

Registered pharmacy inspection report

Pharmacy Name: Revolve Medicare, 45 Cadogan Road, Dosthill,
Tamworth, Staffordshire, B77 1PQ

Pharmacy reference: 9012109

Type of pharmacy: Internet / distance selling

Date of inspection: 28/09/2023

Pharmacy context

This pharmacy specialises in providing products used for non-surgical cosmetic procedures to healthcare professionals and aesthetic practitioners via its website www.revolvemedicare.co.uk. It is located within a medical centre in the Dosthill area of Tamworth. The pharmacy does not have an NHS contract.

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

Overall, the pharmacy suitably manages the risks associated with its services. Members of the pharmacy team follow written procedures to make sure they work safely, and they protect people's private information. The pharmacy reviews and updates its processes regularly. It uses risk assessments to help design its services and the way the pharmacy operates. But it does not fully consider the risks before commencing new services, which means it may not always operate in the most safe and effective way.

Inspector's evidence

The pharmacy started operating in April 2023. The pharmacy had a website www.revolvemedicare.co.uk which people could use if they were registered with the pharmacy. A range of non-surgical cosmetic treatments including medicines and associated products, such as syringes, were available and either sold or supplied against a valid prescription, to prescribers and aesthetic practitioners based in the UK.

The prescribers and aesthetic practitioners were required to register for 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 an 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 that did not require a prescription or to generate electronic prescriptions if people had successfully registered as a prescriber. Orders for products 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 aesthetic training certificates 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 'back-end' of the pharmacy's website could be adjusted so that non-medical practitioners could only order products for which they had supplied training certificates and insurance documents for. 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 and periodically after initial registration.

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 superintendent pharmacist (SI) prior to the pharmacy opening in April 2023. Roles and responsibilities of staff were highlighted within the SOPs and training logs were used to show that team members had received training on them. The responsible pharmacist (RP) had very recently started working at the pharmacy and had read the SOPs on her first day as part of her induction. Risk assessments had been carried out prior to the pharmacy opening. And the risk assessments had been used to create the operating model, website, and dispensing process to make sure the pharmacy operated safely.

The pharmacy had recently partnered with a third-party service to grow the business. The third-party

service operated a website used as an electronic platform to support prescribers and aesthetic practitioners and help them source products. The pharmacy had an arrangement to dispense some prescriptions for this service. This service had not been properly assessed so some of the risks associated with a service of this kind had not been considered and addressed. One of the company directors explained that it was a trial and agreed to carry out a risk assessment and due diligence checks on the other company.

The pharmacy team dispensed from a limited formulary and many of the products had very similar packaging. A dispenser gave examples of some of the picking mistakes that he had made and how he used these as learning opportunities. Orders and prescriptions were checked three or four times before they were packaged. Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. The pharmacy team knew which tasks could and could not be carried out in the absence of a RP.

A monthly intervention audit was completed, and a list of interventions was printed from the pharmacy's computer system. The interventions were reviewed, and any common themes were identified. The pharmacy team sent out any important updates to the prescribers and/or practitioners by email.

People could contact the pharmacy in various ways, such as, telephone, email, social media, and by using an online form. Contact details were advertised on the website. People left reviews about the service on websites such as Trust Pilot and Google Reviews and the pharmacy team monitored these. The pharmacy's delivery policy had been updated because of customer feedback.

The pharmacy had up-to-date indemnity insurance arrangements in place. The RP notice was clearly displayed, and the RP log complied with requirements. Records of prescription queries and interventions were made on the computer system. Private prescription records were electronic, and they contained the correct information. Delivery records were available on the courier's website.

Patient information was secured in several 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. The pharmacy computers were accessed using passwords. Confidential waste was stored separately and disposed of securely. The pharmacist had completed safeguarding training. Safeguarding contacts were available online. Prescriptions were not supplied for people under 18. Prescriptions would not be accepted by the prescribing platform without a date of birth being entered, so the team could check this when making supplies.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the current workload and the services that it provides. The pharmacy's team members use their professional judgement to make sure medicines are appropriate for people receiving treatment.

