

Registered pharmacy inspection report

Pharmacy Name: HMP Bristol, 19 Cambridge Road, Horfield,
BRISTOL, BS7 8PS

Pharmacy reference: 1120545

Type of pharmacy: Prison / IRC

Date of inspection: 05/06/2019

Pharmacy context

The pharmacy is located in the grounds of HMP Bristol. It supplies medicines to prisoners in HMP Bristol, HMP Leyhill, HMP Ashfield, HMP Eastwood Park and HMP Erlestoke. The pharmacy is not open to the public.

Overall inspection outcome

✓ **Standards met**

Required Action: Improvement Action Plan

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	Good practice	1.2	Good practice	The pharmacy continuously reviews and monitors services in order to help improve their safety and quality.
		1.8	Good practice	The pharmacy team understands safeguarding issues and procedures. It proactively identifies concerns and reports these to the relevant people.
2. Staff	Good practice	2.2	Good practice	The pharmacy team members have the appropriate skills, qualifications and competence for their role and are supported to address their ongoing learning and development needs.
		2.4	Good practice	Team work is effective and openness, honesty and learning is embedded throughout the team.
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 ✓ Good practice

Summary findings

The pharmacy effectively identifies and manages risks, so people receive their medicines safely. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. They complete regular checks and make improvements to services. And they make changes to prevent mistakes from happening again. Pharmacy team members complete training so they know how to protect vulnerable people. They keep people's private information safe and complete all the records that they need to by law.

Inspector's evidence

There were comprehensive policies and standard operating procedures (SOPs) for the services provided, which were up to date and there were signature sheets showing that all members of the pharmacy team had read and accepted them. These had been tailored to the secure environment of the prison and there was an in-possession policy and SOPs which covered the administration of medicine and methods to be used to avoid the concealment of medicines. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their role. Team members were wearing uniforms and photo identification badges indicating their role. The name of the responsible pharmacist (RP) was displayed as per the RP regulations.

Dispensing incidents were reported on the incident reporting system 'Ulysses' and learning points were included to prevent re-occurrences, for example following a quantity error of Espranor, ensuring that the additional chart used for recording the supply of Espranor was moved so that it did not cover any of the key information on the prescription. Near misses were reported, reviewed monthly and discussed with the pharmacy team. Actions were taken to minimise the risk of errors, for example improving lighting, keeping benches clutter free and keeping dispensary shelves tidy.

Audits were carried out regularly in line with a monthly schedule. This included clinical audits on polypharmacy, pain management, gabapentinoids and antibiotic use. Monthly CD assurance audits were carried out in all the prisons supplied by the pharmacy and they had all had been fully compliant at the last round of audits in May 2019. Wing medicine room standards were audited quarterly and at the last inspection in HMP Bristol in April 2019, room cleanliness was identified as 'below the expected standard'. As a result of this weekly cleaning schedules were introduced, and band 6 managers started to carry out weekly walk arounds to ensure standards were maintained. Stock and date check matrices were checked as part of the weekly walk arounds to ensure compliance. There were monthly clinical governance meetings and pharmacy, nurse and prescribers attended drug and therapeutic committee meetings, which were chaired by the pharmacy superintendent. Minutes from these meetings were available and medicine management, audits, prescribing and the use of tradable medicines were discussed regularly. The introduction of Espranor, which was supplied to prisoners prescribed buprenorphine as it dissolved on the tongue, reducing the time spent in administration and the risk of diversion, was discussed at a drug and therapeutic committee meeting and appropriate consideration was given before introducing it. This included developing a SOP, creating an audit plan, writing a letter to community prescribers for post release, developing and delivering staff training and communication

at each site on the safe administration of Espranor and ensuring that there were clear communications with the medicines management teams onsite for switch over. Concerns such as 'pregabalin failed discharges' were discussed, when prisoners completing a detox in custody returned to prison having been re-prescribed these medicines in the community, and the action to take in these circumstances.

Clinical incidents and concerns were recorded on Ulysses. There was regular communication between the prisons and the pharmacy and issues were usually resolved informally, for example alternatives were suggested if there was a supply problem with a particular medicine. The prisoners were asked for their feedback on the pharmacy service via 'listening 2 U' forms.

