

Registered pharmacy inspection report

Pharmacy Name: Global Health Travel Clinic, 1 The Courtyard, 707 Warwick Road, Solihull, West Midlands, B91 3DA

Pharmacy reference: 9011075

Type of pharmacy: Travel clinic located within a cosmetic clinic

Date of inspection: 24/04/2019

Pharmacy context

This is a private community pharmacy and it is located within a cosmetic and aesthetic clinic in the centre of Solihull. Much of its activity is generated by a travel clinic. The pharmacy does not have an NHS contract or a wholesale dealer's authorisation. The pharmacy has been operational for just under 4 months and the business is in the early stages of development. The opening hours of the pharmacy are flexible, and people are required to make appointments to access its services. The travel clinic's services are advertised on its website. The pharmacy provides travel vaccinations, influenza vaccinations, malaria prophylaxis, erectile dysfunction, hair loss, period delay and combined oral contraceptives under Patient Group Directions (PGDs). No sale of pharmacy (P) medicines or dispensing of private prescriptions has been undertaken to date. The pharmacy is not linked with any online prescribers.

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
1. Governance	Standards met	N/A	N/A	N/A
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 met

Summary findings

The pharmacy is in its early stages of development. But it has procedures in place to protect the safety and wellbeing of people accessing its services. It keeps all the records that it needs to by law. The pharmacy advertises on its website how people can provide feedback or raise concerns. And it stores people's information securely and tells people how their information will be used.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) in place for the services provided and these were being followed by the superintendent pharmacist who had read and signed them. The SOPs were scheduled to be reviewed every 2 years.

A Responsible Pharmacist (RP) notice was on display and the RP records were maintained in line with requirements.

A process was in place to record and review dispensing errors and near misses. The superintendent pharmacist could describe the procedure he would follow when recording a dispensing error but said no dispensing errors or near misses had occurred to date.

A complaints procedure was in place and published on the pharmacy's website.

An Information Governance (IG) policy was in place and the pharmacy's privacy policy was available on its website. The pharmacy was registered with the Information Commissioner's Office (ICO). Access to the pharmacy's computer system was password protected and all confidential waste was shredded in the pharmacy.

The pharmacy did not dispense or stock any controlled drugs (CD) so no CD registers were held. A very small range of stock medicines such as Malarone, doxycycline and chloroquine were stored within a locked glass cabinet. No private prescriptions, unlicensed medicines or emergency supplies had been supplied since its opening.

A Safeguarding policy and a list of key contacts for escalating safeguarding concerns were in place. The superintendent pharmacist had completed Level 2 safeguarding training and Dementia Friends training. Members of the pharmacy team had obtained their clearances via the Disclosure and Barring Service (DBS).

The pharmacy had indemnity insurance arrangements in place.

Principle 2 - Staffing ✓ Standards met

Summary findings

Members of the pharmacy team are suitably trained and have the skills to provide services safely and effectively.

Inspector's evidence

The pharmacy team consisted of the superintendent pharmacist (the RP) and a pharmacist (business partner). The services were solely provided by the pharmacists and predominantly by the superintendent pharmacist. No other staff members had been currently recruited. The staffing levels were enough to manage the pharmacy's current workload.

The superintendent pharmacist said he kept his knowledge and skills up to date as part of his continuing professional development and attended training courses. He had access to pharmaceutical journals and other training material provided by various companies. Both pharmacists had completed appropriate training to administer vaccinations and PGDs. Records about completion of training and certificates were available in the pharmacy.

The company did not set targets or incentives for its staff.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the provision of services it offers.

Inspector's evidence

The pharmacy was located within the clinic. The room was clean, tidy and fitted out to a good standard. It had enough space to undertake services safely. The room was private and people receiving services from the pharmacy could not be seen by others visiting the cosmetic clinic.

A sharps bin, anaphylaxis kit and a clinical waste bin were available. There was seating available for people.

Handwashing and sanitising facilities were available to staff within the clinic.

The pharmacy's temperature was controllable, and levels of ventilation and lighting were appropriate during the visit.

The pharmacy was secured against unauthorised access when it was closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy currently offers a limited range of services which are delivered safely and effectively. Its appointment times are flexible which helps people to fit these around other commitments. The pharmacy gets its medicines from reliable sources and it stores them appropriately. It takes the right action if any medicines or devices need to be returned to the supplier.

Inspector's evidence

The front entrance of the travel clinic was not step free. But a separate entrance at the back of the clinic was available for people with mobility difficulties.

People could access the information about the services offered by the pharmacy via its website or by telephone. People requiring services not offered at the pharmacy were signposted to other providers.

Up to date PGDs were in place for the services and both pharmacists had undertaken appropriate training to deliver them. The pharmacists were able to provide their declaration of competence. The pharmacy services were predominantly delivered by the superintendent pharmacist. The second pharmacist was mainly involved with the management of the cosmetic clinic. No medicines had been supplied under the PGD to date.

The superintendent pharmacist had administered approximately 13 travel vaccinations to date and an audit trail was maintained for each supply which included details of the person providing the service and the details of the products administered. After-care instructions were supplied to people and included information and strategies for dealing with side effects such as injection site pain, fever, fussiness (infants especially) and for determining when medical attention should be sought.

Medicines requiring refrigeration were stored between 2 and 8°C. The refrigerator's maximum and minimum temperatures were checked and recorded regularly.

Medicines and medical devices were obtained from licensed wholesalers and stored within their original manufacturer's packaging.

The pharmacy had not yet implemented procedures to comply with the Falsified Medicines Directive (FMD). The superintendent pharmacist said he was working towards the pharmacy being FMD compliant. And was in the process of implementing relevant SOP's and had ordered the appropriate equipment.

A sharps bin was available for the safe disposal of used syringes.

A process was in place for dealing with drug recalls and concerns about medicines or medical devices not fit for purpose. The pharmacy was on the wholesalers recall list and were in the process of registering with Medicine and Health products Regulatory Agency (MHRA) to receive medicines alerts and recalls.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the facilities and equipment it needs to provide its services safely.

Inspector's evidence

The pharmacy had up-to-date reference sources available to support clinical checks and professional advice.

All electrical equipment appeared to be in good working order.
A medical refrigerator was used to store pharmaceutical stock medicines requiring refrigeration.

Confidential waste was shredded in the pharmacy and access to the pharmacy's computers was restricted to authorised members of the pharmacy team and password protected.

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.