

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: 30/10/2023

Pharmacy context

This pharmacy is located in a business park in Tamworth. It mainly supplies non-surgical cosmetic products via its website, www.johnbannonpharmacy.co.uk and occasionally for a third-party website.

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
1. Governance	Standards not all met	1.1	Standard not met	The pharmacy does not obtain sufficient verification information to confirm that the prescribers are who they say they are. And it does not routinely check the professional registration of prescribers on an ongoing basis.
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 met	N/A	N/A	N/A
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 always identify and manage the risks associated with the services that it provides. It does not carry out thorough checks when prescribers register to use its services, so it cannot provide assurance that they are who they claim to be. And it does not periodically check the status of the prescriber's professional registration, so may not know if the status changes. The pharmacy has written procedures in place, but they do not always cover the way it operates so its team members may not always fully understand what is expected of them. And it does not record mistakes that happen. So, its team members may miss out on learning opportunities.

Inspector's evidence

The pharmacy provided non-surgical cosmetic treatments to prescribers in accordance with private prescriptions that were provided via its website. Prescribers had to register with the pharmacy before they were able to use the electronic prescribing function which generated the private prescriptions. To register with the pharmacy, prescribers were required to provide their name, address, details of their professional registration and the regulatory body they were registered with. The pharmacy then carried out some checks before accepting the registration. This included a search of the register of the prescriber's regulatory body to check that the prescriber had authority to prescribe, with no restrictions in place. Once these checks were completed, the registration was accepted. Anyone who failed to pass the checks was contacted by members of the pharmacy team to reject their registration and their email address was disabled to prevent future applications. But the pharmacy did not request proof of identity or any other information to help it verify the prescribers were who they claimed to be.

Prescribers who registered with the pharmacy were required to provide a mobile number so that they could receive a randomly generated code as part of a double authentication process when signing a private prescription. This gave the pharmacy assurance that prescriptions had been legitimately signed by the prescriber.

The pharmacy did not carry out any ongoing checks of the prescriber's professional registration once the initial registration process had been completed. This meant there was a risk that prescribers registered with the pharmacy may no longer have an active professional registration or could have restrictions in place.

The pharmacy received a small number of prescriptions from Faces Consent www.facesconsent.com which was a separate prescribing service. Prescribers using that service were required to register for an account which gave them access to the electronic prescribing platform. The pharmacy was not involved in any registrations that came through Faces Consent but had access to an admin area of the website. This allowed pharmacy team members to check that a review of the professional registration and identification had been completed. The SI explained that they completed a second check of the professional registration when dispensing the prescription. There was an example of a prescription that had been rejected after the SI had contacted Faces Consent because one of the prescribers didn't have an active prescribing registration in the UK.

Standard operating procedures (SOPs) were available and covered most of the services that the pharmacy provided. The SI explained they were reviewing the SOPs following changes to the pharmacy

website's electronic prescribing platform and the way they received the prescriptions. The change had been implemented towards the end of 2022 and so the SOP did not reflect the current practice. Team members, apart from the SI and owner, hadn't signed the SOPs but they appeared to be knowledgeable about their roles and when to seek advice from the pharmacist. And they were able to explain what they could not do if the pharmacist was absent from the pharmacy.

The pharmacy had a folder available for its team members to log any mistakes that were identified during the final check, also known as near misses. But no records were available, and the SI admitted near misses were not currently being recorded. A dispensing error form was available to be used if a medicine was supplied incorrectly. The SI recognised that team members needed to log near misses going forwards and review any common trends so that action could be taken to help avoid mistakes being repeated.

The correct responsible pharmacist (RP) notice was on display and the RP log was complete. Records for private prescriptions were maintained electronically and were in order. The pharmacy did not supply any controlled drugs or unlicensed medicines.

The pharmacy team members had signed a confidentiality agreement at the beginning of their employment. And they were aware of the actions to take to protect people's information. They separated confidential waste into a box and stored it in a secure cabinet. This was then collected by a third party for safe destruction. Computers were password protected and access to the admin area of the website was restricted.

Team members did not receive any training for safeguarding people that are vulnerable. Some team members, including the regular pharmacist, had completed training with previous employers. However, they were aware of the signs to look out for and explained they would refer any concerns to the pharmacist.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough suitably trained team members to provide the services that it offers. And they manage the workload in a safe manner. There is no ongoing structured training for its team members so they may not keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy team consisted of a regular RP, who was also the SI, two qualified dispensers, and a pharmacy technician who worked as an accuracy checker (ACT). There was also a member of the team who packed the orders ready for a courier to collect. Members of the pharmacy team were suitably trained for their roles and were seen working well together. The pharmacy did not hold formal team meetings, but team members explained that they felt comfortable speaking to the SI and owner to relay any feedback or concerns.

