

Registered pharmacy inspection report

Pharmacy Name: HMP Pentonville, Caledonian Road, Pentonville,
LONDON, N7 8TT

Pharmacy reference: 1123346

Type of pharmacy: Prison / IRC

Date of inspection: 09/04/2019

Pharmacy context

The pharmacy is located within a male category B local prison. The pharmacy provides services and medicines to the prisoners. It dispenses NHS prescriptions and offers a range of over-the-counter medicines through a minor ailments service. Medicines are supplied through the substance misuse service and there are medicines use review clinics. The pharmacy operates between 09 00 and 17 00 daily on weekdays but it is closed to the general public.

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's working practices are safe and effective. The pharmacy generally identifies and manages the risk associated with its services. The pharmacy team members record mistakes they make during the dispensing process but some records do not have a lot of detail. So they may be missing opportunities to learn and prevent the same things going wrong again. The team members work within their skills and qualifications. The pharmacy keeps its records up to date. It manages and protects confidential information well. The team members understand how they can help protect the welfare of vulnerable people.

Inspector's evidence

Near misses were recorded and reviewed although actions taken in response to the near miss were not always recorded. Identifying trends and compiling a regular patient safety report was discussed.

Workflow: Prescriptions were clinically screened by a pharmacist to ensure medicines were appropriately prescribed and to identify interactions where more than one medicine was prescribed. Prescriptions were for urgent, non-urgent, in-possession and not-in-possession medicines. When clinical screening was complete, the prescription was annotated to show it could be dispensed. Queries and interventions were discussed with the doctor.

Trays were used to separate prescriptions and medicines during the dispensing process. If possible, a different staff member was involved at each stage of the dispensing and checking procedures and the prescription was checked at each stage. A staff member generated dispensing labels through the pharmacy computer system. Then a different staff member picked medicines from reading the prescription. Next the labels were attached to the medicines. Finally, the labelled medicines were accuracy checked by the pharmacist or by the accuracy checking technician (ACT) prior to transfer. The ACT accuracy checking procedure was included within the standard operating procedure (SOP) for final check.

Prescriptions and dispensing labels were initialled at each stage to identify staff involved in the dispensing and checking procedure.

There was a procedure for dealing with outstanding medication to prisoners who had their medicines in-possession. An owing slip was issued to the prisoner showing how much medicine was owed. When available it was collected from the hatch at the treatment room. For "manufacturer cannot supply" items, an alternative medicine was arranged if necessary.

There were recently reviewed SOPs including responsible pharmacist and complaint procedures in which staff had trained. The pharmacist explained the complaints procedure. Training records were filed with the SOPs.

Prisoners were able to provide feedback on the healthcare service by completing the available slips.

One prisoner had written a letter thanking the pharmacy staff for their service.

To protect patients receiving services, there was professional indemnity insurance in place provided through Care UK.

The responsible pharmacist notice was on display and the responsible pharmacist log was completed.

The CD registers were generally complete. A random check of actual stock of two strengths of modified release morphine tablets/capsules reconciled with the recorded balance in the CD registers. Patient returned CDs were recorded.

The pharmacy did not provide supplies of medicines by private prescription, emergency or specials.

Staff had undertaken mandatory training including information governance, General Data Protection Regulation and safeguarding procedures. Confidential waste paper was collected and removed for safe disposal in sealed bags. Staff had signed confidentiality agreements with contracts of employment. Staff were observed using their own NHS cards. The computer system was password protected and regularly backed up.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The pharmacy's team members are well trained and have a good understanding about their roles and responsibilities. They make suggestions to improve safety and workflows. The pharmacy has contingency arrangements in place to deal with staff absence.

Inspector's evidence

Staff comprised: three pharmacists (two full time and one bank pharmacist providing cover when required); two ACTs (one full time and one part time); six pharmacy technicians (five full time including one bank and two agency and one part time); two full time pharmacy or dispensary assistants. There was one pharmacy technician on long term sick leave which was covered by agency staff.

