

Registered pharmacy inspection report

Pharmacy Name: HMP Highpoint South, Stradishall, NEWMARKET, Suffolk, CB8 9YG

Pharmacy reference: 1117745

Type of pharmacy: Prison / IRC

Date of inspection: 25/10/2023

Pharmacy context

The pharmacy is in a prison setting and it is closed to the public. It is situated inside HMP Highpoint South and it is a Category C male prison. The pharmacy supplies medicines to people to take as in-possession or as supervised doses. And it also supplies medicines to HMP Highpoint North. The pharmacy has a Home Office controlled drugs license and Wholesale Distribution Authorisation (WDA).

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

Overall, the pharmacy delivers its services in a safe and effective manner. It keeps the records required by law to show that medicines are supplied safely and legally. And it has written instructions to help make sure its services are delivered safely and effectively. Its team members have clear roles and responsibilities. They record and review their mistakes so that they can learn and improve from these events. And they keep people's confidential information securely and they understand how to respond to concerns about vulnerable people.

Inspector's evidence

The pharmacy had the right responsible pharmacist (RP) notice on display and the RP records were kept in line with requirements. Team members had clear roles and responsibilities identified in the standard operating procedures (SOP). And they understood the tasks they could not undertake in the absence of a pharmacist. The pharmacy had a comprehensive range of SOPs and team members had read and signed the SOPs relevant to their roles and responsibilities.

Team members recorded and reviewed dispensing incidents routinely and a root cause analysis was undertaken for each incident to identify how the incident had happened. And actions were taken to prevent similar events in the future. Team members had separated medicines with similar names or similar packaging such as quetiapine and alfuzosin to minimise the chances of picking errors. The RP said that dispensing incidents were also discussed with the medicine management team during quarterly meetings.

The pharmacy had current professional liability and public indemnity insurance. Records about controlled drugs (CDs) were kept in line with requirements. CD running balances were kept and audited at regular intervals. A separate register was used to record patient-returned CDs.

Team members used their own NHS smartcards to access electronic prescriptions and the patient medication record (PMR) was password protected. Prescriptions were stored securely in the dispensary and confidential waste was securely disposed of. Team members had completed annual mandatory training about the General Data Protection Regulation.

The pharmacy had robust safeguarding procedures and all team members had completed training about safeguarding relevant to their roles and responsibilities. The RP had completed level 3 training about safeguarding. Team members described the actions that would be taken in the event of a safeguarding concern. Team members who administered medicines to people on the wings routinely alerted the RP if there were any concerns identified about missed doses and poor compliance. These were followed up appropriately and discussed during the multi-disciplinary team meetings.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its current workload safely. Team members have the appropriate skills and qualifications for their roles and responsibilities. They work well together, and they are supported with on-going training to keep their skills and knowledge current.

Inspector's evidence

The pharmacy team consisted of one full-time RP, two pharmacy technicians and one accuracy checking technician. The pharmacy currently had a vacancy for a dispenser. Additional hours were covered using bank staff when required. Team members were managing the workload well and were up to date with dispensing prescriptions and routine tasks.

Newly recruited team members undertook an induction training programme which was thorough and well-organised. Team members were well-supported with ongoing training. This included mandatory training such as information governance as well as self-directed learning. There was an on-line learning platform to support this. Both the RP and the technicians completed their annual mandatory continuous professional development (CPD) to help keep their skills and knowledge current.

A whistleblowing policy was available and team members described an open learning culture where they felt empowered to raise concerns or make suggestions to help improve pharmacy's services. There were no targets or incentives set for team members.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are appropriate for the services it provides. They are kept clean and tidy. And they are kept secure from unauthorised access.

Inspector's evidence

The pharmacy was fitted to a good standard and it was kept clean. It was spacious enough to undertake workload efficiently and store medicines safely. The workflow in the pharmacy was organised and it had designated dispensing and checking areas which were kept tidy. Access to the pharmacy was restricted to authorised personnel only. The pharmacy premises were kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy supplies medicines to people safely and effectively. It gets its medicines from reputable sources and stores them properly. Team members take the right action in response to safety alerts and recalls so that people get medicines that are fit for purpose.

Inspector's evidence

The technicians transported dispensed medicines from the pharmacy to a secure location on the wings where they were administered through a hatch twice a day. Approximately 87% of people received their medicines in-possession (IP), following a risk assessment. These were reviewed annually, or if there were any concerns identified about mismanagement of medicines. People could speak to team members in private during medicine administration and any issues identified were followed up appropriately. Officers were available to supervise medicine administration and, where possible, mitigate risks of diversion or bullying. People receiving IP medicines had secure in-cell storage. Spot checks of IP medicines were undertaken at regular intervals. A range of emergency medicines was available to allow people access to medicines out-of-hours. And stock reconciliation procedures were good.

People on higher-risk medicines such as rivaroxaban and apixaban were kept under observation to ensure regular blood tests were undertaken to monitor their renal and liver function. Blood test results were routinely recorded on the person's medication record. The RP was part of the multi-disciplinary team to ensure that prescribing of drugs with the potential for abuse in the prison was minimal and well controlled. Arrangements to supply medication or a prescription for people being discharged or transferred were well organised and ensured effective continuity of care.

The substance misuse service was delivered by a separate legal entity. A WDA was used to transfer stock between the pharmacy and the service provider.

The pharmacy got its medicines from licensed suppliers. Medicines were stored tidily on the shelves in the dispensary. Waste medicines were stored in designated bins. Short-dated medicines were highlighted and, when checked, there were no date-expired medicines found amongst in-date stock. Temperature-sensitive medicines were stored in the pharmacy's fridges. Maximum and minimum fridge temperatures were monitored and recorded. And records seen showed that these had remained within the required range of 2 and 8 degrees Celsius.

All CDs were stored securely and in line with requirements. Access to the CD cabinet was appropriately managed. The pharmacy had a process to deal with safety alerts and medicines recalls. Records about these and the action taken by the team members were kept, providing an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to deliver its services safely. And it maintains its facilities and equipment well.

Inspector's evidence

The pharmacy had a range of reference sources available including the most current sources on-line. All electrical equipment appeared to be in good working order. The pharmacy had calibrated glass measures available for measuring liquid medicines and the equipment for counting loose tablets and capsules was clean. The sink in the dispensary was clean and it had a supply of hot and cold water.

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.