General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: HMP Lewes, 1 Brighton Road, Lewes, East Sussex, BN7 1EA

Pharmacy reference: 9010108

Type of pharmacy: Prison / IRC

Date of inspection: 14/02/2024

Pharmacy context

The pharmacy is located within HMP Lewes and provides dispensed medicines to people in the prison. It dispenses medicines are on a named patient basis, and it supplies these to the wings as either in-possession or not in-possession. Some medicines are supplied as stock to the wings using the pharmacy's wholesale distribution authorisation. And the pharmacy also holds a Home Office licence to supply controlled drugs.

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	Good practice	1.1	Good practice	The pharmacy actively identifies risks associated with its services and makes improvement to help minimise them.
		1.2	Good practice	The pharmacy routinely reviews the risks associated with its services and it implements changes where needed. It then reviews the changes to ensure that they have had a positive impact.
		1.8	Good practice	The pharmacy is good at ensuring that vulnerable people are protected.
2. Staff	Standards met	2.3	Good practice	The pharmacy ensures that team members complete a comprehensive induction programme and they receive regular clinical supervision.
		2.5	Good practice	The pharmacy actively seeks its team members views about how to improve its services and implements their suggestions. Team members give written praise to each other when they have performed well.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Good practice	4.1	Good practice	The pharmacy tailors its services to help meet the needs of its patients. This means that people with a range of needs can access the services.
		4.2	Good practice	Pharmacy services are well managed with a clear focus on patient safety.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Good practice

Summary findings

The pharmacy identifies and manages the risks associated with its services to help provide them safely. And it ensures that vulnerable people are protected. The pharmacy 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 any 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). Team members had signed to show that they had read, understood, and agreed to follow them. The responsible pharmacist (RP) explained that the pharmacy would remain closed if the pharmacist had not turned up in the morning. And the head of healthcare would be informed. There were contingency arrangements for pharmacist cover if needed. Team members knew which tasks should only be undertaken when there was an RP signed in. And team members' roles and responsibilities were specified in the SOPs. The team members wore smart uniforms with name badges displaying their role.

Near misses, where a dispensing mistake was identified before the medicine had reached a person, were highlighted with the team member involved at the time of the incident. And once the mistake was highlighted, team members were responsible for identifying and rectifying them. Near misses were recorded and reviewed regularly for any patterns. Items in similar packaging or with similar names were separated where possible to help minimise the chance of the wrong medicine being selected. And the outcomes from the reviews were discussed openly during the regular team meetings. Dispensing errors, where a dispensing mistake had reached a person, were recorded electronically and a root cause analysis was undertaken. There had not been any recent dispensing errors in the pharmacy.

Workspace in the dispensary was free from clutter. There was an organised workflow which helped staff to prioritise tasks and manage the workload. Baskets were used to minimise the risk of medicines being transferred to a different prescription. The team members initialled the dispensing label when they dispensed and checked each item to show who had completed these tasks. A quad stamp was printed on prescriptions and staff initialled next to the task they had carried out. This helped ensure that team members knew which prescriptions had been clinically checked.

The pharmacy had current professional indemnity insurance. Controlled drug (CD) registers examined were filled in correctly, and 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. The RP said that all CDs were physically checked by two people at the time of supply and receipt and the balance in the register was also checked. The right RP notice was clearly displayed, and the RP record was completed correctly.

Confidential waste was shredded, and computers were password protected. Only authorised personnel had access to the pharmacy. Smartcards used to access the NHS spine were stored securely and team members used their own smartcards during the inspection. Bagged items waiting collection could not be viewed by people using the pharmacy. Team members had completed training about protecting

people’s personal information.

The complaints procedure was available for team members to follow if needed. The RP gave details about a recent concern where a person said that they had not received their medicine. He explained that he had undertaken an investigation and found that the person was not without their medicine.

