

Registered pharmacy inspection report

Pharmacy Name: Pharmaxo Pharmacy Services Ltd, 1 Corsham
Science Park, Park Lane, Corsham, Wiltshire, SN13 9FU

Pharmacy reference: 9011213

Type of pharmacy: Internet / distance selling

Date of inspection: 18/10/2023

Pharmacy context

Pharmaxo is a pharmacy premises that is located on a small industrial site close to the edge of Corsham. Pharmaxo specialise in providing homecare pharmaceutical services, meaning that they supply medicines to patients in their own homes. The pharmacy makes supplies from prescriptions issued from NHS Trusts and clinics across the UK. This includes a range of treatments for medical conditions such as cancer, autoimmune diseases, and rare conditions such as lysosomal storage disorders. The company also provides nursing services to support people using their medicines at home. The premises are not open to the public.

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	1.1	Good practice	The pharmacy team regularly records when mistakes happen and uses this information to reduce risk to people who use its services.
		1.2	Good practice	The pharmacy team regularly reviews the safety and quality of the services that it provides.
2. Staff	Standards met	2.2	Good practice	The pharmacy team members can access training to keep their knowledge up to date and have a mentor system in place to facilitate learning.
		2.4	Good practice	The pharmacy team members maintain a clear and embedded culture of openness, honesty and learning.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy team takes steps to ensure that its services are accessible to people.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has satisfactory written procedures to help make sure the team works safely. Pharmacy team members have procedures in place to record and review mistakes when they happen. They use this information and learning to avoid future mistakes. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information, and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong.

Inspector's evidence

Processes were in place for identifying and managing risks. Near miss mistakes were recorded and reviewed when they occurred, and the pharmacy manager would discuss the incident with the members of the dispensary team. Dispensing incidents were recorded electronically, and this included a root cause analysis as part of the error investigation. Monthly clinical governance meetings were held by the pharmacy team to look for trends as well as any changes that need to be made to reduce the risk of errors. This meeting was also used to discuss any feedback or patient complaints as part of a service quality management system. A barcode scanning system was in use to reduce the risk of selection errors and cameras were in use so that people could identify exactly what had happened during the dispensing process that led to a mistake. A labelling system was in use that capitalised specific letters in the names of medicines to further reduce the risk of selection errors. The pharmacy team explained that a change in the size of ampoule of water for injections had led to some people assuming it was sodium chloride. In response, the pharmacy team had taken steps to highlight the difference between the two.

There was an established workflow in the pharmacy where labelling, dispensing, and checking activities were carried out at dedicated areas of the work benches. The team used stackable containers to hold dispensed medicines to prevent mixing up different prescriptions. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for the services provided and these were regularly updated. The pharmacy team understood what their roles and responsibilities were when questioned. There was a complaints procedure in place and team were all clear on the processes they should follow if they received a complaint. People were asked to complete satisfaction forms after visits. Overall, this feedback was positive. People could also submit feedback via telephone or e-mail and this was clearly signposted in the patient information leaflet. A certificate of public liability and indemnity insurance was displayed and was held and in date until the end of August 2024.

A responsible pharmacist (RP) record was kept and the RP notice was displayed in pharmacy. The fridge temperatures were recorded using probes and were within the two to eight degrees Celsius range. Date checking was carried out in a manner which meant the whole pharmacy was date checked regularly and records of this were seen to be completed appropriately. The private prescription and specials records were retained and were in order.

Confidential waste was separated from general waste and disposed of by the pharmacy appropriately. An information governance policy (IG) was in place and the pharmacy team were required to read this. Staff had all completed training on the General Data Protection Regulation (GDPR). There was a safeguarding policy in place at the pharmacy. Staff were aware of the signs to look out for that may indicate safeguarding concerns in vulnerable adults. The staff could locate contact details to raise safeguarding concerns depending on which area the person needing support was in. All staff had been trained to a level of safeguarding that was dependant on their role.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

Inspector's evidence

There were six pharmacists, two accuracy checking technicians, ten dispensing assistants and two medicines counter assistants present during the inspection. The staff were observed to be working well together and providing support to one another when required. All staff had completed appropriate training courses for their roles or were on a training course.

Staff performance was monitored and reviewed informally on a quarterly basis and formally on an annual basis where key performance indicators were discussed. In these reviews, a development plan would be introduced to help further develop and train the members of staff. Staff would also get the opportunity to give feedback about the place that they work. There was also a monthly one-to-one meeting process which with each staff member and their line manager to support any development needs.

