

Registered pharmacy inspection report

Pharmacy Name: Southwest Pharma Ltd, Unit B15, Block B, Mercury Business Park, Exeter Road, Exeter, Devon, EX5 4BL

Pharmacy reference: 9012310

Type of pharmacy: Internet / distance selling

Date of inspection: 10/05/2024

Pharmacy context

The pharmacy is located on a business park on the outskirts of Exeter. It is a distance-selling pharmacy and is closed to the public. The pharmacy mainly dispenses NHS prescriptions to the residents of care homes. It can also dispense private prescriptions. The pharmacy delivers medicines to the care homes it provides services for.

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 its risks appropriately. The pharmacy makes a record of its errors and makes the necessary changes to try to stop mistakes from happening again. The pharmacy has written procedures in place to help ensure that its services are provided safely. The pharmacy asks people for their views and acts appropriately on the feedback. It has adequate insurance to cover its services. And it keeps all of the records required by law. It keeps people's private information safe. Pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy was a distance-selling pharmacy and was closed to the public. The majority of its dispensing activity was the supply of medicines to the residents of care homes. The pharmacy had processes in place to manage and reduce its risks. Team members made a record of any mistakes they made when dispensing on a paper near miss log. The entries that were in the near miss log contained a very brief reflection on why the error occurred and actions taken to prevent a reoccurrence. The responsible pharmacist (RP) planned to review the errors at regular intervals to identify any trends. The pharmacy team made changes in the pharmacy to try and reduce the risk of errors. For example, pregabalin and gabapentin were stored on a separate shelf to try and prevent errors. The RP knew to report any dispensing incidents using the 'Learn from patient safety events' (LFPSE) service. No reports of dispensing incidents were seen during the inspection.

The pharmacy had standard operating procedures (SOPs) which reflected the way the team worked. The SOPs had been reviewed by the superintendent pharmacist (SI). But they were not signed by the team members to demonstrate that they had read and understood them. The pharmacy team could describe the activities that could not be undertaken in the absence of the responsible pharmacist (RP). Team members had clear lines of accountabilities and were clear on their job role. The pharmacy had risk assessments in place to cover its activities. And it had a written business continuity plan.

The pharmacy asked each care home for feedback on the service it provided. Any comments were passed to the operations manager or pharmacist to deal with. The pharmacy had received positive comments from several of the care homes it provided services to. A complaints procedure was available on the pharmacy's website. Public liability and professional indemnity insurance were provided by the NPA.

Records of the RP were maintained in a book and the correct RP certificate was displayed. Controlled drug (CD) registers were in order. Balance checks were completed periodically. A random balance check was accurate. Patient returned CDs were recorded in a separate register and were stored in the CD cabinet, clearly segregated from other stock. The pharmacy had not dispensed any private prescriptions since opening. It had made a number of emergency supplies and these were clearly recorded in a private prescription register. Entries included the nature of the emergency. The pharmacy retained records of any unlicensed medicines. It stored certificates of conformity with all required details completed to create an audit trail. The pharmacy received drug alerts and recalls by email.

The pharmacy took steps to protect people's personal information. This included segregating

confidential information and disposing of it appropriately. No members of the public entered the pharmacy so confidential information was well protected. Team members used their own NHS smart cards.

All team members were trained to an appropriate level on safeguarding. The RP had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training and certificates were available. The pharmacy team were aware of signs to look out for that may require a safeguarding referral. The pharmacy had a folder containing contact details of local safeguarding and support agencies. And further information could be accessed on the internet. The pharmacy had an out of hours emergency contact telephone number which was given to the care homes.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy employs enough people to manage its workload. Team members receive time during work to complete training for their roles. They are confident to suggest and make changes to the way they work to improve their services. They communicate well and give each other feedback on their performance.

Inspector's evidence

The RP was an employed pharmacist, who worked full-time in the pharmacy. There were also two dispensers, one of whom was the operations manager. The second dispenser, who was not present during the inspection, was a trainee who had recently joined the pharmacy.

The team felt they could comfortably manage the workload with no undue stress and pressure. Pharmacy team members had clearly defined roles and accountabilities. They worked regular days and hours. Absences were usually covered by rearranging shifts or by part-time team members increasing their hours. The owner had several other pharmacies nearby and team members were able to move between branches to support as needed.

Team members were given protected time during working hours to learn. The trainee dispenser had not yet been registered on an accredited training course as they were still in their probationary period. The RP confirmed that they would be registered on a course when their probationary period was complete.

The pharmacy team had ad hoc meetings where they discussed any incidents or errors. The found this preferable to having a planned meeting as the team was small and it was easy to discuss issues on the job. The pharmacy team felt able to discuss concerns and give feedback to the owner, who they felt was receptive to ideas and suggestions. There was a culture of openness and honesty.

The pharmacy team knew who they could speak to if they had any concerns about the pharmacy. There was a whistleblowing policy in place.

