

Registered pharmacy inspection report

Pharmacy Name: HMP Highpoint South, Care UK Services Limited,
Stradishall, NEWMARKET, Suffolk, CB8 9YN

Pharmacy reference: 1117745

Type of pharmacy: Prison / IRC

Date of inspection: 20/08/2019

Pharmacy context

The pharmacy is located in HMP Highpoint South and also supplies dispensed medicine to HMP Highpoint North. It assembles medication into multi-compartment compliance packs for some people who need help managing their medicines. The pharmacy is in a prison setting and closed 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	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 the risks associated with its services. It records and regularly reviews its mistakes and can show how the team learns and improves from these events. It keeps the records it needs to by law and its team members have clear roles and responsibilities. Team members know how to protect vulnerable people. And they keep people's personal information safe.

Inspector's evidence

The pharmacy kept near miss and error logs and these were reviewed monthly to identify any trends or patterns. Following dispensing incidents, the mistake was discussed with the individual concerned on a one-to-one basis, with any learnings shared with the dispensary team. The pharmacy had identified a potential risk with olanzapine and omeprazole and had separated these to prevent selection errors. Team members were encouraged to identify their own errors and were comfortable about feeding back to the pharmacist. They talked about the no-blame culture in the pharmacy where mistakes were discussed to reduce future risk.

The pharmacy team took part in a quarterly prison forum which included patient representatives. A team member said that they routinely received positive feedback. Compliant and feedback forms were located on each of the wings in the prison. The pharmacy had current professional indemnity insurance.

The pharmacy had the right responsible pharmacist (RP) notice on display and RP records were completed correctly. Roles and responsibilities were identified in the standard operating procedures (SOPs). When asked, members of the pharmacy team understood what they could and couldn't do when the pharmacist was not present.

The pharmacy had a comprehensive range of SOPs which covered, for example, dispensing processes, information governance, controlled drugs (CDs), RP activities, sale of medicines, high-risk medicines, dispensing incidents and services the pharmacy provided. There was evidence that members of staff had read and signed SOPs relevant to their roles.

The records examined were maintained in accordance with legal and professional requirements. The CD registers were appropriately maintained. CD balance checks were done regularly. There was also a book where patient returned CDs were recorded.

The pharmacy had a cordless phone to facilitate private conversations and the correct NHS smartcards were in use. The patient medication record (PMR) was password protected and sensitive waste was securely disposed of. Prescriptions were stored securely in the dispensary. The pharmacy team had undertaken training about the General Data Protection Regulation.

The pharmacy had safeguarding procedures and team members described the actions that would be taken in the event of a safeguarding concern. There were contact details available for the local safeguarding team. Team members had undertaken online training on the safeguarding of adults.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload safely. They are appropriately trained and have a good understanding about their roles and responsibilities. They make suggestions to improve safety and workflows where appropriate. They are provided with feedback and have regular appraisals to identify any opportunities for development or learning.

Inspector's evidence

The pharmacy had one full-time pharmacist and three full-time registered pharmacy technicians. It was also recruiting a part-time dispensing assistant. Additional hours were covered using an agency-based technician when required. The pharmacy team were up-to date with dispensing prescriptions and routine tasks.

The pharmacy team members undertook regular on-going learning to keep their knowledge and skills up-to-date. This included mandatory training as well as self-directed learning and there was an online learning platform to support this. Training included a range of subjects from clinical topics to areas essential for working in a secure environment. The pharmacists and technicians were aware of the requirements for professional revalidation.

Pharmacy team members described an open learning culture where they felt empowered to make suggestions for changes and improvements. They had regular team meetings to discuss any suggestions, concerns or new developments. Recent examples of changes included the re-tasking of an adjacent room to provide a store room and the installation of air-conditioning, where they identified that the pharmacy was getting too hot in the summer. Targets and incentives were not used in the pharmacy

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy team keeps the pharmacy secure, clean and tidy. The pharmacist has an area to check prescriptions and this is kept clear to help reduce the risk of mistakes. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy had vinyl floors throughout, laminated worktops and a dedicated sink for the preparation of medicines. These were clean. There were clear workflows in place and a designated checking area which was kept tidy to reduce the risk of mistakes. The pharmacy was tidy with good levels of lighting throughout and used air-conditioning to keep medicines at the right temperature.

The pharmacy did not have a consultation room but there was a hatch in the main healthcare administration room which allowed people to speak to pharmacy staff in private. The pharmacy premises were kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and effectively. It gets its medicines from reputable suppliers and stores them properly. It makes sure that multi-compartment compliance packs for people who need help managing their medicines are dispensed safely. Its team members identify and give advice to people taking high-risk medicines to make sure that they are taken safely. And team members take the right action if any medicines or devices need to be returned to the suppliers. This means that people get medicines and devices that are safe to use.

Inspector's evidence

The pharmacy used a language-line service, where necessary to help people for whom English was not their first language. It assembled medication into multi-compartment compliance packs for people who needed additional support to manage their own medication.

The pharmacy obtained dispensing stock from a range of licenced wholesalers and it was stored in a neat and tidy manner in the dispensary. Stock was date checked quarterly and there were records to support this. The pharmacy had scanners for the Falsified Medicines Directive scheme.

The pharmacy counselled people on higher-risk medicines such as lithium, warfarin and methotrexate and the pharmacists routinely enquired about whether they were having blood test related to these medicines. They also provided additional advice to people about how to take these medicines safely. Results from people's blood tests were routinely recorded on the patient's medication record (PMR).

The pharmacy kept medicines requiring cold storage in two pharmaceutical fridges. The maximum and minimum temperatures were continually monitored and recorded daily. The records confirmed that stock was consistently stored between 2 and 8 degrees Celsius. The pharmacy stored its CDs securely.

The pharmacy team dispensed medication into multi-compartment compliance packs for some people who had difficulty managing their medicines. These were disposable, tamper-evident, and had descriptions of the medication included in the pack labelling. The descriptions helped the person or their carer to identify the medicines. The pharmacy routinely supplied patient information leaflets with packs to people. Team members described the process they followed to ensure that any mid-cycle changes to the packs were re-checked to make sure that these were supplied safely. The pharmacy had record sheets to record any changes to medication in the packs and to help with effective team communication. The person's doctor requested when people should receive their medication in compliance packs. The pharmacy conducted a needs assessment before starting people on the packs. People who failed to collect their medication were followed up and referred back to the doctor.

Medicines which people had returned were clearly separated into designated bins and disposed of appropriately. Pharmacy staff had received training in needlestick injury avoidance. Drug alerts were received electronically and recorded in the pharmacy. There was evidence that the pharmacy team members had appropriately actioned recent alerts.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for its services and it largely maintains it well. It uses its equipment to help protect people's personal information.

Inspector's evidence

The pharmacy had up-to-date reference sources, and testing equipment from reputable suppliers. It used stamped glass measures (with designated labelled measures for liquid methadone), and labelled equipment for dispensing cytotoxic medication such as methotrexate. This helped to avoid any cross-contamination. All electrical equipment appeared to be in good working order and had been safety tested. Fire extinguishers were serviced under an annual contract.

There was a locked cabinet to store sensitive records and the patient medication record was password protected. Confidential waste was disposed of using a shredder.

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.