General Pharmaceutical Council

# Registered pharmacy inspection report

**Pharmacy Name:** HMP Barlinnie, Lloydspharmacy, Lee Avenue, Riddrie, GLASGOW, Lanarkshire, G33 2QX

**Pharmacy reference:** 1080653

**Type of pharmacy:** Prison / IRC

**Date of inspection:** 13/02/2020

## Pharmacy context

The pharmacy is in the medical centre at HMP Barlinnie. It dispenses medicines for offenders in all seven prison halls. Nurses collect medication from the pharmacy. And they issue it to offenders for self-administration.

## Overall inspection outcome

✔ **Standards met**

**Required Action:** Improvement Action Plan

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 | 2.2 | Good practice | The pharmacy team members complete regular training relevant to their roles. And the pharmacy provides time during the working day to support them to do so. |
| **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 keeps the records it needs to by law. And it provides training for the team on how to keep information confidential. It has controls in place to keep people's private information safe and secure. The pharmacy team members work to professional standards. They record and discuss mistakes that happen whilst dispensing. And they use this information to learn and reduce the risk of further errors. They understand their role in protecting vulnerable people. And they complete regular training to ensure they are up-to-date with safeguarding requirements. The

### Inspector's evidence

The pharmacy used working instructions to define the pharmacy processes and procedures. The team members had signed to confirm they followed the procedures. And to show they understood their roles and responsibilities. The pharmacy team members signed the medication administration charts to show they had completed a dispensing task. And the pharmacists checked the prescriptions and gave feedback to dispensers who failed to identify their own errors so they could reflect and learn. The team members carried out weekly audit checks. And this provided assurance that the environment was safe and the team members were up-to-date with training activities.

A nearby Lloyds community pharmacy provided pharmacy services to the Scottish prisons. And the prison services pharmacist manager and an area account manager carried out on-site visits. They provided on-site support and provided assurance that the pharmacy was operating according to Lloyds pharmacy clinical governance arrangements. The team members discussed the findings from the weekly audits on a Friday when a second pharmacist was on duty. And they discussed any patterns and trends arising from the near-miss records that they kept. A sample near-miss review showed that distractions accounted for most of the errors. And the team members had agreed to re-start the dispensing process from the beginning when they were interrupted. The team members dispensed from hand-written medication administration charts. And they were aware of the associated risks, including 'look-alike and sound-alike' (LASA) medications, and they had recently discussed errors involving olanzapine/omeprazole. The team members had learned about a new Lloyds pharmacy initiative following the company's 'safer care' conference in November 2019. And they were in the process of identifying and highlighting LASA medicines to make them 'never events'. The team members had ordered a new LASA stamp for annotating the medication administration charts. And they had ordered LASA caution labels to attach to the pharmacy shelves. The team members worked closely with a sister branch that serviced other Scottish prisons. And they shared information about incidents and learnings so they were aware and could learn from each other.

The pharmacists managed the incident reporting process. And the pharmacy team members knew when incidents happened and what the cause had been. For example, they had identified a dispensing incident involving the wrong formulation of Madopar medication they had supplied in error. The pharmacist contacted the prescriber to inform them about the incident. And they completed and submitted an incident report to Lloyds pharmacy professional standards office. The pharmacist registered the report on the NHS Datix system. And they wrote to the medical centre manager so the incident was recorded on their system. The pharmacy team members had been trained to handle complaints. And this ensured they handled them in a consistent manner. The pharmacy team members

listened to feedback about the service it provided. And when the nursing staff highlighted the time taken to reconcile medication with the medication administration charts, the team members started placing the medication inside the poly-pocket that held each person's chart.

The pharmacy maintained the records it needed to by law. And the pharmacist in charge kept the responsible pharmacist record up to date. The pharmacy had public liability and professional indemnity insurance in place. And it was valid and up to date. The pharmacy did not handle schedule two controlled drugs. And at the time of the inspection only two boxes of Zydol tablets were seen in the controlled drug cabinet.