Inspector's evidence

The pharmacy team comprised of the pharmacist, a dispensing assistant and a trainee dispensing assistant. The SI had worked at the pharmacy as RP until recently as he had wanted to oversee how the pharmacy ran for the first few months. One of the company directors also worked at the pharmacy regularly as a dispensing assistant and provided holiday cover. The pharmacy's workload had steadily increased since it had opened, and the company directors were discussing whether they required another dispensing assistant.

The RP had very recently started working at the pharmacy. She had been given an introduction to aesthetics on her first day and had been shown how the systems worked and what safeguards had been put into place.

The pharmacy team worked well together during the inspection and were observed helping each other. The team had meetings and discussions within the dispensary. They said that they could raise any concerns or suggestions with their colleagues, the pharmacist, or the company directors, and felt that they were responsive to feedback. The pharmacy team gave examples of where they had used their professional judgement to make prescription interventions. For example, the team intervened when new customers had not provided sufficient information during the registration process. And these had been recorded on the computer system so that they could be audited. The RP did not have any targets to meet.

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 safeguarded from unauthorised access. And the pharmacy is clean and properly maintained.

Inspector's evidence

The pharmacy's website was used by prescribers and aesthetic practitioners to order non-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. Some prescription only medicines (POMs) were advertised on the homepage, however, these were promptly removed after the inspection.

The pharmacy was situated in a self-contained area within a medical centre, and it was secured when not operational. Any maintenance issues were reported to one of the company directors who used local contractors to rectify problems. People could collect their order from the pharmacy during operating hours, but most orders were delivered using a courier.

The dispensary was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned by the pharmacy team, and by a cleaner. The sinks in the dispensary and staff areas had hot and cold running water. Hand towels and soap were available. The pharmacy had portable air conditioning units and central heating. Lighting was adequate for the services provided.

The pharmacy had a stock room that was used by another pharmacy located on the same site which it was closely associated with. The company director agreed to review this arrangement to make sure the two businesses were kept separate.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally manages its services and supplies medicines safely. It gets its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use.

Inspector's evidence

Dispensing baskets were used to keep medication separate. A dispensing audit trail was recorded on the electronic prescription for future reference. A copy of the electronic prescription and the packing notes were printed off so that the pharmacy team could reference against them for assembly.

The pharmacy's computer system had been designed by the company directors so that the website was integrated with the electronic prescription ordering system that was used by the prescribers and practitioners. The system had been designed based on some of the risks associated with aesthetics. They had included a field for the prescriber to enter the date of the last physical examination of the person they were treating. And there were 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 being used as 'stock'. The system was also used to 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' was not an acceptable instruction.

Prescriptions were generated by the prescriber using the electronic prescribing function of the pharmacy's website. The pharmacy team checked that the date of the last physical examination had been done within the time scale defined in the SOPs. Some prescriptions were viewed during the inspection, and it appeared that the date of the physical examination may not always have been accurate. For example, a prescriber had issued a prescription for a patient at around 7.30am and had recorded the date of the physical examination of that patient to be that same day which appeared unlikely. Two more prescriptions, issued by different prescribers raised similar issues. Most prescriptions had the date of the physical examination being carried out in the days before the prescription was ordered, so it did not appear to be a wide-spread issue.

Some prescriptions for weight loss medicines were supplied. These were mainly Ozempic injections being prescribed for off-licence use. The pharmacy team were aware of the National Patient Safety Alert issued by the Department of Health and Social Care about the shortage of GLP-1 receptor agonists and were planning to remove Ozempic from the website when they had run out of stock.

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 packaging was validated monthly. 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 the results of the validation tests were retained.

The pharmacy team could track orders online and see evidence of delivery if required. Any undelivered

or returned medicines were disposed of at the pharmacy.

Medicines and stock items were stored in an organised manner on the dispensary shelves. Date checking took place regularly and no out of date stock was seen during the inspection. Stock was obtained from a range of wholesalers. Returned items were stored separately from stock in designated bins. 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 had been taken was made as evidence.

There were medical fridges used to hold stock and assembled medicines. And two freezers were used to store ice packs for delivery packaging. The medicines in the fridges were stored in an organised manner. Fridge temperature records were maintained and showed that the pharmacy fridges were working within the required temperature range of 2° 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 British National Formulary (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.