The staff reported that they had completed training and had regular updates to their knowledge and understanding of the services provided. An internal mentor system had been set up which meant that more experienced staff were supporting newer members of the pharmacy team. The pharmacy team regularly attended learning sessions from both internal and external speakers. The pharmacy team gave an example of having had a recent external speaker teach them about how a new ambulatory infusion pump works. This new infusion pump was equipped with an easy-to-use interface which helped people manage their own medicines at home.

Pharmacists were encouraged to engage in continuing professional development and there was a pharmacist who specialised in oncology who regularly led teaching sessions for the pharmacy team. This helped the pharmacy team keep up to date with new treatment regimens, for example. The pharmacy team were also encouraged to complete a 'skills gap analysis', which meant that people were actively looking at their proficiency at certain tasks and aiming to improve with the support of colleagues.

The whole pharmacy team met regularly and to discuss any procedure changes and patient safety issues. The superintendent pharmacist explained that she sent some staff to relevant conferences such as at the British Oncology Pharmacy Association, and these was used to share learning with the whole team. The pharmacy team were encouraged to provide feedback on how procedures were working. Staff explained that they felt comfortable with raising any concerns they had with the superintendent pharmacist. Staff were aware of how to raise concerns on questioning. There were no formalised targets in place at the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protects people's private information. The pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy was based on an industrial estate and was not open to the public. The pharmacy was secured from unauthorised access. The building had two levels and the dispensary was on the ground level. It was spacious with a clear workflow throughout. It was professional in appearance and was clean and well maintained. The pharmacy website included contact information for the pharmacy. The ambient temperature and lighting throughout the pharmacy was appropriate for the delivery of pharmaceutical services. There were hand washing facilities available on-site.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy team helps people manage their high-risk medicines well. The pharmacy obtains, stores and manages medicines safely and ensures that all of the medicines it supplies are fit for purpose. The pharmacy team takes appropriate action where a medicine is not fit for purpose.

Inspector's evidence

The pharmacy business mostly provided medicines for people to use in their own homes. The pharmacy made efforts to make its services more accessible to people. Several members of the team could speak different languages such as Polish, Portuguese and Russian. The pharmacy had access to translation services if necessary. Each new patient would receive a welcome pack. This included a patient information leaflet that outlined how to receive the medication and how the home nursing assistance worked. Each person would also receive a welcome call to check their understanding of the service.

The clinical screening of each prescription was completed by the clinical team who sent the prescription to the pharmacy. The pharmacy team had access to the people's diagnosis and allergy status. Prescriptions were sent electronically to the pharmacy and the pharmacy team followed a clear workflow to dispense and check each prescription. There were pharmacists in the dispensary who could escalate and triage any issues or queries at the dispensing stage and offer advice if necessary. Dispensing stations were equipped with cameras which meant that staff could be audited if there were any mistakes. The pharmacy used a specialist medical courier to send medicines to people. The courier used vehicles equipped with robust, temperature-controlled compartments and this had been audited by the pharmacy team to ensure that they were delivering medicines in a safe and effective manner. A text message system could be set up where the pharmacy team advised people of a two-hour window in which their medicines would be delivered. All medicines were delivered using special delivery and had to be signed for. The pharmacy worked with 125 hospitals and processed around 280 orders each day.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent valproate exposure during pregnancy. Valproate patient cards were available for use during valproate dispensing to female patients. The pharmacist reported that she would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and that they were aware of these and query if they had effective contraception in place. The team were also aware of the new regulations requiring valproate medicines to be supplied in original packs.

The pharmacy used recognised wholesalers such as AAH and Alliance Healthcare to obtain medicines and medical devices. Medicines were also manufactured by BathAsu, which was also a company within Pharmaxo. Invoices from some of these wholesalers were seen. Designated waste bins were available and being used for out-of-date medicines. A bin for the disposal of hazardous waste was also available for use. Waste was collected regularly and the pharmacy team explained they would contact the contractors if they required more frequent waste collection.

Medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented and up to date.

Short-dated products were appropriately marked. The fridges were in good working order and the stock inside was stored in an orderly manner. MHRA alerts came to the pharmacy electronically and the pharmacist explained that these were actioned appropriately. Records were kept to verify this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities needed to provide the services it offers. These are used in a way that helps protect patient confidentiality and dignity.

Inspector's evidence

Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access. Reference sources were available in the dispensary, including a BNF, a BNF for Children and a Drug Tariff. Internet access was also available should the staff require further information sources. The pharmacy team also had access to the Specialist Pharmacy Service which was used when enquires about product stability were made, for example.

There was sufficient fridge space to store medicines that required cold storage at temperatures between two to eight degrees Celsius. The maximum and minimum temperatures were monitored using multiple probes. Designated bins for storing waste medicines were available for use and there was enough space to store medicines. The computers were all password protected and patient information was safeguarded.

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.