General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: HMP Rochester Pharmacy, Oxleas NHS Foundation Trust, 1 Fort Road, ROCHESTER, Kent, ME1 3QS

Pharmacy reference: 1122587

Type of pharmacy: Prison / IRC

Date of inspection: 21/08/2024

Pharmacy context

The pharmacy is in HMP Rochester, and it provides dispensed medicines to people in the prison. It also supplies medicines to several other prisons on a named basis and as wholesale stock. Some medicines are supplied as stock to the wings using the pharmacy's wholesale distribution authorisation. And the pharmacy holds a Home Office licence to supply controlled drugs.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	1.2	Good practice	The pharmacy records and regularly reviews any mistakes that happen during the dispensing process. It uses this information to help make its services safer and reduce future risks.
2. Staff	Standards met	2.2	Good practice	The pharmacy has a good learning culture. It promotes learning and the professional development of its team. And team members get allocated protected training time at work.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy takes steps to make its services more accessible to people, including people with different needs.
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 helps vulnerable people manage their medicines. And it records and regularly reviews any mistakes that happen during the dispensing process. And it uses this information to help make its services safer and reduce future risk. The pharmacy protects people's personal information well. And people can provide feedback about the pharmacy's services. The pharmacy keeps its records up to date and accurate.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs). And team members had signed to show that they had read, understood, and agreed to follow them. The pharmacy would remain closed if the pharmacist had not turned up in the morning. Pharmacist cover could be provided from another local prison if needed. Team members knew that a pharmacist must be in the pharmacy when medicines were handed out. And they knew which tasks should only be undertaken if there was a responsible pharmacist signed in (RP). Team members' roles and responsibilities were specified in the SOPs.

Items in similar packaging or with similar names were separated where possible to help minimise the chance of the wrong medicine being selected. Team members were made aware of dispensing mistakes that were identified before the medicine had left the pharmacy (also known as near misses). Team members were responsible for identifying and rectifying their own near misses. Near misses were recorded and reviewed regularly for any patterns. The RP explained that a representative from the pharmacy regularly attended the operational committee meeting where the near misses were reviewed and discussed. A root cause analysis was undertaken if a dispensing mistake had reached a person (also known as a dispensing error). And these were recorded electronically. The RP explained that there had been a couple of occasions where a dispensed medicine had been sent to the wrong prison. The outcome of the investigation into the error showed that the items had been put in the wrong delivery box. The pharmacy now had colour-coded trays and delivery boxes to help team members identify the correct box. And there were labels above the delivery boxes with the names of the prisons. The RP said that the changes had reduced the number of this type of dispensing error.

Workspace in the pharmacy was free from clutter. Colour-coded trays were used to minimise the risk of medicines being transferred to a different prescription. And there was an organised workflow which helped staff to prioritise tasks and manage the workload. The team members initialled the dispensing label when they dispensed and checked each item to show who had completed these tasks. The pharmacists signed the prescriptions to indicate that they had clinically screened them. The accuracy checking technicians (ACTs) knew that they should not checked a dispensed medicine if the prescription had not been clinically screened. And they knew that they should not check a dispensed medicine if they had been involved in the dispensing process.

The pharmacy had current professional indemnity insurance. The right responsible pharmacist (RP) notice was clearly displayed, and the RP record was completed correctly. Controlled drug (CD) registers examined were filled in correctly, and the CD running balances were checked at regular intervals. The recorded quantity of one CD item checked at random was the same as the physical amount of stock

available.

Confidential waste was shredded, computers were password protected and people using the pharmacy could not see information on the computer screens. Smartcards used to access the NHS spine were stored securely and team members used their own smartcards during the inspection. Team members had completed training about protecting people's personal information.

The RP said that there had not been any recent complaints. But the complaints procedure was available for team members to follow if needed. The RP explained that any complaints were investigated, and the outcome was provided to the person who had complained, the superintendent pharmacist (SI) and the head of healthcare. And a record of the complaint was made electronically.

Team members had completed training about protecting vulnerable people. The RP described how the pharmacy had helped a vulnerable person to manage their medicines in-possession. This meant that they did not have to attend daily to collect them. The pharmacy had contact details available for agencies who dealt with safeguarding vulnerable people.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members to provide its services safely. They are provided with ongoing and structured training to support their learning needs and maintain their knowledge and skills. And they get time set aside in work to complete it. They can raise any concerns or make suggestions and have regular meetings. The team members can take professional decisions to ensure people taking medicines are safe.

Inspector's evidence

There were four pharmacists, three ACTs, one locum pharmacy technician, and one pharmacy logistic technician working during the inspection. The RP explained that holidays were staggered to ensure that there were enough staff to provide cover. And there were contingency arrangements for pharmacist cover if needed. Team members worked well together and communicated effectively to ensure that tasks were prioritised, and the workload was well managed. The pharmacy was up to date with its dispensing.

The RP felt able to make professional decisions and he was aware of the continuing professional development requirement for professional revalidation. Team members had access to an online learning portal and completed regular training which was monitored by their line manager. They were allowed regular protected training time so that they could complete this at work. The RP explained that a team member enrolled on an NVQ level 3 pharmacy course was allocated two and a half days a week protected training time. Team members were in the process of undertaking some online training about neurodiversity so that they could better understand how to help people. And team members received medicines management training packs. The RP said that the pharmacy had contacted the CPPE to ask what additional training support could be offered for staff working in prisons and how this could be delivered.