The pharmacy regularly trained the team members to comply with its data protection arrangements. And they knew how to safely process and protect personal information. The team members used designated bags to dispose of confidential waste. And once full they were sent to the sister pharmacy to be collected for off-site shredding. The team members archived spent records for the standard retention period.

The protecting vulnerable group (PVG) scheme was used to help protect vulnerable adults. The pharmacy had a safeguarding policy. And the team members knew to escalate concerns. For example, when requests for medication were excessive. And there was a risk of supplies being stockpiled for suicide attempts or to sell to other offenders.

## Principle 2 - Staffing ✔ Standards met

### Summary findings

The pharmacy monitors its staffing levels. And it ensures it has the right number of suitably skilled pharmacy team members throughout the week. The team members reflect on their performance. And they identify and discuss their learning needs at regular review meetings to keep up to date in their roles. The pharmacy encourages and supports the team to learn and develop. And the team members support each other in their day-to-day work. They can speak up at regular meetings. And make suggestions for improvement to keep services safe and effective.

### Inspector's evidence

The pharmacy dispensing workload fluctuated between 300 and 350 prescription items per day. And this was due to the changing number of offenders in custody at any one time. The pharmacy provided a Monday to Friday service. And the team members worked a minimum of 40 hours each week. The team members started at 7.30am each morning. And sometimes they worked beyond the normal finishing time of 3pm when they had an increased demand for services.

The pharmacy had appointed a new pharmacist since the last inspection. And they worked in the pharmacy full-time. A second pharmacist provided extra cover on a Friday. And this supported the team members to carry out routine tasks such the weekly audits and near-miss reviews. The pharmacist managed the team's annual leave requests. And they collaborated with the prison services manager and the area account manager to organise cover. Lloyds pharmacy had trained extra pharmacists to provide cover. And three experienced and knowledgeable pharmacists were available and could be called on to provide support. The company had also trained dispensers and pharmacy technicians working at the sister pharmacy. And they were deemed competent to provide cover. A pharmacy technician was providing cover at the time of the inspection. And this was due to the regular dispenser being off-duty.

The pharmacy supported the team members to develop and keep up-to-date in their roles. It provided mandatory e-learning that supported the team members to comply with the company's governance arrangements. For example, the team members had recently completed and passed the company's pharmacovigilance training. The company had arranged out-of-hours access to the company's e-learning portal. And it had authorised the team members to go to the sister pharmacy to complete training if they preferred. This was due to restricted internet access via the 'Scottish Prison Service' (SPS) network. The pharmacy team members completed mandatory SPS training, such as key handling and self-defence.

The pharmacist carried out a performance review to help the team members to improve and develop in their roles. For example, the regular dispenser had spent time in the sister pharmacy so that she kept up-to-date with retail pharmacy tasks. And the pharmacy technician maintained competency in accuracy checking whilst working in her base pharmacy. The company had supported one of the pharmacists to attend an NHS Greater Glasgow and Clyde event for independent prescribers. And they had the opportunity to discuss the different roles within their peer group. The pharmacists kept up to date with relevant topics. For example, they had recently updated their knowledge about

buprenorphine injection in opioid dependence.

The pharmacists met with the medical and nursing staff in the medical centre every quarter. And they discussed items such as operational issues and strategic plans. For example, the impact of fluctuating offender numbers and the building of a new prison on a nearby site. The pharmacy team members complied with prescription turnaround times. And they dispensed and supplied medication that was needed before 12 noon each day. The team members did not feel undue pressure to meet the KPIs. And they knew to contact the prisons services manager or the area account manager for extra support when the number of offenders in custody increased.

## Principle 3 - Premises ✔ Standards met

### Summary findings

The premises are clean and provide a safe, secure and professional environment.