Staff were required to complete mandatory training which included information governance, fire safety and safeguarding. There was regular reflective practice which might include review of errors recorded on Datix. Staff were provided information by the mental health pharmacist on Assessment Care in Custody and Teamwork (ACCT) care-planning system used to support prisoners at risk of suicide or self-harm. Information included what signs to look out for in this group of prisoners.

There was evidence that staff had completed the appropriate training for the activities they undertook. Pharmacy technicians were trained to supply over-the-counter medicines to treat minor ailments.

Staff performance was monitored and reviewed annually and documented. There were regular staff meetings. Staff could provide feedback through a whistle blowing policy on my Care UK. Feedback could be recorded on my Care UK. Staff had suggested obtaining more trays of different colours to distinguish different prescriptions in the dispensing process and improve workflow. Red trays were used for urgent prescriptions.

Targets and incentives were not set in a way that affected patient safety and wellbeing but the pharmacist said a staff member had been awarded "employee of the month" when the medicines optimisation course had been completed.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, secure and suitable for the services provided.

Inspector's evidence

The pharmacy was generally clean. Designated staff were responsible for cleaning the pharmacy benches. Contract cleaners also provided cleaning services.

Lavatory facilities were clean and handwashing equipment was provided.

Clinic rooms were used for consultations with prisoners if needed.

There was sufficient lighting and air conditioning was due to be installed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective and it gets its medicines from reputable suppliers. The pharmacy team make sure that medicines are stored securely and at the correct temperature so that medicines are safe to use. The pharmacy's team members are helpful and give advice to people about where they can get other support. They also make sure that people have all the information they need so that they can use their medicines safely.

Inspector's evidence

Prisoners could request access to services via the pharmacy technicians at medicines administration. Prisoners could ask to see the pharmacist or complete a request slip. Large font labels could be printed to assist visually impaired people. Provision was made to assist people whose first language was not English.

Prisoners were referred to other local services when they enquired at medicines administration time. Services included speaking to the doctor, nurse, podiatrist or dentist. Interventions were recorded on SystmOne and included interventions as a result of the pharmacist clinical screen of prescriptions. Although it was unusual to supply warfarin, the INR was measured by a nurse and communicated to the doctor before a prescription for warfarin was issued. Counselling was provided by the doctor when prescribing a medicine or by the pharmacy technician when administering medicines. The pharmacist said pharmacy technicians were alerted to check awareness of and counsel patients taking new medicines and go through the package information leaflet if necessary. The pharmacist could go the patient to provide counselling on high risk medicines.

SystmOne flagged up CD prescriptions so they were supplied within the 28-day validity.

Falsified medicines directive (FMD) software and hardware was not operational in line with requirements at the time of the visit due to a problem with Bluetooth. The pharmacy would be using a plugged-in scanner. Training had been completed.

Medicines were supplied in an organised manner with clear audit trails for each activity.

There were stock level lists for medicines on the wings to manage stock but also ensure medicines were available to supply at administration times.

Medicines and medical devices were obtained from AAH and Alliance. Stock was date checked and recorded. No date expired stock was found in a random check. Medicines were stored appropriately in pull out drawers and on shelving in the dispensary. Liquid medicines were marked with a date of opening. Cold chain items were stored in the medical fridge. Waste medicines were stored separately in pharmaceutical waste containers.

There were weekly pharmacist led medicines use review clinics and patient groups such as diabetics or people taking multiple medicines were targeted although uptake was low. People who had not

attended medicines administration to collect medicines were followed up.

Drug alerts were received by email. Stock was checked in the pharmacy and on the wings. The alert was signed and dated prior to filing. The latest alert related to losartan.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The equipment and facilities that the pharmacy uses are generally fit for purpose.

Inspector's evidence

Current reference sources included BNF and Drug Tariff.

There was a range of British standard glass measures to measure liquids. One measure with a cracked top was removed.

The medical fridge was in good working order. Minimum and maximum temperatures were monitored daily and found to be within range 2-8°C. The CD cabinet fixings were not all visible and one shelf was not secured and level.

Confidential waste paper was collected and removed for safe disposal in sealed bags. Staff had signed confidentiality agreements with contracts of employment. Staff were observed using their own NHS cards. The computer system was password protected and regularly backed up.

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.