

Registered pharmacy inspection report

Pharmacy Name: HMP Isle Of Wight, 55 Parkhurst Road, NEWPORT,
Isle of Wight, PO30 5RS

Pharmacy reference: 1119786

Type of pharmacy: Prison / IRC

Date of inspection: 30/04/2019

Pharmacy context

The pharmacy is in the healthcare unit on the Albany site of HMP Isle of Wight. It has a wholesale dealing authorisation and Home Office licence to facilitate the supply of medicines to other health providers within the prison. The pharmacy dispenses medication for both the Albany and Parkhurst sites. The pharmacy technicians provide a medicines reconciliation service and the pharmacists provide a more in-depth medicines optimisation service. The pharmacy provides around 100 people with their medication in multi-compartment compliance packs. It uses a dispensing robot, which provides people with individually labelled 'Unidose' pouches of medication for each administration time. One of the pharmacists is an independent prescriber.

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 generally has safe and effective working practices. The pharmacy manages risk well by doing regular reviews and it keeps people's private information safe. It asks people for their views and uses their feedback to improve its services. It keeps the records required by law to ensure that medicines are supplied safely and legally.

Inspector's evidence

The pharmacy kept near miss and error logs and these were reviewed sporadically. The pharmacy team had not identified any recent 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. Dispensing incidents were reported using the Datix reporting system. The pharmacy team had separated several similarly packaged medicines to reduce the risk of a picking error.

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 had current professional indemnity insurance arrangements in place.

People had access to complaint and concerns forms and these were reviewed whenever they were received. The pharmacy team were in the process on introducing a robotic collection point and had conducted an audit with people prior to its introduction. They were going to repeat this once the robot was in regular use. People were encouraged to complete an annual satisfaction survey. The pharmacist attended a regular meeting alongside patient representatives. Team members were encouraged to give feedback and make suggestions.

The pharmacy had the right Responsible Pharmacist (RP) notice on display and RP records were correctly completed. 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 in place which covered dispensing processes, information governance, controlled drugs (CDs), RP activities, dispensing incidents etc. There was evidence that members of staff had read and signed SOPs relevant to their roles. T

The records examined were maintained in accordance with legal and professional requirements. These included: the records for the supplies of unlicensed medicines and the RP record. The electronic CD registers were appropriately maintained. CD balance checks were done each week. The pharmacy didn't dispense private prescriptions or make emergency supplies.

The pharmacy had the correct NHS smartcards 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 all undertaken training on the General Data Protection Regulation.

The pharmacy had safeguarding procedures in place and team members described the actions that would be taken in the event of a safeguarding concern. There was a designated safeguarding lead and the team had undertaken a module on grooming and conditioning, which was designed to safeguard the pharmacy team.

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 get regular appraisals to identify any opportunities for development or learning.

Inspector's evidence

There were three part-time pharmacists, three full-time and one part-time Accuracy Checking Technicians and two full-time dispensers. There was a vacancy for a further dispensing post. Workflows were well managed.

Team members had undertaken accredited training and undertook regular ongoing learning to keep their knowledge and skills up to date. Recent training included infection control, information governance, conflict management, consent and safeguarding.

The pharmacy team had a monthly team meeting to share ideas and learning. There were annual appraisals with six monthly reviews for all team members which looked at areas where they were performing well and areas for improvement or opportunities to develop. There were also Management Supervision Reviews for team members with a leadership role.

The pharmacy team members were routinely encouraged to spot their own mistakes and were equally comfortable approaching the pharmacist in the same way. They described an open culture where the focus was learning rather than blame.

The pharmacy team were in the process of overhauling the prescription request system and process to improve efficiency. They had changed some of the labelling of bags of dispensed medication in response to a potential risk which was identified by a team member. They had introduced a medicines reconciliation service and the pharmacy team reported that they were empowered to identify solutions to improve safety and efficiency.

The pharmacy had locally set targets for medicines reconciliation and discharge from hospital. These were used to drive patient care.

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.

Inspector's evidence

The pharmacy had clinical vinyl floors with rolled edges throughout, laminated worktops and a dedicated sink for the preparation of medicines. These were clean. There were designated workstations with clear workflows in place and a designated checking area. There was a separate room which was used for the Pharmapod Dispensing Robot.

There were good levels of lighting throughout. The pharmacy used thermometers and air-conditioning units to ensure that medicines were kept at the right temperature.

The pharmacy did not have a designated consultation room but had access to a number of clinical treatment rooms which were used for private conversations with people. The pharmacy premises were kept secure.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy gets its medicines from reputable suppliers and 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 to assemble devices which help people to take their medication. The pharmacy team members identify people taking high risk medicines to make sure that they are taken safely.

Inspector's evidence

The pharmacy supplied medicines to the administration rooms, where they were supplied or administered by nursing staff.

The pharmacy team had trained as Dementia Friends and had access to a language line. Large print labels were generated on request and there was a hearing induction loop in one of the administration rooms.

The pharmacy obtained 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 was working toward compliance with the Falsified Medicines Directive. They had scanning hardware in place and the Pharmapod robot printed a 2-dimension barcode on the medication it produced. The superintendent was in the process of developing and implementing appropriate operating procedures. The system was not yet up and running.

The pharmacy monitored patients on high risk medicines such as lithium, clozapine, warfarin and methotrexate and the pharmacists routinely enquired about blood test results related to these medicines before dispensing.

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. It stored the CDs securely.

The pharmacy had a process for controlled drug prescriptions to help ensure that medicines were not issued after the prescription had expired.

The pharmacy team used a robot to dispense medication into multi-compartment compliance packs. These were disposable, tamper evident pouches which had descriptions of the medication. The packs were routinely supplied with patient information leaflets. There were contingency procedures in place to manually assemble packs if the robot failed.

Team members described the process they followed to ensure that any mid-cycle changes to the packs were rechecked to make sure that these were supplied safely. The pharmacy team members only routinely dispensed one week of medication at a time. They were aware of any medication reviews booked and checked these before dispensing.

The pharmacy had record sheets to record any changes to medication in the packs and allow effective team communication. Patient returns were clearly segregated into designated bins and disposed of

appropriately.

Drug alerts were received electronically and printed out in the pharmacy. The sheets were endorsed with any actions taken and maintained in a file in the pharmacy.

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 this equipment to keep people's private information safe.

Inspector's evidence

The pharmacy had up-to-date reference sources. It used stamped glass measures (with designated labelled measures for methadone).

There was a dispensing robot and collection point robot which were maintained under a service contract. There was a pump for methadone which was cleaned and had a new tube fitted each time it was used. Calibration checks were carried out for each person receiving methadone.

Fire extinguishers were serviced under an annual contract.

All electrical equipment appeared to be in good working order and had been safety tested. Sensitive records were stored securely, and the patient medication record was password protected.

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.