prescriber to the pharmacy within 72-hours and reconciled.

Prescriptions were delivered using various courier services dependent on the service required. Cold-chain items were packaged into boxes that had been validated to ensure the contents were kept at the required temperature. Prescription deliveries were signed for by the recipient and the pharmacy could track orders online and see evidence of delivery if required.

Medicines were stored in an organised manner on the dispensary shelves. All medicines were observed being stored in their original packaging. Stock was obtained from various licenced wholesalers. Weekly date checking took place and was recorded on a date checking log. The customer was contacted if a product they had ordered was not in stock and the team informed them when it would be available. They could then either decide to write a prescription for an alternative or wait for the produce to come back into stock. The team were aware of Falsified Medicines Directive (FMD) and were actively scanning barcodes and decommissioning products. The pharmacy was alerted to drug recalls via emails from gov.uk.

There were large medical fridges used to hold stock and assembled medicines. The medicines in the fridge were stored in an organised manner. Fridge temperature records were maintained, and records showed that the pharmacy fridge was working within the required temperature range of 2°C and 8°Celsius.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide services safely. And the team uses it in a way that keeps people's information safe.

### Inspector's evidence

The pharmacy had a range of up to date reference sources, including online access to the BNF. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. Screens were not visible to the public as members of the public were excluded from the dispensaries.

### 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.