

Registered pharmacy inspection report

Pharmacy Name: Kimal Pharmacy, Kimal Ltd, Unit 10A, Clayfield Road, Worcester Six Business Park, Worcester, Worcestershire, WR4 0AD

Pharmacy reference: 9011127

Type of pharmacy: Closed

Date of inspection: 05/09/2019

Pharmacy context

This is a closed pharmacy on a new industrial estate on the outskirts of Worcester. People cannot visit the pharmacy in person. The pharmacy provides specialist medicines directly to people on haemodialysis who live at home. The pharmacy has no NHS dispensing contract. The medicines are supplied against prescriptions from NHS hospitals under a joint agreement with an American company and the hospitals. The medicines are delivered throughout the United Kingdom.

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	2.4	Good practice	The team members receive training specific to the business and some wider proactive learning is in place. They are actively encouraged to further their careers.
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's working practices are safe and effective. Their written procedures are specific to the business. The pharmacy team learn from mistakes to prevent them from happening again. The pharmacy generally keeps the up-to-date records that it must do by law. It is appropriately insured to protect people if things go wrong. The team keep people's private information safe and they know who to protect vulnerable people.

Inspector's evidence

The pharmacy provided specialist medicines for people on home haemodialysis. They had no NHS dispensing contract and all the medicines were supplied against prescriptions from hospitals according to a joint agreement with an American company, NxStage Medical and the hospitals.

The pharmacy team identified and managed risks. Any dispensing error or incident would be thoroughly investigated with a full root cause analysis done. The pharmacist seen said that the last error was a few years ago. All the staff were aware of the error and procedures had been put in place to reduce the likelihood of a similar recurrence. Near misses were recorded electronically. These were reviewed each month. There were few near misses, but some recent mistakes were the wrong quantity of tinzaparin, medicines labelled for a patient with the same surname and the wrong strength of anti-coagulant. The latter mistake was due to an incorrect strength on the picking list. It had been identified that since the orders were generated two weeks before they were required, the picking list could potentially contain the incorrect dose if there had been a change in that time. It was planned to do a risk assessment about this. However, the strength errors had been detected because there were robust procedures in place to check for any new prescriptions each day.

The pharmacy was spacious and organised. It currently only dispensed about 1,000 items each month but a dispenser always worked with the pharmacist. There was a robust electronic audit trail of the entire dispensing process. Two part-time pharmacists were employed and there was an electronic 'daily tasks' which they each accessed. Any issues or concerns were recorded on this. Issues were escalated to the customer care team which dealt with the hospitals.

Up-to-date, bespoke standard operating procedures (SOPs), specific to the business, were in place. These were held and signed electronically. The customer care team dealt with complaints. The pharmacy was keen to send the patients a letter asking them for feedback but they needed consent from the American company, NxStage Medical, which supplied the equipment to do this. The owner was currently in discussions about this.

The Responsible Pharmacist log and date checking records were in order. All the prescriptions were private and these were recorded electronically. Some that had been written by independent nurse prescribers had no prescriber details. The staff were aware of this issue. The pharmacy supplied no controlled drugs (CDs), no items requiring refrigeration and no special obtain items. The temperature in the pharmacy was continually, electronically monitored.

There was an information governance procedure and the staff had also recently completed training on the new data protection regulations. The computer was password protected. Confidential information

was stored securely. Confidential waste paper information was collected for appropriate disposal. The staff understood safeguarding issues. The pharmacists had completed the Centre for Pharmacy Postgraduate Education (CPPE) module on safeguarding. All the staff had completed 'Dementia Friends' training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The team members receive training specific to the business and some wider proactive learning is in place. Team members who are undertaking training are well supported. They are actively encouraged to further their careers. All the team feel well supported by the owner.

Inspector's evidence

The pharmacy had very recently re-located to a new building on an industrial estate on the outskirts of Worcester. It was closed to the public. They dispensed approximately 1,000 private prescription times each month solely for renal patients on home haemodialysis. The pharmacy was open from 9.30am to 1.00pm four days a week.

The current staffing profile was two part-time pharmacists and two part-time NVQ2 trained dispensers. The staffing rota was arranged such that both dispensers worked with both pharmacists. On Tuesdays both dispensers were working. The staff were flexible and generally covered any unplanned absences. Planned leave was booked well in advance. Help could be obtained from a sister pharmacy if necessary.