The RP was not set formal targets and was able to use their professional judgement to make decisions. They described that all services undertaken were clinically appropriate.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment to deliver its services from. And it is clean, secure and appropriately maintained.

Inspector's evidence

The pharmacy was located on an industrial estate on the outskirts of Exeter, Devon. A video doorbell was fitted to allow team members to see who was at the door before opening it. A small waiting room at the entrance led to a large and airy dispensary. There were plenty of dispensing benches. And there was a separate bench used by the RP as an accuracy checking area. Stock was neatly stored on shelving around the outside of the room. The pharmacy had a small storage area to the side of the dispensary which was used to store dispensed medicines awaiting delivery.

Upstairs there were several small rooms including a kitchen, a staff room and a consultation room. The consultation room was relatively small and was currently used as an office. The pharmacy was closed to the public so it had not been used for any consultations. A further room was used to store patient returned medicines awaiting collection by the pharmaceutical waste contractor.

The pharmacy was regularly cleaned. There was no clutter and it was a professional environment. Lighting was appropriate and the temperature was satisfactory for the provision of healthcare and the storage of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy advertises its services appropriately. And it supplies medicines safely, ensuring appropriate advice is given. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and makes checks to ensure that they are still suitable for supply. The pharmacy delivers medicines to people safely and keeps appropriate records of this. The pharmacy accepts unwanted medicines and disposes of them appropriately.

Inspector's evidence

The pharmacy was closed to the public. It had a website which had a 'contact us' facility. And its telephone number and email address were clearly displayed. The website displayed information about currently public health campaigns. The pharmacy could make adjustments for people with disabilities, including producing large print labels. If the pharmacy was contacted by someone looking to purchase an over-the-counter medicine, they were referred to the nearest pharmacy that was open to the public. Up-to-date signposting resources and details of local support agencies were accessed online.

The pharmacy had a clear and organised workflow. Team members dispensed each person's prescription into separate baskets to prevent transfer between patients as well as to organise the workload. Team members initialled the dispensing labels to show who had completed each stage of the process.

The pharmacy used stickers to identify prescriptions that contained CDs, fridge items and high-risk medicines. The pharmacy took extra care to ensure that high-risk medicines were supplied safely. For instance, if the pharmacy received a prescription for lithium, a team member called the care home to check if the resident had recently had their blood levels checked. If they had not, the pharmacy contacted the GP surgery to request a blood test was carried out. The pharmacy kept records of significant interventions on the person's medication record.

The pharmacy had not dispensed any valproate products to females since opening. But the pharmacy team were aware of the need to ensure a pregnancy prevention plan was in place for people at risk of becoming pregnant who were prescribed valproate. Valproate was also only supplied in its original packaging to ensure that the warnings of the risks of pregnancy whilst taking it were clear.

The pharmacy generally dispensed medicines to the care homes in boxes rather than dispensing them into multi-compartment compliance aids. But the RP said that they had the ability to prepare compliance aids if required, for instance if someone was leaving a care home to return to the community. The pharmacy supplied medication administration record (MAR) sheets to care homes alongside dispensed medicines. The MAR sheet included a photograph of the resident which was used by care home team members to check that they were administering to the correct person.

The dispensary shelves used to store stock were organised and tidy. The stock was mostly arranged alphabetically. The pharmacy team date-checked the stock regularly and records were kept. The team maintained a written list of medicines due to expire in the near future and this was cross-referenced at the end of each month. No date-expired medicines or mixed batches were seen on the shelves. The

pharmacy managed prescriptions containing omissions appropriately and the prescription was kept with the balance until it was collected. The pharmacy obtained stock from reputable sources. The pharmacy was signed up to receive recalls and alerts by email. And records were kept of those received and the action taken.

The fridge in the dispensary was clean, tidy and well organised. Records of temperatures were maintained. The maximum and minimum temperatures were within the required range of 2 to 8 degrees Celsius. CDs were stored in accordance with legal requirements. The pharmacy had a supply of denaturing kits for the safe destruction of CDs. Patient returned CDs were recorded in a register and destroyed promptly.

The pharmacy kept a record of the deliveries it made. Care home team members signed the delivery sheet to confirm receipt. The delivery driver kept a cool bag in the van to ensure medicines requiring refrigeration were kept cold. Patient returned medication was dealt with appropriately. Patient details were removed from returned medicines to protect people's confidentiality.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It keeps these clean and tidy. The pharmacy uses its equipment in a way that protects people's private information.

Inspector's evidence

Measuring cylinders meeting the International Standard were available for liquids. One was reserved solely for the measuring of CDs. A range of clean tablet and capsule counters were present. One was clearly marked as being for the counting of cytotoxic medicines only. All equipment, including the dispensary fridges, was in good working order and PAT test stickers were visible. The sink was clean and in good working order.

Reference sources including the British National Formulary were available and the pharmacy could also access up-to-date information on the internet. Access to the pharmacy computers and PMR system was password protected. The pharmacy segregated confidential waste and regularly shredded it to protect people's private information.

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.