The deputy head of healthcare was the safeguarding lead for the site. The pharmacy had contact details available for agencies who dealt with safeguarding vulnerable people. The pharmacy team had completed training about protecting vulnerable people. They knew potential signs that might indicate a safeguarding concern and would refer any concerns to the pharmacist. The RP gave examples of action the pharmacy had taken in response to safeguarding concerns and he said that the pharmacy team had sometimes been the ones who had initially raised a concern. The RP explained that the pharmacy attended weekly multi-professional complex case clinic (MPCCC) meetings to discuss complex patients and complex issues. The RP also attended weekly multi-disciplinary safer prescribing meetings and discussed individuals who might not be taking their medicines appropriately.

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. They can raise any concerns or make suggestions to help improve the systems in the pharmacy. And they have regular team meetings The team members can take professional decisions to ensure people taking medicines are safe. These are not affected by the pharmacy's targets.

Inspector's evidence

There were two pharmacists and four pharmacy technicians working during the inspection. The RP explained that the team members had to apply for leave well in advance and holidays were staggered to ensure that there were enough staff to provide cover. The pharmacy was up to date with its dispensing and team members communicated effectively during the inspection to ensure that tasks were prioritised.

Team members had access to online training modules via the learning management system (LMS). And they had done some face-to-face basic life support training. Team members had monthly clinical supervision to ensure that they were working safely and following the SOPs. Training was monitored by the business manager for the site. The RP said that team members rarely had time to complete training during the day at work due to the current workload. But the pharmacy was in the process of recruiting more staff. The RP said that team members could access the training online at home and they were paid for this time. Each team member had a comprehensive induction plan with a competency sign off and agreement. They also had an individual development plan and training record folder. Team members had a 'clinical supervision passport' where they could capture any learning as it happened.

Team members were aware of the continuing professional development requirement for professional revalidation. The RP said that he had put together a presentation on the 'side effect risks of antimuscarinic drugs'. And he had presented it to other healthcare professionals from the prison.

There were weekly huddles which allowed team members to discuss any issues, prioritise tasks for the week, discuss what was and wasn't going well, things to know and achievements to recognise. The minutes of the meeting were printed and all team members had to read and sign them. Team members were openly praised when they had performed well. There were weekly 'safer prescribing' meetings, MPCCC meetings and monthly medicines management meetings.

The RP said that all team members felt able to make professional decisions and were encouraged to speak up when things were not going well. He had implemented several changes and improved some of the pharmacy's processes since he started working at the pharmacy around one year ago. He said that changes were reviewed to ensure that they had had a positive impact. Following feedback from a trainee pharmacy technician that they were not being allowed enough time to undertake the necessary training, they received weekly protected training time. Page numbers were now written on the label of returned CDs so that it was easier to find when undertaking the destruction. Concerns raised by team members about where rubbish was stored, how methadone records were kept, and the correct use of CD requisition books had all been addressed. The pharmacy had recently implemented prescriptions on green paper so that these were easily identifiable.

Team members had monthly one-to-one performance reviews with the RP. Team members felt comfortable about discussing any issues with the pharmacist or making any suggestions. The pharmacy had a culture where it celebrated success and team members wrote thank you cards to show their appreciation for another team member. There was a vision board in the pharmacy and each team member was asked to provide three words and the pharmacist produced a mission statement from them.

Principle 3 - Premises ✔ Standards met

Summary findings

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

Inspector's evidence

The pharmacy was secured from unauthorised access. It was bright, clean, and tidy throughout. Air conditioning was available, and the room temperature was suitable for storing medicines and temperatures were recorded daily. There was ample workspace, and it was free from clutter. The sink areas were clean with hot and cold running water. There were several computers available. The RP said that he had arranged for additional workstations to ensure that each team member had access to one if needed.

The RP said that team members could use one of the healthcare rooms to speak in private with people if needed. And conversations at a normal level of volume in the rooms could not be overheard. Toilet facilities were clean and not used for storing pharmacy items. There were separate hand washing facilities available.

The pharmacy team had created a wellbeing room next to the pharmacy for healthcare and pharmacy staff. There was a kitchen area and team members could use the wellbeing room when needed.

Principle 4 - Services ✔ Good practice

Summary findings

The pharmacy manages its services well with a clear focus on patient safety. It tailors its services to meet the needs of its patients. This means that people with a range of services can access its services. The pharmacy gets its medicines from reputable suppliers and stores them properly. It responds appropriately to drug alerts and product recalls. This helps make sure that its medicines and devices are safe for people to use. People with a range of needs can access the pharmacy's services.

