

Registered pharmacy inspection report

Pharmacy Name: Two Face Pharma, Unit 1, Chichester Court,
Milnrow Road, Rochdale, Greater Manchester, OL16 1UG

Pharmacy reference: 9012378

Type of pharmacy: Internet

Date of inspection: 08/10/2024

Pharmacy context

This is a private pharmacy situated in Rochdale and has a website <https://www.twofaceaesthetics.com/pages/pharmacy>. It provides face-to-face services for travel health, weight loss and a Covid-19 booster vaccination service. It also dispenses and supplies medicines against private prescriptions at a distance, some of which are for aesthetic treatments and products sold through its website. People using the pharmacy's services are all based in the United Kingdom and are all over 18 years of age.

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 identifies and manages the risks associated with its services to help provide them safely. The pharmacy keeps the records it needs to by law and has procedures in place to learn from mistakes. And it protects people's personal information appropriately.

Inspector's evidence

The pharmacy's main activity was providing face to face travel health, erectile dysfunction and weight loss services under patient group directions (PGDs). They also dispensed prescriptions for aesthetic treatments received via their own website as well as two third-party websites, Faces Consent and Signature Rx. Over the counter medicines were sold to people via the website. Most medicines and treatments were delivered to people using third-party courier services, but some people also collected dispensed prescriptions from the pharmacy.

Standard operating procedures (SOPs) were available and had been read and signed by team members. However, some SOPs did not reflect the way in which the pharmacy completed certain tasks such as dispensing prescriptions. The superintendent pharmacist (SI) provided an assurance that these would be reviewed, and new SOPs would be created. An SOP was available which recorded the maximum quantities of different products that could be supplied and also listed the justification of why certain quantities could be needed for certain treatments.

Risk assessments were available, and one had been completed for different aspects of the services provided. An audit had been completed by the second pharmacist which had looked at the pharmacy's processes and compliance performance. At the time of the inspection the pharmacy did not provide any prescribing services. One of the pharmacists was due to become an independent prescriber and the pharmacy would potentially provide a prescribing service in the future.

People signing up to create an account on the website needed to specify which account they were signing up for. There were four categories which included: Non-surgical aesthetics, weight loss, IV and non-surgical treatments. People needed to provide evidence of their registration body, upload photographic ID as well as proof of their insurance and certificates of the training courses they had completed. Non-medical staff were also able to make an account. Where details of the insurance policy or ID did not match the details of the practice, the account was rejected. Details were saved on a spreadsheet and reviewed every few weeks to ensure all the information provided was in date. Where certificates had expired, these accounts were highlighted to ensure no supplies were made until updated information was received.

The pharmacy also dispensed prescriptions issued via a third-party prescribing platform. Prescribers created accounts on the platform and practitioners without an authority to prescribe were able to choose the prescriber. The SI explained that there was a tick box to show that a face-to-face consultation had been undertaken. If there was an anomaly with the patient's address and the location of the prescriber when dispensing prescriptions, the pharmacist confirmed via telephone if a face-to-face consultation had been undertaken. The online platform highlighted any orders someone had placed in the last 12 months and allowed for orders to be rejected. In this case a note was made to explain why. The SI explained that excessive use was one of the more common reasons for rejection.

Prescriptions had a PDF viewer which showed the number of times a prescription had been viewed.

Prescriptions were all received electronically, the SI explained that the online platform conducted a series of checks for prescribers registered on their platform and the pharmacy conducted independent checks for prescribers who were registered on the pharmacy's website.

The pharmacy had quantity limits for the amount of botulinum toxin that could be supplied, and the SI explained that each prescriber had a set way of writing directions for use. If this was not detailed enough the pharmacists messaged the prescriber and ask for more details including areas of use.

The pharmacy team were able to see proof of practitioner's indemnity insurance arrangements on the prescribing platform. They were provided with assurance that the prescriber's indemnity insurance arrangement was checked by the platform provider.

Dispensing mistakes which were identified before medicines were supplied to people (near misses) were corrected, recorded, and reviewed at the end of each month. The pharmacists gave examples of separating some different strengths of medicines as well as keeping medicines that 'looked-alike' or 'sounded-alike' separately. Dispensing incidents were investigated and recorded. Following an incident where the wrong delivery address was recorded on a package, pharmacists checked the delivery label to make sure it matched the details on the prescription.

The pharmacy had current professional indemnity insurance which covered all the services provided. The pharmacy had a complaints procedure and a complaints section on the website that people could use. The correct RP notice was displayed. Private prescription and RP records were well maintained. The pharmacy did not supply any controlled drugs (CDs).

The pharmacy was registered with the Information Commissioner's Office (ICO) and pharmacists had completed training. All confidential information including the laptop were locked away. Confidential waste was shredded. The pharmacists had all completed safeguarding training to help protect vulnerable people.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload appropriately. Its team members are able to discuss issues as they arise. And the pharmacy does some forwards planning to assess its future staffing needs.

