

Registered pharmacy inspection report

Pharmacy Name: Nottingham Travel & Wellness Clinic, 152C

Radcliffe Road, West Bridgford, Nottingham, Nottinghamshire, NG2
5HF

Pharmacy reference: 9011965

Type of pharmacy: Vaccination clinic

Date of inspection: 24/08/2023

Pharmacy context

The pharmacy is located on the first floor of a business building on a main road leading into Nottingham. The pharmacy's core business is conducting travel consultations and administering vaccinations and anti-malarial medicines under private Patient Group Directives (PGDs). The pharmacy is a registered yellow fever vaccination site. People can book appointments by telephone or through the pharmacy's website, www.nottinghamtravelandwellnessclinic.co.uk. The pharmacy is registered with the GPhC for the purpose of selling pharmacy (P) medicines to people attending appointments.

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 effectively identifies and manages the risks associated with providing its services. It acts on the feedback it receives from people and it generally keeps the records it needs to by law. The pharmacy protects people's confidential information appropriately. And its staff know what to do to help safeguard vulnerable people.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) to support its safe and effective management. They were relevant to the nature of the pharmacy's business. For example, SOPs included risk management, handling of needles and needle stick injury, and managing a biohazard spillage. There were specific SOPs related to responsible pharmacist (RP) requirements, selling medicines, and promoting self-care. But SOPs did not indicate when they had been implemented and when they would be reviewed. The superintendent pharmacist (SI) had signed the SOPs and was the only person working at the pharmacy.

The pharmacy had been operating for around ten months. It had established processes for reporting mistakes made and corrected prior to administering a vaccination or supplying a medicine to a person, known as near misses. And for reporting mistakes made following the administration of a vaccine or supply of a medicine to a person, known as an incident. Reporting templates were available for recording both near misses and incidents. The SI reported that there had been no mistakes made to date. And explained some of the safety measures they had implemented to reduce the risk of a mistake occurring. For example, checking vaccines against the person's clinical record and confirming the vaccine schedule with people before administering a vaccine. The pharmacy had a safeguarding procedure and the SI had completed level two safeguarding learning. They knew how to report safeguarding concerns and had a clear policy that all people under the age of 18 were required to attend their appointment with a parent or guardian. This policy was seen to be followed.

The pharmacy had a complaints procedure. But it did not advertise details of how people could provide feedback or raise a concern on its website. People had taken the opportunity to share their experiences of using the travel vaccination services offered by the pharmacy through a popular internet review service. The SI explained they now provided directions prior to people visiting for the first time due to receiving feedback about it being difficult to find. The pharmacy had procedures relating to information security. It kept all confidential information secure by using a password protected clinical software programme with data backed up at regular intervals. No confidential information was left within the premises overnight.

The pharmacy had current indemnity insurance and the SI confirmed this included all services provided by the pharmacy. The RP notice on display contained the correct details of the RP on duty. The RP record was kept as a diary, it did not include the name and registration number of the RP as required. The SI explained this was due to them being the only pharmacist working at the pharmacy. A discussion took place about the need to keep the record in line with requirements. The pharmacy kept records associated with the administration and supply of medicines through the travel health service electronically. This included the batch number and expiry date of each vaccination administered. The

records did not include information about any P medicines sold as part of the consultation service.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's staffing levels, and skill mix are aligned to the services it provides. Its staff access regular relevant learning about the services the pharmacy provides to help ensure their knowledge and skillset are up to date.

Inspector's evidence

The SI was the only person who worked at the pharmacy. Appointments were opened on the booking system when the SI was available. There was no formal business continuity arrangement made in the event the SI was not able to provide a service. But the SI was knowledgeable about other services which they could refer people to if needed. And the pharmacy had identified a second pharmacist who would be available to support the service if demand increased significantly. It had a whistleblowing policy, and it did not have any specific targets associated with its services.

The SI kept themselves informed of information relating to the pharmacy's services and specific vaccines they administered through the subscription it paid to its PGD provider. And they demonstrated how new information was clearly highlighted to healthcare professionals using the online clinical platform they subscribed to. They explained they had completed vaccination theory and face-to-face vaccination training prior to commencing the service. And evidence of competencies and learning was required by the PGD provider prior to gaining access to the suite of private PGDs. The SI also discussed other competency-based learning they had completed. For example, specific learning through the National Travel Health Network and Centre (NaTHNaC) prior to the pharmacy registering as a yellow fever vaccination site.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and secure. It offers a suitable environment for delivering the vaccination services it provides.

Inspector's evidence

The pharmacy was one of three designated therapy rooms within the building. It was secure and fitted out professionally as a consultation room with a desk and seating provided. It offered a calm and private environment for delivering vaccination services. The pharmacy was clean and well maintained. The SI had access to a sink equipped with hand washing equipment, this was situated close to the desk. Lighting and ventilation were appropriate. There was a separate waiting area outside the pharmacy which was shared with people visiting the other therapy rooms. People could access hand washing and toilet facilities just off this waiting area.