Inspector's evidence

An interpreter service was available if needed. Pharmacy technicians worked in the prison during the administration times. People identified in 'safer prescribing' or MCPPP meetings received a medication review with the pharmacist. The RP had recently created a crib sheet for safer prescribing, and he said that this would be shared with other pharmacies in the group after it had been ratified.

The pharmacy used SystmOne to record interventions and communication with prescribers. Tasks were sent to the prescriber if a patient needed updated blood test results so that a clinical check could be undertaken. Team members recorded when a medicine from the general sales list had been supplied to a person and the reason for supply was recorded. People were referred to their GP if they had requested one of these medicines on three separate occasions. If a person had not attended for their morning medication, team members requested that the officer ask them to attend for the afternoon round. Missed doses were recorded on SystmOne. If a person missed three doses of their methadone, then their GP was informed. During the inspection one of the pharmacy technicians contacted the pharmacy as a patient had not taken their evening medication the night before and had asked to have it the following day. The pharmacist checked the medication and administration times and agreed that the patient could have it.

The RP explained that the pharmacy had created diabetes packs which had started being made available to diabetic patients a few months ago. The packs included a monitor and control solution, sundries, an insulin passport and a 'having diabetes in prison' leaflet from Diabetes UK. The RP said the pharmacy had received positive feedback about the packs from patients and healthcare staff. The pharmacy has created emollient packs which included small tubes of a variety of creams for patients to try and decided which one worked best for them. They could then request a larger pack size from their GP. The RP said that this had received positive feedback as patients could make an informed choice about their care.

The pharmacist checked SystmOne when clinically screening prescriptions for higher-risk medicines such as methotrexate and warfarin. And the pharmacy had access to the person's medication record to check that the person was having the relevant tests done at appropriate intervals. The pharmacy could request blood test for a person if they did not have recent results on SystmOne. The pharmacist said that 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). The pharmacy dispensed valproate medicines in original packs, but the RP said that he would consider undertaking risk assessments for some people who might benefit from having fewer tablets dispensed. The RP said that the pharmacy had requested additional warning cards and stickers and had been informed that the company was in the process of updating these.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Drug alerts and recalls were received from the MHRA. The RP explained the action the pharmacy took in response to any alerts or recalls. Any action taken was recorded and kept for future reference. And this was shared monthly with the wider healthcare team in the medicines management meeting. Stock was stored in an organised manner in the dispensary. Expiry dates were checked regularly, and this activity was recorded. Items with a short shelf-life were clearly marked. CDs were stored in accordance with legal requirements, and they were kept secure. Denaturing kits were available for the safe destruction of CDs. CDs that had been returned to the pharmacy and expired CDs were clearly marked and separated. Returned CDs were recorded in a register and destroyed with a witness, and two signatures were recorded. Fridge temperatures 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.

Part-dispensed prescriptions were checked frequently. Prescriptions for alternate medicines were requested from prescribers where needed. Prescriptions were kept at the pharmacy until the remainder was dispensed and supplied.

The RP said that people had assessments to show that they needed their medicines in multi-compartment compliance packs. Prescriptions for people receiving their medicines in the packs were ordered in advance so that any issues could be addressed before they needed their medicines. Prescriptions for 'when required' medicines were not routinely requested, the RP said that people requested these when they needed them. The pharmacy kept a record for each person which included any changes to their medication. The RP explained how the packs were assembled and the dispensing labels were attached. He confirmed that medication descriptions were put on the packs to help people and their carers identify the medicines and patient information leaflets were routinely supplied. There were no assembled packs available during the inspection.

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 was available. Triangle tablet counters were available and clean. A separate counter was marked for cytotoxic use only. This 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. The electronic methadone was calibrated daily and cleaned weekly, and this activity was recorded. Up-to-date reference sources were available in the pharmacy and online. The shredder was in good working order. The phone in the dispensary was portable so it could be taken to a more private area where needed.

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.