

Registered pharmacy inspection report

Pharmacy Name: HMP Belmarsh, 1 Belmarsh Road, Thamesmead,
LONDON, SE28 0EB

Pharmacy reference: 1119009

Type of pharmacy: Prison / IRC

Date of inspection: 04/08/2021

Pharmacy context

The pharmacy is located within HMP Belmarsh and provides dispensed medicines to people in the prison. Medicines are dispensed as named patient medication and supplied to the wings as either in-possession or seen-to-take medication. Stock controlled drugs (CDs) are supplied to the wings and dispensed by a separate organisation. The pharmacy holds an MHRA and a Home Office licence. The inspection took place during the Covid-19 pandemic. The pharmacists operate a minor ailments clinic to enable patients to receive medication without having to see a doctor as well as a medicines review clinic, and both pharmacists are independent prescribers.

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 to help provide them safely. 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. It asks the people who use the pharmacy for feedback. Team members know how to protect vulnerable people. And, they keep people's personal information safe.

Inspector's evidence

The pharmacy kept records about dispensing mistakes that were identified before they were handed out to a person (near misses) and those where dispensing mistakes had reached a person (dispensing errors). These records were reviewed at the time and regularly by the pharmacist to identify any trends or patterns. Any patterns were discussed with all team members. 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. When near misses were spotted at the final accuracy check, the team member responsible for the mistake was sometimes given the opportunity to discern what was wrong and make the necessary changes themselves. Team members were comfortable about feeding back to the pharmacist. They talked about a culture in the pharmacy where mistakes were discussed to reduce future risk.

Patients were able to submit complaints or provide feedback through the prison complaint system, and the pharmacy was then sent details. The prison council met monthly and was led by the prisoners with pharmacy representation. Staff were familiar with the complaints procedure and understood that the healthcare department also sent out an annual survey to patients to request feedback.

Roles and responsibilities were identified in the standard operating procedures (SOPs). When asked, members of the pharmacy team clearly 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), responsible pharmacist (RP) activities, sale of medicines, high-risk medicines, dispensing incidents and services the pharmacy provided. Records examined were maintained in accordance with legal and professional requirements. The CD registers were appropriately maintained. CD balance checks were done regularly. The pharmacy had current professional indemnity insurance. Team members had read and signed the documents which were relevant to their roles.

The patient medication record (PMR) was password protected and the correct NHS smartcards were in use. 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 (GDPR) and had signed confidentiality agreements. The pharmacy had safeguarding procedures and team members described the actions that would be taken in the event of a safeguarding concern. The Trust had provided specific training about conditioning and manipulative behaviour as part of their safeguarding training.

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 and one part-time pharmacist as well as two full-time registered pharmacy technicians. The pharmacists were independent prescribers. The pharmacy also had one full-time and one part-time assistant. The pharmacy team was up to date with dispensing and other routine tasks.

Team members undertook regular ongoing learning to keep their knowledge and skills up to date. Two of the pharmacists had completed clinical diplomas and one had trained as an advanced medical practitioner. Other team members had undertaken technician training and medicines optimisation courses. There was an internal career progression pathway and opportunities to learn and develop. Some team members were involved in administering medication on the wings and had undertaken training and accreditation to facilitate this. The pharmacy team all undertook regular training on the GDPR.

Team members described how they felt empowered to make suggestions and improvements in the pharmacy. These were often escalated to the operational committee for approval where appropriate. They held local team meetings and kept records for these. They had introduced different coloured trays for each of the house blocks and suggested additional products to be kept in the pharmacy shop to reduce pressure on the GPs. They described an open culture of learning and development. They had annual appraisals. Incentives and targets were not routinely used in the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy team keeps the pharmacy secure, clean and tidy. The pharmacy keeps its workspaces clear to help reduce the risk of dispensing mistakes.

Inspector's evidence

The premises were clean and tidy, with enough clear workspace and good lighting. If a person wanted to speak with the pharmacist in a private area, they were able to use one of the treatment rooms on the wing. The rooms allowed conversations to take place inside which would not be overheard. The ambient temperature in the pharmacy was suitable for the storage of medicines and maintained with air conditioning. Hand washing facilities were present in the dispensary, and cleaning products were available. There was a daily cleaning schedule with regular audits. Infection control materials including masks were readily available. Additional Personal Protective Equipment (PPE) was available for team members in patient-facing roles. There was sufficient space in the pharmacy to facilitate social distancing. And the pharmacy was kept secure.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy gets its medicines from reputable suppliers and it stores them properly. It takes 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. The team members follow safe practice when assembling daily packs which help people to take their medication. The pharmacy identifies and gives advice to people taking high-risk medicines to make sure that they are taken safely.

Inspector's evidence

The pharmacy technicians administered medicines on two of the house blocks and were accessible to people during administration times. People could request to see a pharmacist by making a request with nursing staff or the technicians. Pharmacy staff attended the prison council meetings to facilitate feedback from pharmacy users. The pharmacy has access to simplified information leaflets and a translation service. Colour-coded trays were used to isolate individual patient's medicines during the dispensing process, and there was a clear workflow through the pharmacy.

A dispensing robot was used to package medicines down into daily pouches containing medicines. The pouches were individually labelled with descriptions of the medication inside and were used for people who received three or more not-in-possession medicines each day. Patient information leaflets were usually provided with in possession medicines, and further copies could be requested by patients.

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 regularly and there were records to support this. The computer generated a list of items to be checked each day. Medicines were transported and stored securely. 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. Medicines for destruction had recently been collected and the staff showed how they segregated them from main stock and placed them in designated bins for collection. Drug alerts were received electronically and recorded in the pharmacy. There was evidence that the pharmacy team members had appropriately actioned recent alerts.

The pharmacy team reviewed people on high-risk medicines such as lithium, valproate and antipsychotics and the pharmacists routinely enquired about blood test results related to these medicines. They also provided additional advice about how to take these medicines safely. Results were recorded on the PMR where appropriate. The pharmacy team issued acute steroid warning cards where appropriate for people of short-term steroid treatment. The pharmacy had access to the SystmOne computer system, which was used for prescribing and administrations. Pharmacy staff could send a task to a prescriber or nurse to raise queries or make requests. The system was also used to record any clinically significant requests (such as if there was communication with the prescriber, and notes from medical consultations).

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment for its services and makes sure that it is looked after properly. It uses its equipment to keep people's private information safe.

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 certain liquids), and labelled equipment for dispensing cytotoxic medication. This helped to avoid any cross-contamination. The dispensing robot was maintained under a service contract. All electrical equipment appeared to be in good working order and had been safety tested. There was a new blood pressure meter in use. Sensitive records were stored securely, and the PMR was password protected. Confidential waste was disposed of securely.

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.