Team members had not yet received formal appraisals, but the SI explained that they would be completing one for each member of the team once a year. This would help to identify any learning needs. Members of the team didn't complete any ongoing training, but the pharmacy received a monthly edition of the Aesthetics journal and Aesthetic Medicines journal which the team had access to if they wanted to complete any additional learning. The SI used these journals to keep their knowledge up to date with any changes within the aesthetics industry.

The pharmacy did not set any targets or incentives for its team members. The SI and owner would keep team members updated with how the business is performing and to discuss areas of focus.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and well maintained. There is adequate space for it to provide the services that it offers. The pharmacy website clearly explains how it provides its services and who is responsible for safely providing them.

Inspector's evidence

The pharmacy was in a business park unit, and it operated over two floors. The unit was clean and in good state of repair. The main dispensary was located on the upper floor and was large enough to help manage the workload in a safe manner. Lighting and room temperature were adequately maintained. The lower floor was used to assemble medicines that required cold storage conditions. And it had a separate room used for packing orders ready for the courier to collect. The pharmacy was cleaned by a cleaner once a week. A suitable rest area was used by pharmacy team members during their break. The premises was secured when closed.

The pharmacy provided most of its dispensing service via its website, www.johnbannonpharmacy.co.uk. Details of the pharmacy, address, and the SI was clearly displayed. Links were available for people to check the registration details of the pharmacy and of the SI. The pharmacy supplied some prescriptions that had been generated by a third-party provider, Faces Consent www.facesconsent.com. Prescribers using the electronic prescribing function on this platform could clearly see the details of the pharmacy supplying the medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible and suitably managed. It obtains its medicines from licensed suppliers and stores them appropriately. And it carries out checks to make sure they are safe to people to use.

Inspector's evidence

People were not able to enter the pharmacy premises but used telephone, email, and its website to access the services it offered. Contact details were available on the website and on the dispensing labels. The website clearly explained how the service worked for prescribers to generate electronic prescriptions to access aesthetic treatments.

Prescriptions were received electronically and printed along with an invoice. The prescription had a QR code assigned to it so that members of the team could check the prescriber had used an electronic signature to generate the prescriptions. The pharmacist clinically checked each prescription but did not make a record of this check so it may be difficult to identify if a clinical check had been completed. A limit was set to help reduce the risk of prescribers over ordering toxin containing treatments. If the prescriber requested a large volume of toxins, pharmacy team members contacted them to query the quantity and a record of the conversation was made on the PMR. Prescriptions for different people were separated into baskets to prevent them getting mixed up. Dispensing labels were generated on the PMR using the prescription and the stock was picked from the shelves. Once dispensing labels had been attached to the medicine boxes, the dispenser initialled the 'dispensed by' box so there was a clear record of who was involved in the process. This was then passed to the pharmacist or ACT to complete a final accuracy check and initial the 'checked by' box. Prescriptions which contained a cold storage medicine were packed using a polystyrene box and ice packs to help make sure the temperature was maintained as per the manufacturer's recommendation. The SI explained that the team had carried out some tests when they first started using the packaging, to satisfy themselves that it was effective.

Medicines were delivered to the prescriber so that they could administer them to the intended person. The SI confirmed that medicines were only supplied directly to prescribers and not to the patients or other practitioners. The pharmacy used two third party couriers to deliver medicines the following day. Orders were tracked by the pharmacy team and an audit trail was kept if a query arose. Packages were highlighted to indicate if a cold storage medicine was included. This served as a prompt for the recipient to store appropriately when the package was received.

Medicines were obtained from licensed wholesalers, and in some instances, directly from the manufacturer. The pharmacy stored its medicine stock in an organised manner to help reduce the risk of mistakes occurring during the dispensing process. And it stored temperature sensitive medicines in one of four fridges. The temperatures of these fridges were recorded on the pharmacy computer each day and were found to be in the required range of two to eight degrees Celsius. Ice packs used to pack orders were stored in freezers. The pharmacy had a process to check the expiry dates of its medicine stock. Small sections were checked on a weekly basis so that all medicines would be checked every three months. Stickers were used to highlight short-dated medicines so that these were double checked before being supplied. And the team kept a record of when the date checking was completed, and by

who. The pharmacy received alerts about defective medicines from the MHRA by email. The SI explained how he checked the alerts against the medicine stock held in the pharmacy and acted accordingly. But the pharmacy did not keep a record of these checks was so could not demonstrate that they alerts were always dealt with appropriately

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide the services that it offers. And it uses its facilities in a way that maintains safe and effective provision of its services.

Inspector's evidence

The pharmacy had access to the equipment that it needed to provide the services that it offered. Reference books such as the British National Formulary (BNF) were available. Electrical equipment looked to be in good working order. The pharmacy premises was not accessible to people and so there was no risk of private information being seen or conversations being overheard.

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.