Registered pharmacy inspection report

Pharmacy Name: Acre Pharmacy, Unit 7B, Unit 5-7 Tintagel Way, Walsall, West Midlands, WS9 8ER

Pharmacy reference: 9011661

Type of pharmacy: Internet / distance selling

Date of inspection: 11/07/2022

Pharmacy context

This pharmacy is closed to the public. It is located on an industrial estate in Aldridge, West Midlands. The pharmacy does not have an NHS contract. It specialises in providing aesthetic products and consumables via its website www.acrepharmacy.co.uk. It mainly supplies products used for non-surgical cosmetic procedures to healthcare professionals and aesthetic practitioners who are based in the UK.

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	1.1	Good practice	The pharmacy carries out regular risk assessments to make sure the services that it provides are safe. Standard operating procedures (SOPs) are regularly reviewed and updated based on feedback from the team. Pharmacy staff receive training on standard operating procedures and the pharmacists monitor compliance.
2. Staff	Standards met	2.4	Good practice	There is a culture of ongoing learning and openness. The pharmacy records, reviews and shares the learning from incidents with the pharmacy team members during regular team meetings. Bespoke learning opportunities address the specialist nature of the pharmacy's business, and both external experts and members of the team deliver training sessions.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy operates a safe and efficient service. Its processes are well controlled and managed. The prescription journey is well designed so progress can be tracked. And the dispensing team receives support from a wider team, and this allows them to focus on dispensing prescriptions accurately. Cold-chain delivery is closely monitored and there are systems in place to validate packing materials and make changes based on external temperature fluctuations.
5. Equipment and facilities	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. It regularly reviews its risk assessments, and the pharmacy uses this information to update and improve the way that the pharmacy team works. Members of the pharmacy team are clear about their responsibilities, and they follow written procedures to make sure they work safely. They record their mistakes so that they can learn from them. And they regularly review their processes and make changes to stop the same sort of mistakes from happening again.

Inspector's evidence

This pharmacy first started operating in March 2019 from a smaller premises in the same business unit but relocated in July 2021 as the pharmacy required more space due to business growth.

The pharmacy provided its services through its website www.acrepharmacy.co.uk. A range of non-surgical cosmetic treatments including medicines and associated products, such as syringes, were available on the website and supplied to prescribers and non-medical aesthetic practitioners based in the UK. The prescribers and aesthetic practitioners were required to register an account through the website before requesting supplies; they were required to supply proof of their identity, and some other documents depending on whether they were registering as a prescriber or a non-medical aesthetic practitioner. Once their registration had been approved by the pharmacy, the person was authorised to use the website. The website could be used to order products or generate electronic prescriptions if people had successfully registered as a prescriber, and prescriptions were then supplied by the pharmacy.

Non-medical aesthetic practitioners were required to provide proof of their identity when they first registered. In addition, they were required to provide proof of their training and a copy of their indemnity insurance details. These were saved to the practitioner's individual page of the computer system. A sample of these records were checked and appeared to be in order. The orders were checked before they were sent to the dispensary to ensure that the practitioner had provided training certificates and insurance documents that included the treatment/condition that the prescription was for. And the 'back-end' of the pharmacy's website could be adjusted so that practitioners could only order products for which they had supplied training certificates and insurance documents for. Non-medical aesthetic practitioners could not request prescriptions only medicines such as botulinum toxins.

Prescriptions could only be issued by prescribers who were registered health professionals. Prescribers provided proof of their identity and their professional registration was checked during the registration process. The newly created regulations team checked ongoing registration when prescriptions were received, and the prescription management system was updated to record the date of this check. The pharmacy team members had contacted each healthcare regulator to enquire how often the register was updated and, as they all differed and could be updated immediately with fitness to practise

information, they had decided to do a daily check.

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 pharmacists in February 2022. The SOPs had recently been reviewed by the pharmacists and had been sent to members of the wider team for comment before being finalised and implemented. Roles and responsibilities of staff were highlighted within the SOPs.

Dispensing near miss logs were used and they were reviewed at the end of the month. A near miss review form was completed at the end of the month which was used to identify patterns and trends, and suggested actions to reduce a similar incident occurring in future. The actions identified were reviewed at the end of the month to see if they had been successful and this was recorded as evidence.