The staff seen clearly worked well together as a team. Staff performance was monitored, reviewed and discussed informally throughout the year. There was an annual performance appraisal where any learning needs could be identified. Review dates would be set to achieve this. A qualified dispenser had recently raised that she needed extra help with information technology skills. Because of this, the owner had increased her hours specifically to allow her dedicated study time. She spent at least two hours each week learning. It was planned that she will eventually be enrolled on the NVQ3 technician course.

The staff were encouraged with learning and development. There was a skills matrix. The owner also provided proactive learning, such as, a book club. Recent books read by the staff were Team Spirit and The Mind Management. They discussed these and wrote a learning summary. The staff also received training specific to the business, such as on dialysis. This included the customer care team. The staff had frequent one-to-one meetings with the owner and reported that he was very supportive. They felt able to raise any issues with him. No targets or incentives were set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy looks professional. It is tidy and organised and the design of the premises is suitable for its activities.

Inspector's evidence

The pharmacy was spacious, well laid out and presented a professional image. The dispensing benches were uncluttered. Large bulky items were placed on wooden pallets on the floor. Stock was placed on the shelves according to specific barcode destinations. The premises were clean and well maintained.

There was air conditioning with continuous electronic monitoring. The temperature in the pharmacy was below 25 degrees centigrade. There was good lighting throughout. No medicines were sold and no patients presented in the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy supplies a specialist home service to people on haemodialysis. The service is generally effectively managed to make sure that it is delivered safely. The pharmacy obtains its medicines from appropriate resources. The medicines are stored and disposed of safely. The team make sure that people only get medicines or devices that are safe.

Inspector's evidence

The pharmacy was closed to the public. They only supplied medicines to renal patients on home haemodialysis against private prescriptions received from hospitals under a service level agreement. Some ancillary items such as gloves were supplied from the warehouse (not registered).

The hospitals assessed the patient as to their suitability for home haemodialysis. The patients were trained on the procedures. Prescriptions were received electronically from the hospitals. Procedures were in place to check the electronic signature of the prescriber. The prescriptions were all clinically checked prior to assembly. If there were issues with the prescription, such as, saline being omitted, the prescription was rejected by the pharmacist. The customer care team then contacted the prescriber to get the prescription amended. There was a robust electronic audit trail of the entire process. The prescriptions were valid for between six months and two years. A continuation plan was created with a sheet detailing the dates that the medicines were required and the date of the expiry of the prescription. The pharmacy kept all this information in dedicated folders. The customer care department contacted the patients to ask them what they needed. A picking list for the items was created and this was checked against the prescription. No split boxes were supplied. The products and the picking list were scanned. Batch numbers and expiry dates were recorded. The required items were then assembled by the dispenser and checked by the pharmacist against the prescription. The total number of boxes for each patient was also recorded. The warehouse checked this when ancillary items such as gloves and wipes were provided by them.

The software used, Salesforce, was checked each day for new prescriptions. Only the most recently updated prescriptions were added to the picking list. Old prescriptions were cancelled automatically. However, as mentioned under principle 1, the picking lists were generated two weeks in advance of when the medicines were needed and sometimes a change in prescription was received after that date. But, since new prescriptions were checked for each day, any change should be detected. The pharmacy sent the customer care department a list of issues every Friday.

Since the pharmacy had no NHS contract, the staff could not access the patient's summary care records and so were unable to see other items prescribed for the patient. The owner was in discussion with NHS England about having a NHS contract.

Medicines were obtained directly from the manufacturer. Processes were in place to comply with the Falsified Medicines Directive but the scanner was not yet operational. No controlled drugs, special obtain items or items requiring refrigeration were supplied. The pharmacy received no patient-returned medicines. They had a waste bin for expired or unusable stock. There was a procedure for dealing with concerns about medicines and medical devices. Drug alerts were received electronically. The staff said that they were very rarely affected by any recalls or other issues. But, if they did have any affected

products these would be appropriately quarantined. A dedicated electronic folder was used to store any required information.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities for the services it provides. Contingency measures are in place if equipment fails.

Inspector's evidence

The pharmacy team accessed up-to-date information such as the British National Formulary (BNF) and the Children's BNF electronically. The barcode scanners were charged overnight. If they failed, items would be picked by hand.

The pharmacy computer was password protected. Confidential waste information was collected for appropriate disposal.

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.