

# Registered pharmacy inspection report

**Pharmacy Name:** HMP Brixton, Jebb Avenue, Brixton, LONDON, SW2  
5XF

**Pharmacy reference:** 1123347

**Type of pharmacy:** Prison / IRC

**Date of inspection:** 22/03/2022

## Pharmacy context

The pharmacy is located within HMP Brixton and provides dispensed medicines to people in the prison. Medicines are dispensed as named patient medication and supplied to the wings as either in-possession or seen-to-take medication. Stock controlled drugs (CDs) are supplied to the wings. The pharmacy has applied for MHRA and Home Office licences to wholesale CDs. The inspection took place during the Covid-19 pandemic.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	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 records and regularly reviews its mistakes and can show how the team learns and improves from these events. It keeps the records it needs to by law and its team members have clear roles and responsibilities. It asks the people who use the pharmacy for feedback. Team members know how to protect vulnerable people. And, they keep people's personal information safe.

### Inspector's evidence

The pharmacy kept records about dispensing mistakes that were identified before they were handed out to a person (near misses) and those where dispensing mistakes had reached a person (dispensing errors). These records were reviewed at the time and regularly by the pharmacist to identify any trends or patterns. This sometimes resulted in similarly packaged medicines being separate. Any patterns were discussed with all team members. 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. When near misses were spotted at the final accuracy check, the team member responsible for the mistake was sometimes given the opportunity to discern what was wrong and make the necessary changes themselves. Team members were comfortable about feeding back to the pharmacist.

Patients were able to provide feedback using surveys and forms on the wings. This had resulted in the provision of minor ailments clinics on a face-to-face basis.

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 which covered, for example, dispensing processes, information governance, controlled drugs (CDs), responsible pharmacist (RP) activities, sale of medicines, high-risk medicines, dispensing incidents and services the pharmacy provided.

Records examined were maintained in accordance with legal and professional requirements. The CD registers were appropriately maintained. CD balance checks were done regularly. The pharmacy had current professional indemnity insurance. Team members had read and signed the documents which were relevant to their roles.

The patient medication record (PMR) was password protected and the correct NHS smartcards were in use. Sensitive waste was securely disposed of. Prescriptions were stored securely in the dispensary. The pharmacy team had undertaken training about the General Data Protection Regulation (GDPR) and had signed confidentiality agreements. The pharmacy had safeguarding procedures and team members described the actions that would be taken in the event of a safeguarding concern. The prison had provided specific training about conditioning and manipulative behaviour as part of their safeguarding training.

## 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 to help identify any opportunities for development and they undertake regular ongoing learning to keep their knowledge and skills up to date.

### Inspector's evidence

The pharmacy had two full-time two full-time registered pharmacy technicians in the dispensary. Other pharmacy technicians supported with administration on the wings. There was a move toward pharmacy technicians taking a greater responsibility for administration. Competency frameworks had been completed and were about to be signed off. The pharmacy team was up to date with dispensing and other routine tasks. Wing-based team members identified people who would benefit from a minor-ailments or medicines review and these were passed to the pharmacists.

Team members undertook regular ongoing learning to keep their knowledge and skills up to date. There was protected training time on one afternoon each week. Other team members had undertaken technician training and medicines optimisation courses. There was an internal career progression pathway and opportunities to learn and develop. Some team members were involved in administering medication on the wings and had undertaken training and accreditation to facilitate this. The pharmacy team all undertook regular training on the GDPR. The pharmacists and technicians were aware of the current requirements for professional revalidation.

There was a weekly meeting where team members were encouraged to make suggestions on improvements to safety and efficiency. Many of the technicians were new to the prison and shared ideas and learning from other prisons and hospital trusts where they had worked. Team members had annual appraisals. Incentives and targets were not routinely used in the pharmacy.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy team keeps the pharmacy secure, clean and tidy. The pharmacy keeps its workspaces clear to help reduce the risk of dispensing mistakes.

### Inspector's evidence

The pharmacy had solid floors throughout, laminated worktops and a dedicated sink for the preparation of medicines. These were observed to be clean. There were workflows in place, with audit trails on dispensing labels and trays to assist in the dispensing process. The workspaces were kept clear and organised to reduce the chance of dispensing mistakes. There were good levels of lighting throughout and ambient temperatures in the dispensary were monitored and maintained below 25 degrees Celsius using air-conditioning. Hand washing facilities were present in the dispensary, and cleaning products were available. There was a daily cleaning schedule with regular audits. Infection control materials including masks were readily available. Additional Personal Protective Equipment (PPE) was available for team members in patient-facing roles. There was sufficient space in the pharmacy to facilitate social distancing. And the pharmacy was kept secure. There was no designated consultation room as any consultations took place in either the wing treatment rooms or in cells

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy gets its medicines from reputable suppliers and it 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 pharmacy identifies and gives advice to people taking higher-risk medicines to make sure that they are taken safely.

### Inspector's evidence

The pharmacy technicians administered medicines on the wings and were accessible to people during administration times. People could request to see a pharmacist by making a request with nursing staff or the technicians. Pharmacy staff attended the prison council meetings to facilitate feedback from pharmacy users. The pharmacy had access to simplified information leaflets and a translation service. Large print labels and leaflets were generated on request.

The pharmacy obtained dispensing stock from a range of licenced wholesalers, and it was stored in a neat and tidy manner in the dispensary. Stock was date checked regularly and there were records to support this. Medicines were transported and stored securely.

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. The pharmacy stored its CDs securely.

Medicines for destruction were collected from the wings and the staff showed how they kept them separated from main stock and placed them in designated bins for disposal. Drug alerts were received electronically and recorded in the pharmacy. There was evidence that the pharmacy team members had appropriately actioned recent alerts.

The pharmacy team reviewed people on high-risk medicines such as lithium, valproate and antipsychotics and the pharmacists routinely enquired about blood test results related to these medicines. They also provided additional advice about how to take these medicines safely. Results were recorded on the PMR where appropriate. All prescriptions which were sent to the wings were tracked to ensure people received their medicine.

## 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 its equipment to keep people's private information safe.

### Inspector's evidence

The pharmacy had up-to-date reference sources, and testing equipment from reputable suppliers. It used stamped glass measures (with designated labelled measures for certain liquids), and labelled equipment for dispensing cytotoxic medication. This helped to avoid any cross-contamination. All electrical equipment appeared to be in good working order and had been safety tested. Sensitive records were stored securely, and the PMR was password protected. Confidential waste was disposed of securely.

### 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.