Insurance arrangements were in place. The RP record and the controlled drug (CD) register were appropriately maintained. Records of CD running balances were kept and these were regularly audited. Two CD balances were checked and found to be correct. Patient returned CDs were recorded and disposed of appropriately.

Information governance (IG) and confidentiality were part of mandatory training and the team had received training on the General Data Protection Regulation (GDPR). Compliance with training requirements was assessed as part of team member's annual appraisal and it was a requirement to be 100% compliant. Confidential waste was collected in a designated place and either shredded or collected and taken for appropriate disposal. A member of the team correctly described the difference between confidential and general waste. The porter knew what it meant to maintain patient confidentiality.

All members of the pharmacy team had completed Centre for Pharmacy Postgraduate Education (CPPE) training on safeguarding children and vulnerable adults, either level 1 or 2, depending on role, and this was part of the mandatory training which was assessed as part of their annual appraisal. A pharmacist described how she had identified that a prisoner was unsafe during a Medicines Use Review (MUR), after he disclosed that he was receiving death threats. She said he had a history of mental health issues and had been suicidal. She reported her concerns to the prison's safeguarding team and he was transferred to a different prison for his own safety. Safeguarding referrals such as this were recorded on Ulysses in line with the risk management policy. Most of the team had complete training on dementia awareness, so had an understanding of this condition. A pharmacist who was relatively new to the team said he had received training on self-protection and given tips on how to protect himself during private consultations with prisoners, in preparation to carry out MURs. He had also shadowed another colleague during an MUR to help him prepare.

Principle 2 - Staffing ✓ Good practice

Summary findings

Team members are well trained and work well together. The pharmacy encourages them to keep their skills up to date and supports their development. They are comfortable providing feedback to their manager and receive feedback about their own performance. The pharmacy has enough team members to manage its workload safely. Its staffing rotas enable it to have good handover arrangements and effective communication. It enables the team members to act on their own initiative and use their professional judgement to benefit people who use the pharmacy's services.

Inspector's evidence

There were three pharmacists, three accuracy checking technicians (ACT), three NVQ2 qualified dispensers (or equivalent) and a porter on duty in the pharmacy at the time of the inspection. The staff level was adequate for the volume of work during the inspection and the team were observed working collaboratively with each other. Planned absences were well organised and adequate staffing was maintained by re-arranging the staff rota. There was a dedicated medicine management team mainly consisting of pharmacy technicians (PTs), who carried out administration of medicines in the prison. They generally worked on designated wings improving the management of stock and ordering prescriptions. This also provided consistency for prisoners. This team liaised with the pharmacy team but were a distinct team based in the prison rather than in the pharmacy.

Members of the pharmacy team carrying out services had completed the appropriate training. Comprehensive ongoing training was carried out within the pharmacy team and this was dependent on role. There was a combination of computer based and face-to-face training. The pharmacy team had six weeks' notice to complete the training which was delivered in conjunction with a learning and development team. Training time was allocated to team members as required. The team's compliance was recorded on a spread sheet. Individual compliance was monitored and assessed at team member's annual appraisal. Recent training had been completed on basic life support, infection prevention and control, the Mental Capacity Act and a variety of clinical training.

The PTs in the medicines management team had completed training to administer medicines to prisoners on the wings at medicines administration times. This included completing a medicine management workbook which covered concealment of medicines by prisoners. The PTs were also trained to supply over-the-counter medicines to prisoners to treat minor ailments.

The pharmacy team were given formal appraisals where performance and development were discussed, and six-monthly interim reviews. One-to-one meetings were held when needed and informal feedback was also provided. A variety of issues were discussed daily and this was recorded on a daily hand-over document, and concerns could be raised. Members of the pharmacy team confirmed there was an open and honest culture in the pharmacy and said they would feel comfortable talking to managers about any concerns they might have. They said the staffed work well as a team and could make suggestions or criticisms informally. There was a whistleblowing policy.

A pharmacist said she felt empowered to exercise her professional judgement and could comply with her own professional and legal obligations. She said agreements were in place rather than targets and carrying out activities such MURs were in the rota, so she didn't feel under pressure to achieve them.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean and provide a safe, secure and professional environment.

Inspector's evidence

The pharmacy premises were clean and well maintained. The temperature and lighting were adequately controlled. Maintenance problems were reported to the prison and the response time was appropriate to the nature of the issue.