The pharmacy team dispensed from a limited formulary and many of the products had very similar packaging. The dispenser explained that she had identified a problem with dispensing part packs, so she had suggested a change to the stock layout, and since this had been implemented, she had noticed a reduction in picking errors. Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection.

Detailed risk assessments had been carried out in February 2022 and each document contained a date for its next review. Dependent on the risks identified, they had been reviewed fortnightly, monthly, quarterly or at six months. The risk assessments had been used to make changes to the operating model, website and dispensing process. And these changes had been incorporated into the SOPs. The risk assessments included areas where further action was needed with each action having a person identified to take responsibility.

The pharmacists had carried out two audits this year based on what they considered to be higher risk activities. A professional standards audit had taken place every three months. This was purposely designed to check whether the changes that had been implemented in December 2021 had been sustained and was an early warning system to flag if standards were not as the pharmacists required. The last audit document showed some actions had been identified during this audit. The other audit was a clinical audit based on weight management prescribing. The audit questions were sent to prescribers who had issued prescriptions for weight management medication and asked questions around counselling, the criteria for starting treatment, ending treatment and monitoring of the patient before and during treatment. Prescribers were not able to issue any further prescriptions for weight management medication if they did not provide a response to the audit. A spread sheet was used to track responses. The pharmacists had identified any actions needed following these audits.

People could contact the pharmacy in various ways, such as, telephone, email and by using an online form. Contact details were advertised on the website. The customer service team was in a different location and any queries that required pharmacy input or pharmacist support were transferred across to the pharmacy. There was also a direct telephone line to the pharmacy which was given to people when there was a prescription query.

The pharmacy had up-to-date indemnity insurance arrangements in place. The Responsible Pharmacist (RP) notice was clearly displayed, and the RP log complied with requirements. Records of prescription queries and interventions were made on the computer system and records of messages sent to and from the different roles within the team were stored. The private prescription register was integrated into the computer system and appeared to be accurate and complete. The pharmacists checked the private prescription register daily to ensure that all of the required fields were completed.

Patient information was secured in a number of ways; the pharmacy used secure servers for the website and the dispensary was locked to prevent unauthorised access. There was a privacy policy on the pharmacy's website which contained information about website security, and this was also included on the 'frequently asked question' (FAQ) page. Confidential waste was stored separately and disposed of securely. The pharmacists had completed level two safeguarding training and had held a training session for the rest of the team. Safeguarding contacts were available in the dispensary and a pharmacist explained a situation where she had raised an immediate safeguarding concern with a local police force. Prescriptions were not supplied if the patient was under 18 and the patient's date of birth was recorded on the prescription form.

Principle 2 - Staffing   ✔ Standards met

Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. It identifies the additional training required for team members due to the specialised nature of the medicines that it supplies, and bespoke training is provided in addition to accredited training courses. The team members plan absences in advance, so the pharmacy has enough cover to provide its services. The team members work well together in a supportive environment and can raise concerns and make suggestions.

Inspector's evidence

The pharmacy team comprised of two regular pharmacists, an operations manager (trainee dispensing assistant), two dispensing assistants, a trainee dispensing assistant and two pharmacy regulations administrators. The pharmacy regulations team was a newly formed team, and it was headed by a dispensing assistant. This team performed the initial checks on prescriptions that had been received. The pharmacy team was also supported by a customer service team which was in a different location. There was a list of tasks that were performed by the regulations team and a list for the customer services team so that it was clear what each team was responsible for. Annual leave was booked in advance so that alternative staffing arrangements could be made.

A dispensing assistant was enrolled on a NVQ3 course and was on track to complete it within the course provider's recommended time frame. She had a placement at a community pharmacy planned to broaden her experience in other areas of pharmacy. Whilst there was no requirement for the regulation team members to undertake an accredited training course due to the tasks they did, one member of the team had been enrolled on a pharmacy support worker course and had training time every week.