There were weekly team meetings to discuss operation, security, and stock issues. A record of the meeting was kept in the pharmacy, and it was emailed to all team members. Team members felt comfortable about discussing any issues with the pharmacist or making any suggestions. Team members had yearly performance reviews and monthly supervisions which was recorded on the leaning portal. The RP explained that a representative from the pharmacy regularly attended the multi-disciplinary team pain clinic. Targets were not set for team members.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises provide a safe, secure, and clean environment for the pharmacy's services. And people can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was secured against unauthorised access. It was bright, clean, and tidy throughout. The room temperatures were suitable for storing medicines on the day of the inspection, but air-conditioning was not available. The RP said that a recent temperature check had shown that the temperature had remained within the appropriate range. And this would be routinely monitored. There was ample workspace in the dispensary. And the dispensing robot was in a separate room to help minimise distractions. The sink areas in the dispensary were clean and there was hot and cold running water.

The RP said that team members could use one of the clinic rooms in the healthcare department if they needed to speak with a person in a more private area. He explained that the rooms were well-screened and conversations at a normal level of volume could not be heard from outside the room. Toilet facilities in the pharmacy were clean and not used for storing pharmacy items. And there were separate hand washing facilities available.

Principle 4 - Services ✔ Standards met

Summary findings

People with a range of needs can access the pharmacy's services. And the pharmacy takes steps to help people with disabilities over possible barriers and manage their medicines safely. It provides its services safely and manages them well. And it gets its medicines from reputable suppliers and stores them properly. It responds appropriately to drug alerts and product recalls which helps make sure that its medicines and devices are safe for people to use. The pharmacy routinely checks people's blood test results before supplying higher risk medicines.

Inspector's evidence

The pharmacy had helped a person with a disability to manage their medicines. Team members were easily identifiable when walking to the wings and they worked in the prison during the administration times. This meant that people could ask questions about their medicines if needed. And team members could contact one of the pharmacists for advice if needed. The pharmacy could produce large-print labels for people who needed them. Deliveries were made by pharmacy logistic technicians twice a day. The pharmacy obtained people's signatures for all deliveries. And deliveries were made during prison opening times.

Cytotoxic medicines were kept in separate cabinet in dispensary to help minimise the chance of the wrong medicine being selected. The RP explained that the pharmacists routinely checked people's blood test results for people taking higher-risk medicines when they clinically screen prescriptions. The results of the checks were recorded on the prescriptions which meant that these were readily available during the dispensing process. Prescriptions for CDs were dispensed on the same day they were due to leave the pharmacy. A cool box was used when transporting fridge items within the prison and to other sites. The RP said that team members routinely checked fridge items with people when handing them out. The pharmacy supplied valproate medicines to a few people. But there were currently no people in the at-risk group who needed to be on the Pregnancy Prevention Programme (PPP). And the pharmacy dispensed these medicines in their original packaging. The RP said that people would be referred to a GP if they needed to be on the PPP and weren't on one. And the pharmacy would make a note on the person's medication record that the check had been made and if they were on a PPP. This could then be checked when the prescription was clinically screened.

The RP explained the action the pharmacy took in response to any drug alerts or recalls received from the NHS or the MHRA. Any action taken was recorded and kept for future reference which made it easier for the pharmacy to show what it had done in response. The pharmacy used licensed wholesalers to obtain medicines and medical devices. Stock was stored in an organised manner in the pharmacy. Expiry dates were checked every three months and this activity was recorded. There were no date-expired items found in with dispensing stock during a spot check and medicines were kept in their original packaging. And items due to expire within the next three months were highlighted.

CDs were stored in accordance with legal requirements. Denaturing kits were available for the safe destruction of CDs. And expired CDs were clearly marked and separated. The pharmacy did not accept returned CDs. Fridge temperatures in the pharmacy were checked daily, and maximum and minimum temperatures were recorded. Records indicated that the temperatures were consistently within the recommended range. The fridges were suitable for storing medicines and were not overstocked.

‘Owings’ notes were provided when prescriptions could not be dispensed in full, and people were kept informed about supply issues. Team members explained that these prescriptions were checked frequently. Prescriptions for alternate medicines were requested from prescribers where needed. And prescriptions were kept at the pharmacy until the remainder was dispensed and collected.

The pharmacy used a dispensing robot to assemble multi-compartment compliance packs. Each pouch within the pack was labelled with the required information and there was an audit trail to show who had checked each pack. People had the packs if they were receiving their medicines daily in-possession or not in-possession. And this was based on their individual risk assessment. Prescriptions for people receiving their medicines in the packs were requested in advance so that any issues could be addressed before people needed their medicines. Team members operating the robot received training on how to assemble the packs. The team member operating the robot on the day of the inspection explained that the robot could not be accessed remotely if there was an issue. But they could contact the provider and assistance was provided over the phone. He said that if the robot required additional maintenance, then this would take a few days. But in the meantime, medicines would still be provided to people.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It uses its equipment to help protect people’s personal information.

Inspector's evidence

Suitable equipment for measuring liquids and triangle tablet counter were available and clean. A separate counter was marked for cytotoxic use only which helped avoid any cross-contamination. Tweezers were available so that team members did not have to touch the medicines when handling loose tablets or capsules. Up-to-date reference sources were available in the pharmacy and online. The phone in the dispensary was portable so it could be taken to a more private area where needed. And the shredder was in good working order.

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.