Staff facilities included a small kitchen area, and staff used the WCs elsewhere in the building which had wash hand basins and hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides healthcare services which are generally well managed. The pharmacy gets its medicines from reputable sources. And it stores and manages them appropriately to help make sure they are safe to use. It has systems in place which provide assurance that medicines are fit for purpose.

Inspector's evidence

The pharmacy was a secure, closed unit and people receiving the services of the registered pharmacy did so outside of the premises. Prisoners had regular contact with PTs who administered their medicines on the wings and provided counselling on their medication. Prisoners were free to discuss any issues directly with them at this time. Pharmacists carried out some MURs, although this service was not well advertised, and appointments were often missed due to the constraints of the prison regime. Prisoners were referred to other services where appropriate. Other services included speaking to a doctor, nurse or dentist. A comprehensive range of medicines were available without prescription via Patient Group Direction (PGDs) and a minor ailment policy. Prescriptions, administration, referrals to prescribers and interventions were maintained and recorded on SystmOne.

Prescriptions were available on SystmOne and were printed off in the pharmacy. All prescriptions were clinically screened by the pharmacists and some joint medication reviews had been carried out between pharmacist and prescriber. High-risk medicines such as warfarin, lithium and methotrexate were targeted for extra checks and counselling. INR levels and blood test results could be accessed on SystmOne and the prescriber contacted if there were any doubts about the appropriateness of the supply. A pharmacist explained that she contacted the prescriber, because she had concerns about a patient who had been prescribed methotrexate at the same time as antibiotics for an infection.

PTs from the medicine management team generally ordered repeat prescriptions for the prisoners. The small number of prisoners who received their medication 'in-possession' were encouraged to order their own repeat prescriptions but the PTs prompted them if necessary. The PTs knew what questions to ask when supplying a medicine under the minor ailment policy and knew when to refer the patient to a pharmacist or a prescriber. They were clear what action to take if they suspected a prisoner might be abusing medicines and had been appropriately trained to detect and prevent this.

Space was adequate in the pharmacy and the work flow was organised into separate areas with designated checking areas. The dispensary shelves were well organised, neat and tidy. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Packaging leaflets were not always supplied, so prisoners might not have easy access to information about their medication, although these could be requested if required. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available.

Multi-compartment compliance aids were adequately managed. 'Compliance aid communication sheets' were available but not consistently completed, so it was not always clear who had confirmed the changes and the date the changes had been made. This information could be retrieved from SystmOne but could cause delays.

Recognised licensed wholesalers were used for the supply of medicines and appropriate records were maintained for medicines ordered from 'Specials'. No extemporaneous dispensing was carried out.

The pharmacy was compliant with the Falsified Medicines Directive (FMD). They had obtained new computer equipment in February and had registered with SecurMed. They were scanning to verify and decommission medicines in line with the directive.

Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and documented. Short-dated stock was highlighted. Dates had been added to opened liquids with limited stability. Expired medicines were segregated and placed in designated bins.

Alerts and recalls were received via email messages from the MHRA and on Ulysses. These were read and acted on by a member of the pharmacy team and then filed, so it was clear what action had been taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely.

Inspector's evidence

Old versions of British National Formulary (BNF) were available, which might lead to out-of-date information being used, but a pharmacist explained that the pharmacy team always accessed the electronic BNF and electronic medicines compendium (eMC) for the most up-to-date information. Prescribing in the prison service was from the Bristol, North Somerset and South Gloucestershire (BNSSG) formulary and the pharmacy team were able to access this electronically. The pharmacy team used the services of Bristol Royal Infirmary (BRI) for additional medical information.

There were an adequate number of clean medical fridges. The minimum and maximum temperatures were being recorded regularly and had been within range throughout the month. All electrical equipment appeared to be in good working order and had been PAT tested.

There was a selection of clean glass liquid measures with British standard and crown marks. Separate measures were used for CD solutions. The pharmacy had a range of clean equipment for counting loose tablets and capsules, with separate equipment for cytotoxic drugs. Medicine containers were appropriately capped to prevent contamination.

Smart cards were required to access SystmOne and patient medication records (PMRs) and there was password protection to prevent unauthorised access. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted privacy.

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.