Weekly meetings were held, and this had given the pharmacists the opportunity to address the training and development opportunities that they had identified during their time working at the pharmacy. For example, they had noticed that several members of the team had trained in a community pharmacy so there were some gaps in their knowledge in terms of managing and supplying aesthetic products. To address these learning needs, two experienced aesthetic practitioners (a GMC registered doctor and an NMC registered nurse) who ran an aesthetic clinic and training centre, had been visiting the pharmacy to deliver training to the team about the different procedures, treatments and good aesthetics practice. The team said that they had found these sessions interesting and useful. The team were asked to research and deliver training to each other. For example, a dispensing assistant had delivered a session about emergency medicine in aesthetics and what the different antibiotics that the pharmacy supplied would be used for. The pharmacists had done a session about safeguarding vulnerable patients and had tailored it specifically to the pharmacy's business model. These meetings were also used to discuss pharmacy matters, such as near misses, errors or complaints and to explain operational changes. This meant that the team were kept up to date.

The pharmacy team worked well together during the inspection and were observed helping each other. The team had meetings and discussions within the dispensary and said that they could raise any

concerns or suggestions with the operations manager, the pharmacists, or the company directors, and felt that they were all responsive to feedback. The Responsible Pharmacist explained they felt able to make professional decisions and act in the best interests of patients.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for the provision of healthcare services. The premises are secure and safeguarded from unauthorised access. The pharmacy is clean and properly maintained.

Inspector's evidence

The pharmacy's website www.acrepharmacy.co.uk was used by prescribers and non- medical aesthetic practitioners to order surgical cosmetic treatments such as, toxins, fillers, threads, medicines and ancillary items. Medicines and treatments could only be requested by people who were registered to use the pharmacy and had supplied the required documentation.

The pharmacy website included information about the pharmacy in the 'contact us' section, at the bottom of each web page and in the FAQ section. The website prominently displayed relevant information about the pharmacy such as, GPhC premises registration number, name of the SI and information on how to check whether the pharmacy was registered.

The pharmacy business was a 'sister-company' of a large pharmaceutical wholesaler. So, the pharmacy was part of a much larger wholesale premises. It was smart in appearance and appeared to be well maintained. Any maintenance issues within the dispensary were reported to the building maintenance department. The dispensary was large, and an efficient workflow was seen to be in place. Dispensing, checking and packaging took place in separate areas of the dispensary. An office for the regulations team had been created outside of the dispensary, together with an office for the operations manager.

The dispensary was clean and tidy with no slip or trip hazards evident. Hot and cold running water, hand towels and hand soap were available. Restroom and bathroom facilities for staff were available within the main building. The pharmacy had air conditioning and ambient temperature was monitored. 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. The systems are designed to support the pharmacy team in offering a safe and efficient service with some inbuilt safeguards to provide additional assurance to the team. The pharmacy gets its medicines from licensed suppliers, and the team members store medicines securely and at the right temperature, and they make regular checks to make sure they are safe to use. And the pharmacy makes regular checks to ensure that medicines are kept at the right temperature whilst they are being transported.

Inspector's evidence

The pharmacy's computer system had been designed so that it was integrated with the electronic prescription ordering system that was used by the prescribers and practitioners. The systems had been recently updated to include more governance checks, including a field for the prescriber to enter the date of the last physical examination of the person they were treating, and set limits to the amount of each item that could be ordered on a prescription. This was intended to reduce the chance of a single prescription order being used to treat more than one person or used as 'stock'. The system could also restrict what products each practitioner could order based on the training documentation that they had supplied. And the system required the prescriber to enter a patient specific direction (PSD) for every prescribed item, and so 'use as directed' did not pass the regulation team's checks.

Most prescriptions were generated by the prescriber using the electronic prescribing function of the pharmacy's website. Once the order had been paid for, it was sent to the regulations team for the first screen to be completed. This was to check the prescriber was still registered with the relevant regulator and that they still had the authority to prescribe, that the prescription fields had been fully completed and it was legally valid. The team also checked that the date of the last physical examination had been done within the time period defined in the SOPs, and that the practitioner who would be administering the medication had provided documentation confirming the procedure and the name and address of the person receiving the treatment. The regulations team used a pro-forma to document their checks and copied this to the prescription notes so that the dispensers and pharmacists could see that the initial checks had been completed.

A chat function was built into the computer system so that an instant message could be sent to a specific person within the teams, or a group of people, if there was a query. These were saved for reference. If there was a clinical query, or a query specifically for the pharmacists then they could be contacted using this function and the prescription was put on hold until it was resolved. This was also used if there was a payment or account query for the customer services team to resolve. The team explained that they liked this function as the teams were in different locations or offices and they could communicate quickly and were able to see the responses if they were in the group.