The pharmacy's website provided clear information about the services provided. It provided further details about the different vaccines offered; it did not advertise medicines for sale. The website contained the SI's name and registration number. But it did not inform people how they could check the status of their registration on the GPhC register. The website included information about who owned the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to most people. On occasions when the pharmacy may not be able to provide a service it has provisions to signpost people to other local services. The pharmacy provides people with helpful information. It obtains its medicines and vaccines from licensed sources. It stores these safely and securely and it makes appropriate checks to ensure its medicines and vaccines remain safe to use.

Inspector's evidence

The pharmacy was on the first floor of the building. There was no lift and as such it was not accessible to people with mobility difficulties or to people using wheelchairs and its website did not inform people of this. The SI explained how they provided directions and details of the pharmacy to people before they visited to ensure it was accessible to them. And explained how they could signpost people to another local service if they required access to a ground floor consultation space. The pharmacy operated on an appointment system and as such opening hours were not fixed. It offered evening and weekend appointments to facilitate people's needs. On occasion the SI had facilitated appointments at short notice.

The pharmacy offered a wide range of travel vaccinations including yellow fever and it supplied malaria prophylaxis and treatment for traveller's diarrhoea through private PGDs. It also provided chicken pox vaccinations and human papillomavirus infection (HPV) vaccinations. A newly printed information leaflet about the pharmacy also indicated that weight loss injections were available. The SI confirmed this service had not commenced but it was something being considered. A discussion took place about the recent national patient safety alert about the shortage of some medicines used to treat weight loss, and the GPhC's recent joint statement on meeting regulatory standards during periods of global or national shortage of medicines. The SI demonstrated how they had considered the risks of providing individual services. For example, they had taken the decision not to offer doxycycline as a treatment option for malaria prophylaxis and explained this was due to another treatment being available without the increased risks associated with sun exposure when taking doxycycline.

People communicated with the pharmacy by email, telephone, or a contact form available on the pharmacy's website. They began their consultation via the pharmacy's website, this required them to complete information about themselves, including medical history and information about their travel arrangements where appropriate. They could book their vaccination consultation appointment at this time. The SI then completed pre-screening which involved reviewing the information against the inclusion criteria of the PGDs, ensuring appropriate vaccines were available and telephoning the person to discuss information and answer any questions they may have prior to their first appointment. The SI then held face-to-face consultations with people as part of the vaccination consultation. This consultation involved checking key information and ensuring there had been no changes to a person's medical history since the initial pre-screening consultation. Vaccines schedules were confirmed again. Medicines were supplied and vaccines administered during this face-to-face consultation. Several consultations took place during the inspection and appropriate records of the vaccinations administered were made at the time the consultation occurred. The pharmacy supplied people with information leaflets about their vaccines and medicines they purchased. It did not inform people's own

GPs about the vaccinations they received. It instead provided people with a print of detailing the vaccines they had received, and people were advised to take this to their surgery. The SI had access to up-to-date PGDs and supportive information throughout the entire consultation. The pharmacy kept a few P medicines and other health related products such as insect repellents in stock. But it did not prominently advertise this part of the service. The SI reported that only around one or two P medicine sales took place monthly.

The pharmacy obtained its stock from a licensed wholesaler and directly from manufacturers. All medicines were stored in either a fridge or in a drawer. The pharmacy kept a fridge temperature record. But it did not check its fridge temperatures daily due to the flexible opening hours of the pharmacy. The current temperature record showed that temperatures had remained within the required temperature range. It was on the high side of the required range during the inspection and the SI acted to adjust the temperature setting. They explained they had needed to do this a few times recently and had ordered a second thermometer to ensure the original thermometer was recording accurately. The pharmacy held little stock, the SI stated they checked stock levels and expiry dates frequently when providing the vaccination services. The pharmacy had adequate waste receptacles for the disposal of medicinal waste, and it stored these safely. The SI received details of drug alerts through a peer sending information via a secure messaging platform. They took the opportunity during the inspection to subscribe directly to the Medicine and Healthcare products Regulatory Agency (MHRA) alerting service to ensure they received alerts directly moving forward.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has a suitable range of equipment to support the delivery of its services. And the pharmacist uses the equipment in a way which protects people's confidentiality.

Inspector's evidence

The SI accessed up to date reference resources electronically. This included access to the British National Formulary and The Green Book, a vaccination resource published by the UK Health Security Agency. They demonstrated how the clinical system provided the most up-to-date travel health information to support them in counselling people. The SI used password protected systems to store people's confidential information and they spoke to people over a mobile telephone in an environment that maintained privacy when completing pre-screening consultations. The SI had the necessary equipment to support the services provided. This included drawing-up and administration needles and immediate access to medicines and equipment used to treat an anaphylactic reaction. And a biohazard spill kit was readily available.

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.