

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: 05/10/2022

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 license to facilitate the supply of medicines to other healthcare providers within the prison. The pharmacy supplies medicines for people housed in Albany and Parkhurst sites. And it provides medicines in compliance packs to approximately 100 people who need assistance in managing their in-possession medicines.

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 adequately. It keeps people's private information safe and secure, and its team members understand their role in protecting vulnerable people. The pharmacy has some processes for learning from mistakes. But it doesn't always record and review its mistakes, so it could be missing opportunities to learn and improve its services. The pharmacy could do more to make sure its overall management of some medicines is improved to provide assurances that medicines supplied to people are safe and fit for purpose.

Inspector's evidence

The pharmacy had a range of current standard operating procedures (SOPs) and members of the pharmacy team had signed the SOPs relevant to their roles and responsibilities. A correct Responsible Pharmacist (RP) notice was displayed, and the RP records were completed in line with requirements. Members of the pharmacy team had clear lines of accountabilities and had a good understanding of their roles both in the pharmacy and on the prison wings. And they understood the tasks they could or could not undertake in the absence of an RP.

The pharmacy kept some records of dispensing mistakes that were identified before the medicine was transported to the wings (near misses) and dispensing errors, where an incorrect medicine was handed out to patients. Near miss records were reviewed sporadically but records of reviews were not made. Team members were encouraged to identify and correct their own dispensing errors. Members of the pharmacy team reported dispensing errors and other incidents on 'Datix' reporting system. There was opportunity to ensure these incidents were reviewed more fully and any learnings identified shared with other team members.

The pharmacy kept electronic controlled drug (CD) registers. But the pharmacy didn't always keep date-expired CDs apart from in-date stock or make sure date-expired or patient-returned CDs were destroyed promptly. The practice of returning named-patient supplies to stock and reusing for other patients to reduce waste had stopped following a recent NHSE review. The pharmacy was still working to bring its CD registers up to date in light of this change of practice. The pharmacy did not dispense private prescriptions or make emergency supplies and so did not need to keep records about these.

The pharmacy had current professional indemnity insurance, and this was arranged centrally. Confidential waste was appropriately managed and patient medical information was stored on SystemOne which could only be accessed by smart card. The pharmacy had information governance protocols and members of the pharmacy team had received confidentiality and data protection training. There was a range of appropriate healthcare information on the wings and people had access to complaint forms to be able to raise any concerns they had about the quality of services provided. And these were recorded and escalated as appropriate. The pharmacy had safeguarding procedures and all team members had undertaken an appropriate level of training relevant to their roles and responsibilities.

Principle 2 - Staffing ✓ Standards met

Summary findings

Members of the pharmacy team work well together and have a good understanding of their roles and responsibilities. The pharmacy has just about enough support staff to manage its current dispensing workload. But the current level of pharmacist cover on-site means that the pharmacy has to limit some of its services, including pharmacy-led clinics.

Inspector's evidence

The pharmacy currently had one full-time pharmacist in post. The pharmacy also had five pharmacy technicians, one locum technician and three qualified dispensers. The company was experiencing difficulties in recruiting appropriately trained staff members. The pharmacy had adequate staff members to manage the current dispensing workload. But there were no pharmacy-led clinics such as medicines reviews being undertaken currently as the pharmacist's time was solely devoted to clinical checks on prescriptions. Absences were at times covered by locum staff or by team members increasing their hours. One of the pharmacy technicians was the pharmacy operation manager. He displayed a high level of experience of working in the prison setting and had a good level of understanding of his role.

Members of the pharmacy team gave each other regular feedback and there was a culture of openness and honesty. They had regular discussions about their performance. The team felt confident to discuss concerns and give feedback to the pharmacist and operations manager. Team members were aware of the internal escalation process for concerns and a whistle blowing policy was available in the pharmacy. Drug and therapeutic meetings were held at a local and regional level which the pharmacy team contributed to.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy was sufficiently spacious and it was kept clean. The workflow in the pharmacy was organised, with designated workstations and checking areas. A separate room which housed a dispensing robot was used for the assembly of compliance packs (pouches). There were sufficient levels of lighting throughout and the temperature was suitable for storing medicines. The sink in the dispensary was clean and it had supplies of hot and cold water. The pharmacy premises were kept secure and only accessible to pharmacy and healthcare staff.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services adequately. And it gets its medicines from reputable sources and stores them safely. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use.

Inspector's evidence

The pharmacy supplied medicines to the administration rooms, where they were subsequently supplied or administered to people by nursing staff. There was no direct patient access to the pharmacy, but people could speak with healthcare staff on the wings during the administration of medicines. People taking high-risk medicines were monitored appropriately and their clinical record was checked to ensure that the correct blood monitoring had been undertaken. The pharmacy used trays to keep prescription items together which minimised the risk of dispensing errors. Medicines were provided either in the manufacturer's original packs, packed down into four seven-day supplies, or supplied in plastic sealed pouches for daily supply to people. Depending on the in-possession risk assessment score, the person would either be given pouches to take away, or they would be observed taking the contents. A dispensing robot was used for the assembly of compliance pouches. These were disposable, tamper-evident and included the descriptions of medicines included in the pouches. The roll of pouches would be put into a white box which included a dispensing label and relevant patient information leaflets.

Medicines were generally stored adequately but there was limited storage space in the administration rooms on both sites. The pharmacy's CDs were stored securely in four cabinets. And CD keys were held in a key-safe and stored securely overnight. Temperature-sensitive medicines were stored in pharmaceutical fridges. The maximum and minimum temperatures were monitored and recorded daily. The records showed that fridge lines were stored within the required range of 2 and 8 degrees Celsius. Stock medicines were obtained from a range of licensed wholesalers, and these were stored in an organised fashion. Date checking was undertaken regularly, and records were kept. Short-dated stock was marked for removal at an appropriate time. The pharmacy had designated waste bins to store date-expired stock and medicines returned to the pharmacy. Drug alerts were received electronically and printed out in the pharmacy. The record sheets were endorsed with any actions taken and kept in the pharmacy.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services it offers. It maintains its equipment and facilities adequately.

Inspector's evidence

The pharmacy had access to up-to-date reference sources. A range of crown-stamped measures were available to measure liquid medicines and equipment for counting loose tablets and capsules was clean. All electrical equipment appeared to be in good working order and was regularly tested. The pharmacy computers were password protected and each team member had their own authorised log-in. A dispensing robot was in good working order and maintained under a service contract.

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.