Once the regulations team had completed their checks, the order was moved to the electronic queue to be dispensed. The dispensers were either assigned to assembling prescriptions or packing completed prescriptions, with the pharmacist undertaking their checks in-between these stages. A white board outlining roles and responsibilities of team members was visible in the dispensary. The assembling

dispenser confirmed that the initial checks had been completed and then printed the prescription, the invoice and the picking sheet. The prescriber, practitioner and patient's details were recorded on the invoice and the prescription contained the legally required information. A 'pop-up' appeared if any of the medicines had been supplied to the same patient within the last 90-days. This alerted the dispenser to the possibility of over-prescribing or if they were using multiple practitioners for the same treatment. The dispenser also checked the prescribing history. If they had any concerns, they queried these with the pharmacist otherwise they continued to dispense the medication.

Different coloured pens were used to mark the prescription form at the different stages of the prescription journey as a visual check that they had all been completed. The assembling dispenser checked the prescription form against the invoice and checked that all fields of the prescription had been fully completed, and that the quantity to be supplied corresponded with the PSD. They used the picking sheet to select the products from the shelving units and attached dispensing labels. The picking sheet was automatically created by the computer system and contained a list of which batch numbers to select. The team explained that batch numbers helped to manage the pharmacy's stock rotation and patient level recalls, but more importantly it helped provide an additional accuracy check to ensure the item picked was correct.

Dispensing baskets were used to keep medication separate and coloured baskets were used to prioritise the accuracy checking and packing of cold-chain products. 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. All team members had individual logins for the computer system which created an additional audit trail. The assembled prescriptions were checked for clinical appropriateness and accuracy by a pharmacist. If the pharmacist had a prescription query, they would usually contact the prescriber and they provided the direct pharmacy telephone number or email address for a response. Once prescriptions had been checked, they were passed on to the packing dispenser.

Weight loss medicines were supplied directly to some patients after being prescribed on a private prescription, and these were often daily or weekly injections. Prescriptions for weight loss were put 'on hold' until the prescriber had responded to the pharmacy's audit. The purpose of the audit was to provide the pharmacists with assurance that the prescribers were providing their patients with the information that they needed to use these medicines safely and to make sure they had a monitoring process in place.

The packing dispenser printed off delivery labels and from this point on they could be tracked on the courier company's system. The packing dispenser carried out an additional accuracy check before packing the order. Packing was done on a clear workbench with a CCTV camera positioned over the top. The pharmacists explained that this footage could be used to investigate complaints about incorrect quantities or the products being supplied, complaints about the quality of the packaging used and also to audit compliance with SOPs. The management team found that checking CCTV footage at random intervals was a better way to check compliance and meant they could provide the team member involved with constructive feedback.

Prescriptions were delivered using a courier service. Cold-chain items were packed in specially designed boxes with ice packs to ensure the contents were kept at the required temperature and sent using a tracked service. The cold chain packaging and the ambient temperature delivery packaging was validated monthly, and additionally when there were fluctuations in outside temperature, such as extremely hot or cold weather. This meant that adjustments to packaging materials due to seasonal weather changes could be made. The amount of ice packs that were added to the boxes was dependent on the results of the validation tests and a record was made in the governance files for reference. The

data logging devices were sent to a specialist department within the wholesale company for the temperature reports to be created and they were reset before they were sent out again. They were recalibrated annually and were marked with the date when the next check was due.

The pharmacy team could track orders online and see evidence of delivery if required. The team member who was packing medicines for delivery on the day of inspection explained that any returned cold-chain medicines were segregated for the attention of the pharmacist for them to be disposed of.

Medicines and stock items were stored in an organised manner on the dispensary shelves. Date checking took place regularly and no out of date medication was seen during the inspection. Stock was booked in when it arrived from the wholesalers and the computer system tracked batches, expiry dates and stock levels. The picking lists were used to ensure that shorter dated stock was used first. Stock was obtained from a wide range of wholesalers. Returned medicines were stored separately from stock medicines in a designated area. The pharmacy was alerted to drug and device recalls via emails from gov.uk and from some wholesalers. A record of the alert, and action that was taken was made as evidence.

There were several medical fridges used to hold stock and assembled medicines. And freezers to store ice packs for delivery packaging. 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 its services safely. The team uses this equipment 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 dispensary.

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.