### Inspector's evidence

The pharmacy was in the medical centre where medical and nursing staff provided treatment and carried out checks when offenders first arrived at the prison. The pharmacy was secured with a locked metal gate. And it allowed two-way communication with nurses and medical centre staff. The team members carried alarms on their person. And they had attended self-defence training and how to respond to prison alarms. The pharmacy had effective lighting. And the ambient temperature provided a comfortable environment from which to provide services. The pharmacy had organised its benches. And dispensing and checking activities were kept separate..
The pharmacy maintained and cleaned the premises on a regular basis.

## Principle 4 - Services ✔ Standards met

### Summary findings

The pharmacy displays service information on the door at the entrance to the pharmacy. And it provides out-of-hours contact details when the pharmacy is closed. The pharmacy has working instructions in place for its services. And these support the pharmacy team to work in a safe and effective way. The pharmacy sources, stores and manages its medicines appropriately. And it updates the pharmacy team about high-risk medicines. The pharmacy team members inform the medical and nursing staff about medicines use. And this supports them in their day to day roles.

### Inspector's evidence

A pharmacy team at a nearby Lloyds community pharmacy provided services when the prison pharmacy was closed. And this included weekdays until 6.00pm and Saturdays until 1.00pm. The pharmacy already provided a pharmacy service to the other Scottish prisons from the branch. And they were knowledgable and experienced about the governance and security arrangements in prisons. An on-call rota was in operation when both pharmacies closed. And contact details were displayed on the pharmacy door and at the nurse's station for staff to refer to.

The pharmacists carried out clinical checks on receipt of the medication administration charts that the medical staff used to prescribe medication. The team members dispensed the prescriptions. And the nursing staff collected the medication which they issued to offenders for self-administration. The team members photocopied the medication administration charts and retained them for future reference. For example, to carry out the necessary checks when nursing staff requested interim supplies due to offenders running out of their medication. And this ensured they made safe supplies.

The team members contacted prescribers to query prescription changes. And they highlighted excessive requests or when offenders had stopped ordering their medication. The pharmacists kept records of interventions. And they retained the medication administration charts to show the changes that the medical staff had authorised. The team members checked the 'patient medication records' (PMR) when asked by the nursing staff. And this supported them in their duties as they did not have access to medication records on the wings. The pharmacists carried out audits to support the prison's prescribing practices. For example, an audit of gabapentin and pregabalin supplies had provided the necessary information to carry out a review. And an NSAIDS audit had helped the pharmacist who worked in the medical centre to carry out medication reviews with offenders.

The pharmacy team members used dispensing baskets. And they always kept prescriptions and medicines contained throughout the dispensing process. The pharmacy did not accept medicines back from the prison wings. And the nursing staff disposed of the medicines waste according to SPS procedures.

The pharmacy purchased medicines and medical devices from recognised suppliers. The team members carried out regular stock management activities. And they highlighted short dated stock and split-packs during regular checks. The team members monitored and recorded the fridge temperatures. And they demonstrated that the temperature had remained between two and eight degrees Celsius. The pharmacy did not routinely handle controlled drugs with only 2 boxes of Zydol tablets being kept in the

controlled drugs cabinet at the time of the inspection.

The team members acted on drug alerts and recalls. And they recorded the date they checked for affected stock and the outcome. For example, in February 2020 they had acted on an alert concerning Atrolak XL 400mg due to some packs missing patient information leaflets. The company had trained the team members about the valproate pregnancy protection programme. And they knew about the risks associated with taking the medication. The company had trained the team members about the Falsified Medicines Directive (FMD) and what it aimed to achieve. And it had provided the resources to carry out the necessary checks. But it had not yet introduced the system. And the team members were waiting on further instructions from head office.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide safe services. And it keeps it up to date and well-maintained.

### Inspector's evidence

The pharmacy had access to reference sources, including the British National Formulary (BNF). It kept cleaning materials for hard surface and equipment cleaning. And the pharmacy sink was clean. The pharmacy stored prescriptions for collection out of view of the waiting area. And it arranged computer screens, so they could only be seen by the pharmacy team. The pharmacy team members could take calls in private when necessary.

## 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. |