

Registered pharmacy inspection report

Pharmacy Name: The Slimming Clinic, 65 Basepoint Business Centre,
Aviation Park West, Bournemouth International Airport, Hurn,
Christchurch, BH23 6NX

Pharmacy reference: 9012418

Type of pharmacy: Internet / distance selling

Date of inspection: 04/12/2024

Pharmacy context

This pharmacy is located in a business park in Bournemouth Airport. The pharmacy is closed to the public and provides services to the CQC registered, The Slimming Clinic, www.theslimmingclinic.com. The pharmacy supplies private prescriptions following consultations carried out online and by video call by GMC registered doctors. The prescriptions delivered to people's homes.

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 suitably identifies and manages the risks associated with its services. It has up-to-date written procedures that the pharmacy team follows. It completes all the records it needs to by law and has suitable insurance to cover its services. The pharmacy team keeps people's private information safe. And it knows how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy supplied prescription-only weight loss medicine to people in the UK who used the associated CQC registered clinic. These medicines were supplied against private prescriptions which were issued by GMC registered doctors who worked remotely. The pharmacy team, including the Superintendent pharmacist were based at the premises where the medicines were dispensed and dispatched from.

The pharmacy had Standard Operating Procedures (SOPs) in place to help dispensing team members work safely. Team members had signed to acknowledge they had read and understood them. The Superintendent Pharmacist explained that when he took over the role, he made some changes to the SOPs so that they now included drug interactions and actions to take when there were fraudulent prescriptions. The superintendent explained that the SOPs were reviewed annually, and he regularly checked them to ensure they remained relevant and up to date.

The Superintendent completed a monthly risk review of all the pharmacy processes to try and identify areas for improvement. He stated that he had recently identified shortcomings in the system the clinic used for consultations and dispensing and so the company had decided to move to a bespoke system which better suited their needs. The pharmacy recorded near misses and errors regularly and reviewed them at the end of each month. It had recently identified some near misses which had been caused by the pharmacist working alone. Since then, they recruited a dispenser who they placed on the NVQ Level 2 course, and the number of near misses had reduced. The pharmacy also recorded all errors and conducted root cause analyses following the errors. They were also included in the monthly risk review.

The superintendent demonstrated a record he maintained of all the prescribing issues he identified. This included things such as missing quantities or missing doses. He stated that when the team found prescribing anomalies, he would always phone the prescriber to highlight this with them before asking for the errors to be rectified. The incidents were included in the end of month review and discussed with all the prescribers of the clinic. The superintendent demonstrated an email he would send to all the prescribers informing them of issues to watch out for including fraudulent claims for prescriptions.

The correct RP notice was on display in the pharmacy. And the RP record was maintained appropriately with start and finish times. The pharmacy kept its private prescription register electronically with records containing the correct required details. The pharmacy kept the CD register appropriately and even recorded schedule 3 CDs. A balance check of CDs was completed daily. Fridge temperatures were maintained in the pharmacy and recorded daily. The pharmacist demonstrated a policy in the pharmacy of the actions they would take if a fridge was out of range to ensure they kept thermolabile medicines safe. The pharmacy had professional indemnity insurance in place. And the pharmacist had individual

indemnity insurance in place.

The clinic had a feedback and complaints page on their website. People were directed to FAQs and could fill in a form to raise any concerns or they were able to call the customer services team. The customer service team would then direct the concern or feedback to the appropriate person within the company whether on the clinic side or the pharmacy. The pharmacist demonstrated how each piece of communication was kept together so that it could be tracked throughout the company per person. This ensured everyone involved in the complaint or feedback could be identified and there was full audit trail of the communication from all parties. The pharmacy team explained that they received complaints regarding people not receiving three months supply of medicines in one go as opposed to receiving it month following a review each month. Following this, the pharmacy changed its policy to inform people of the risks of receiving all three months in one go. The team also gave examples of where prescribing had been refused if it was a new patient who could not provide adequate information and proof of their previous medication history.

The computers were all password protected and confidential wastepaper was collected in white bags and later destroyed appropriately. The pharmacist explained how they did not use Microsoft Teams to communicate as it was insufficiently secure for their needs and they always communicated by email or their own internal systems. Team members at the pharmacy were aware of how to escalate a safeguarding concern. The pharmacist had completed the Centre for Post-graduate Pharmacy Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children, and the rest of the team had completed a safeguarding training module as part of their accredited training. All team members were aware of things to look out for which may indicate a safeguarding issue. The team had a safeguarding vulnerable groups policy which contained all the contact and signposting information should the team suspect a safeguarding incident.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy trains its team members for the tasks they carry out using accredited training courses and provides additional training to allow the staff to develop their roles. The pharmacy team manages its workload safely and effectively. And team members support one another well. They are comfortable with assisting one another, so that they can improve the quality of the pharmacy's services.

Inspector's evidence

During the inspection, there was one pharmacist who was the superintendent and one trainee dispenser. The medical director and the clinical lead were also present during the inspection. The superintendent explained that he was in the process of recruiting another pharmacist but for the time being, he felt that there were enough staff members for the dispensing level. The pharmacy sometimes used locum pharmacists and there was a locum guide in the pharmacy. The included the expectations of pharmacy team for the locum as well as a guide of how to check the prescribing and consultation notes.