Inspector's evidence

The pharmacy team consisted of two regular pharmacists, one of whom was also the SI. Both said there were sufficient staff for the current workload and staffing levels would be reviewed if there was an increase in the workload. Pharmacists read through the SOPs when they first joined which detailed how processes worked.

Staff performance was overseen by the SI, this was informal and consisted of discussions as well as reviews of near misses and audits. The director of the pharmacy had oversight of prescription numbers and services provided but the pharmacists were responsible for the operations of the pharmacy.

As part of their professional registration both pharmacists completed online CPD training. They also shadowed aesthetic treatment being provided in the clinic that was operated by the director and completed training packages online which were required as part of the patient group directions (PGDs) provided. The RP was also signed up to the Aesthetics complications expert (ACE) group and used this for information as well as updates.

Both pharmacists worked closely together and discussed any updates, issues and concerns as they arose. There were no targets in place.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are suitable for the pharmacy's services and are clean and secure. The pharmacy's website gives people information about who is providing its services.

Inspector's evidence

The pharmacy was situated on the ground floor of a larger aesthetic clinic and training centre. The dispensary was of an adequate size for the services provided and was tidy and organised. The consultation room was clean, organised and spacious. Cleaning was done by the team. The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of healthcare services.

The pharmacy had an online website (<https://www.twofaceaesthetics.com/pages/pharmacy>). The website gave clear information how people could make a complaint, how people can contact the pharmacy and the GPhC registration information for the pharmacy and SI. There were a limited number of over-the-counter medicines which could be purchased via the website, however, people had to register for an account before they could access these.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely. It obtains its medicines from licensed sources and manages them appropriately so that they are safe for people to use. Team members take the right action when safety alerts are received, to ensure that people get medicines and medical devices that are safe to use.

Inspector's evidence

The premises was easily accessible from the street. The pharmacy was situated on the ground floor of the building. People were signposted to other services where appropriate.

Services were provided on an appointment basis. People were able to make appointments on the PharmaDoctor website. The pharmacy provided a range of services under PGDs. Both pharmacists had completed the relevant training and had the appropriate PGDs in place for the services they provided. The pharmacy was in the process of registering to become a yellow fever centre with NaTHNaC. Majority of the consultations carried out were for the travel service. The travel health PGDs were mainly provided by PharmaDoctor. The PGD document had an eTool which operated alongside it and was used by the pharmacist as part of the consultation. Online and face-to-face refresher training was completed in line with the PGD requirements. Both pharmacists provided the weight loss services but the SI explained that the service had not yet been provided to anyone. The service was only provided following a face-to-face consultation and as part of the consultation, the person's weight would be checked to ensure it fell within the required parameters for treatment. People were able to choose to let their regular GP know of any treatment they had been supplied, but most people chose not to.

Prescriptions received were clinically checked by the pharmacists using resources such as the British National Formulary (BNF) and Summaries of product characteristics (SmPC) as well as the pharmacy's own policies and maximum quantities document. Prescribers were contacted in instances where directions on the prescription were vague or where the prescriber had written 'use as directed.' Most prescriptions dispensed by the pharmacy were not delivered to people but to the aesthetic practitioners who administered the treatment.

People were able to purchase some over the counter (OTC) medicines via the website such as antihistamines, cold and flu medicines and some medicines for erectile dysfunction. An account needed to be created before the medicine products could be accessed online. Risk assessments had been completed for the medicines sold OTC. Pharmacy only (P) medicines were only sold after a consultation was completed. Details of the consultation were recorded alongside the outcome.

Medicines were delivered using a 24-hour tracked service. Signed confirmation was required on delivery. The pharmacy used insulated envelopes and gel packs to deliver medicines requiring cold storage conditions. The pharmacists explained that they had tested these in house to ensure products remained within the required range for storage. Any failed deliveries would be returned to the pharmacy and the medicines would be disposed. Both pharmacists explained this had not happened. People were also able to collect the dispensed prescription directly from the pharmacy.

Medicines were obtained from licensed wholesalers and stored appropriately. Fridge temperatures were monitored daily and recorded. They were observed to be within the required range for storing

temperature-sensitive medicines. Date checking was done by the pharmacists and dates were also checked when dispensing and as part of the weekly stock check. A random sample of stock was checked, and no expired medicines were found. Out-of-date and other waste medicines were separated and collected by licensed waste collectors. Drug recalls were received electronically. The SI provided assurance that an audit of recalls would be kept.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for its services. Its team members use the equipment in a way to help protect people's private information.

Inspector's evidence

The pharmacy had a large medical grade fridge available. Up-to-date reference sources were available. Confirmation was given that computer systems met the latest security specification. Computers and the patient medication records (PMR) were password protected and screens were not visible to people using the pharmacy.

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.