

Registered pharmacy inspection report

Pharmacy Name: Halo Health, Suite 2a, Ardenfield House, 197A
Station Road, Knowle, Solihull, West Midlands, B93 0PU

Pharmacy reference: 9011953

Type of pharmacy: Internet

Date of inspection: 29/06/2023

Pharmacy context

This is a private, distance-selling pharmacy situated in Solihull, West Midlands. Its main activity currently is dispensing a handful of private prescriptions generated from a private doctor's surgery and supplying home blood testing kits for various conditions such as menopause, hair loss, fatigue, and anaemia. The pharmacy does not have a contract to provide NHS funded services and its premises are not accessible to members of the public

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	1.6	Standard not met	The pharmacy does not keep records about private prescriptions and responsible pharmacist (RP) as it needs to by law.
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards not all met	3.1	Standard not met	The pharmacy's website contains information that could mislead members of the public.
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy cannot show that medicines that need to be refrigerated are always stored correctly and at the right temperatures.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy currently provides a very limited range of services. But it does not keep all the records it needs to by law, including records about private prescriptions and the responsible pharmacist. It has some written procedures to support safe working. But these have not been tailored to reflect its current activities which may limit their effectiveness. Members of the pharmacy team understand safeguarding requirements and they keep people's private information securely.

Inspector's evidence

The pharmacy was registered in September 2022 and it started operating in February 2023. It currently provided a very limited range of services which included supplying home blood-testing kits. It had dispensed a handful of private prescriptions generated by a private wellness and aesthetics clinic but had not kept any records about these. The pharmacy superintendent (SI) said that he did not realise that the pharmacy's patient medication record (PMR) system did not include a private prescription register.

The SI, who also was an independent prescriber (IP), provided consultation services remotely to a wellness and vitamin therapy clinic in the local area. This role involved analysing blood test results and potentially prescribing vitamin D and vitamin B12. However, the SI said that generally, most people whose blood tests results were analysed were advised to contact their GP for further medical advice. The SI further commented that, to date, he had not prescribed any treatments for conditions shown on the website such as hair-loss, erectile dysfunction, and acid reflux. The inspector took the opportunity to discuss the GPhC's guidance for pharmacies providing services at a distance. The SI confirmed that he was aware of this guidance.

The pharmacy had an in-date indemnity insurance certificate. A range of in-date standard operating procedures (SOPs) were available. There were SOPs about management of controlled drugs (CDs). This was despite the SI commenting that the pharmacy did not stock or supply CDs. There were no written SOPs for analysing blood test results and prescribing supplements; these activities were only undertaken by the SI.

The pharmacy did not keep responsible pharmacist (RP) records and there was no RP notice displayed in the pharmacy. The SI said that he didn't think he needed to display the RP notice or keep RP records because this was a distance-selling pharmacy with no public access. This is not the case.

The pharmacy's website included a complaints procedure and details of the privacy policy. The pharmacy's IT system was password protected. Confidential waste was shredded in the pharmacy. The SI said that he had completed Level 2 safeguarding training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to provide its current workload adequately. However, the qualifications and responsibilities of team members are unclear.

Inspector's evidence

The SI was the RP on duty at the time of the visit. The SI was also a director of the company which owned the pharmacy. He was later joined by another director who said that he was a dispenser and that he had undertaken his accredited training with Buttercups. The apparent workload was currently low so the team was able to manage this adequately.

The SI said that he had completed CPPE primary care pathway training which supported his role as a consultant pharmacist and enabled him to interpret blood bio-markers safely and provide clinical feedback on blood test results to people.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy's website contains information about people who work in the pharmacy which could mislead members of the public. However, the pharmacy's premises are adequate for the services it provides. And they are kept secure from unauthorised access.

Inspector's evidence

The pharmacy was situated in an office complex which was closed to the public. The unit was fitted to a basic standard. There was enough storage and workspace available to allow safe working. A sink with hot and cold water was available. The premises were secured from unauthorised access.

The pharmacy's website included the details of the pharmacy such as, the premises address, services offered, the name of the SI, and the pharmacy's GPhC registration number. However, there was biographical information on the pharmacy's website about one of the directors that stated they had 'plans to start a Pharmacist Independent Prescribing (IP) qualification'. This person was not a qualified pharmacist and so did not meet the current entry requirements for undertaking this type of qualification. The same entry also said the person 'upon completion of their pre-registration year was immediately offered a position as Lead Pharmacist, managing and supporting 9 staff members'. This information could provide false reassurances to members of the public about the people who are involved in providing the pharmacy's services.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy obtains its medicines and medical devices from reputable sources. But it does not record fridge temperatures regularly to provide assurances medicines requiring refrigeration are always stored at the right temperature. And it stores food items in the medicines fridge which could increase the chances of cross-contamination.

Inspector's evidence

The pharmacy provided its limited services at a distance, and members of the public could only access its services remotely via the internet or telephone. Most of the services advertised by the pharmacy on its website were currently not being provided in practice.

The pharmacy obtained its medicines from licensed wholesalers. Most of the stock seen on the shelves included vitamin supplements, injections, and vitamin intravenous infusions. Stock was generally stored tidily and there were no date-expired medicines found amongst dispensing stock when checked.

Medicines requiring cold storage such as Ozempic and botulinum toxin were kept in a pharmaceutical fridge. Maximum and minimum fridge temperatures were checked during the inspection and they fell within the recommended range for storing cold-chain medicines. But the pharmacy did not keep a record of fridge temperature checks; the last record had been made in September 2022. So, the pharmacy could not show that these medicines had always been stored at the right temperature. The pharmacy also kept significant quantities of drinks and food items in the same fridge. This increases the risk of cross-contamination.

The pharmacy received information about medicine and medical devices safety alerts and recalls from Gov.uk. But the pharmacy didn't keep a record about these or any follow-up actions it had taken. This makes it harder for the pharmacy to show how it is protecting the health and wellbeing of people who use the pharmacy's services.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had an internet connection and access to on-line reference sources. All electrical equipment appeared to be in good working order and adequately maintained.

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.