Accredited training was provided by Buttercups and the team regularly received additional training from the company. This ensured team members were kept up to date with any professional changes and their knowledge of clinical subjects was maintained. Team members had two hours of training every week. The team regularly communicated with one another and with outside organisations to ensure they stayed up to date with the latest developments around weight loss. The superintendent explained he was in the process of applying for the independent prescribing training and was being supported by the company to do this.

Team members explained that their opinions about their job and working environment were considered and they could provide feedback to the pharmacist or the medical director. There was a whistleblowing policy for the company which all the members of staff had signed to say they read and understood. There were no targets in place and the team explained that they would never compromise professional judgement for financial gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean, organised and appropriate for the services delivered. The pharmacy has enough workspace for the team to work effectively and it is presented well.

Inspector's evidence

The clinic and pharmacy had a website www.theslimmingclinic.com which contained details of the SI, the clinical team, as well as the address of the pharmacy. The pharmacy building was located in the business park of Bournemouth airport and was closed to the public. There was a main door to enter the pharmacy straight into the dispensary. The dispensary included two large dispensing islands, behind which there were seven fridges. On the opposite wall were 9 CD cabinets, some of which were used to hold CDs awaiting destruction. Upstairs was a small staff and storage area. Fixtures and fittings were brand new and well maintained. The pharmacy was presented well with a bright and modern appearance.

At the back of the pharmacy were two workstations which included computers and screens to allow the pharmacist to clinically check prescriptions prior to the dispenser generating the dispensing labels. Patient confidentiality could be maintained, and the pharmacy was organised and well maintained. The team members reported that they cleaned the pharmacy regularly between themselves. The ambient temperature was suitable for the storage of medicines and was regulated by an air conditioning system. Lighting throughout the pharmacy was suitable.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a range of services to support the health needs of its community. And people can easily access these services. The team makes suitable checks to ensure people taking the medicines do so safely and they provide appropriate counselling. Team members store and manage medicines appropriately. And they take the right action in response to safety alerts and medicines shortages, so people get medicines and medical devices that are safe to use.

Inspector's evidence

The pharmacy provided services to people across the country. There were two ways to access the services; via an online questionnaire or a video call. The pharmacist explained that the video calls allowed the medical prescribers to make visual check of the person's condition as well as identity checks. The clinic had a policy to treat people from 10 to 75 for injectables and from 18 to 70 for oral medication. For people above the age of 65, they always asked for a GP summary so they could complete any relevant checks, including renal function.

The pharmacy used the Semble platform for the clinic consultations and the dispensing, but they decided that they would have a bespoke system which included everything that they required. All the consultation notes were uploaded to the shared system, and they would be flagged to the pharmacy team. The pharmacist demonstrated how the dispenser would pull up all the consultations which had recently occurred, and the system would identify whether it was a new patient or a patient who required a review. The pharmacy team had access to all the visual checks carried out as well as the consultation records. The pharmacist demonstrated how he had recently flagged someone who had been prescribed for as the identity checks did not correlate to the payment method used. Following this, it was flagged to the doctor who had prescribed and the rest of the clinical team. The pharmacist stated that he made a decision to not dispense in this scenario. The team also gave multiple examples of where dispensing had been refused for various reasons including concerns about the prescribing decisions. Learning from these incidents were shared with the whole clinical team. The team explained that they reviewed every single consultation before deciding to dispense anything. The pharmacist explained that if he had any queries, he would initially contact the prescriber who carried out the consultation for further clarification or further patient details and if he was not satisfied, he would refuse to dispense. Records of this were maintain in the pharmacy. The pharmacy team added counselling information in the deliveries which also included the contact information should people want to get in touch. They also included links to videos for people to understand how to use their medicines better.

Once dispensing decisions had been made, the team would begin to prepare all the dispensing for the day including the packaging for delivery. The team used Wool Pacs as this had data to show they could keep thermolabile medicines stable for over 40 hours. The team stated that despite this, if they had any failed deliveries which could not be delivered to people, the medicines would be disposed of. Medicines which had been disposed of following failed deliveries were visible in medicines waste bins in the pharmacy. The team used DX and Royal Mail to deliver to people and a signature on delivery was mandatory. The pharmacist explained that he had monthly meetings with the depot managers of both companies to highlight any delivery issues they had and raise any concerns. He stated that this

helped all parties understand each other's expectations to ensure deliveries were safe, secure and completed within a set timeframe.

The pharmacy obtained medicinal stock from licensed wholesalers. Invoices were seen to verify this. The pharmacist explained that he was in regular contact with the MHRA regarding GLP-1 agonists due to the amount of fraudulent activity surrounding these medicines. He stated that whenever they received any information about batches of medicines which were circulating, the team would check all the deliveries which came to them for the following week to ensure they did not have any affected batches. The pharmacist demonstrated how the team kept records of the batch numbers and expiry dates of every medicine which was dispensed from the pharmacy. They also completed a stock check of all the medicines in the pharmacy every day. The temperature of the CD cabinets was checked every day and if it was above 25 degrees Celsius, this would be flagged.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And it uses its equipment in a way to protect people's personal information.

Inspector's evidence

The pharmacy had several computers which were password protected to prevent unauthorised access. Team members could access any online resources they needed.

The pharmacy had a number of fridges used for storing medicines requiring cold storage and several CD cabinets for the storage of controlled drugs. The pharmacy had the consumables and insulation packs required for packaging deliveries.

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.