

Registered pharmacy inspection report

Pharmacy Name: HMP Hollesley Bay, Hollesley Bay Colony, Rectory Road, Hollesley, Woodbridge, Suffolk, IP12 3JW

Pharmacy reference: 9010139

Type of pharmacy: Prison / IRC

Date of inspection: 17/04/2024

Pharmacy context

This pharmacy is in a prison setting and it is closed to the public. It is situated inside HMP Hollesley Bay Colony and it is a Category D open male prison and Young Offender Institution (YOI). The pharmacy supplies medicines to people to take as in-possession or as supervised doses. And it also supplies medicines in multi-compartment compliance packs to a handful of people to aid compliance. The pharmacy also dispenses prescriptions and supplies medicines to HMP Warren Hill. The pharmacy has a Home Office controlled drugs license and Wholesale Distribution Authorisation (WDA).

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

Overall, the pharmacy delivers its services in a safe and effective manner. It keeps the records required by law to show that medicines are supplied safely and legally. And it has written instructions to help make sure its services are delivered safely. Its team members have clear roles and responsibilities. They record their mistakes so that they can learn and improve from these events. And they keep people's confidential information securely. The pharmacy has robust safeguarding procedures and its team members understand how to respond to concerns about vulnerable people.

Inspector's evidence

The pharmacy had the correct responsible pharmacist (RP) notice on display and the RP records were kept in line with requirements. Team members had clear roles and responsibilities identified in the standard operating procedures (SOPs). And they understood the tasks they could not undertake in the absence of a pharmacist. The pharmacy had a comprehensive range of current SOPs which had been read and signed by team members. The locum pharmacist who was the RP on the day of the inspection had signed the local operating procedures (LOPs) but had not yet completed reading and signing the company's SOPs.

Team members reported and reviewed incidents routinely on the Datix system. Root cause analysis was undertaken for each incident to identify how the incident had happened and actions were taken to prevent similar events in the future. The pharmacy manager who was also a pharmacy technician said that all dispensing incidents were discussed with team members. And during monthly multi-disciplinary team meetings and at quarterly regional medicine management meetings.

The pharmacy had current professional liability and public indemnity insurance. Records about controlled drugs (CDs) were kept in line with requirements. CD running balances were kept and audited at regular intervals. A separate register was used to record patient-returned CDs.

Team members used their own NHS smartcards to access electronic prescriptions and the patient medication record (PMR) was password protected. Prescriptions were stored securely in the dispensary and confidential waste was disposed of appropriately. Team members had completed annual mandatory training about the General Data Protection Regulation.

The pharmacy had robust safeguarding procedures and all team members had completed training about safeguarding relevant to their roles and responsibilities. The RP, the pharmacy manager and a pharmacy technician had completed Level 3 training about safeguarding. Team members could describe the actions they would take in the event of a safeguarding concern. Team members who administered medicines to people in the treatment room routinely alerted the RP and the pharmacy manager if there were any concerns identified about missed doses or poor compliance. These were followed up appropriately and discussed during the multi-disciplinary meetings.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its current workload safely. Team members have the appropriate skills and qualifications for their roles and responsibilities. They work well together, and they are supported with on-going training to keep their skills and knowledge current.

Inspector's evidence

The pharmacy team consisted of one full-time regular locum pharmacist (who was the RP at the time of the inspection), two pharmacy technicians and one qualified dispenser. The pharmacy currently had a vacancy for a site-based pharmacist and a pharmacy technician. Team members were managing the workload efficiently and they were up to date with dispensing prescriptions and other routine tasks. The RP was a qualified independent prescriber and was currently completing his training to qualify as an advanced clinical practitioner. Team members were working well together, and they were well-led by the pharmacy manager who had worked for the prison for a number of years. The pharmacy manager was competent and cooperated very well during the inspection.

Newly recruited team members undertook an induction training programme which was comprehensive. Team members were well-supported with on-going training. This included mandatory training such as safeguarding and information governance as well as self-directed learning via an on-line learning platform. Both the RP and the pharmacy technicians completed their annual mandatory continuous professional development (CPD) to help keep their skills and knowledge current.

A whistleblowing policy was available and team members described an open learning culture where they felt empowered to raise concerns or make suggestions to help improve the pharmacy's services. The pharmacy manager said that she was very well-supported by the superintendent pharmacist. There were no targets or incentives set for team members.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are suitable for the services provided. They are kept clean and tidy. And they are kept secure from unauthorised access.

Inspector's evidence

The pharmacy was fitted to a good standard and it was kept clean. It had enough space to undertake workload efficiently and store medicines safely. The workflow in the pharmacy was organised and it had designated dispensing and checking areas which were kept tidy. Access to the pharmacy was restricted to authorised personnel only. The pharmacy premises were kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy supplies medicines to people safely and effectively. It gets its medicines from reputable sources and stored them properly. Team members take the right action in response to safety alerts and recalls so that people get medicines and medical devices that are fit for purpose.

Inspector's evidence

The pharmacy technicians transported securely dispensed medicines from the pharmacy to the treatment room where they were administered through a hatch twice a day. Night-time medication was issued as daily in-possession. Supervised medicines including CDs, were administered efficiently in a restricted area and ID cards were checked.

There was an in-possession policy, with risk assessments that took both the drug and the patient into account. Risk assessments were reviewed annually, or when there were concerns or intelligence received about mismanagement of medicines. Approximately 99.5% of people received their medicines in-possession, with around 91.7% on a monthly supply. People were supplied with lockable storage boxes and fridges to store temperature-sensitive medicines where appropriate. Compliance checks of in-possession medicines were undertaken at regular intervals. A range of emergency medicines were available to allow people access to medicines out of hours. And stock reconciliation procedures were good.

Arrangements to supply medication for people being discharged or transferred were organised and ensured effective continuity of care. The pharmacy dispensed medicines into multi-compartment compliance packs to a handful of people and these were labelled with a description of each medicine to help people identify their medicines correctly. The pharmacy manager said that patient information leaflets (PILs) were routinely supplied to people when these were collected.

The pharmacy manager and RP were part of the multi-disciplinary team to ensure the prescribing of medicines with the potential of misuse or diversion was minimal and well-controlled.

The pharmacy obtained its medicines from licensed suppliers and they were stored in an organised fashion. Temperature-sensitive medicines were stored in the medical fridges and the maximum and minimum temperatures were monitored and recorded daily. Records seen showed that these had remained within the required range of 2 and 8 degrees Celsius. Short-dated medicines were marked to be removed at an appropriate time. No date-expired medicines were found amongst in-date stock when checked during the inspection.

All CDs were stored in line with requirements. Access to the CD cabinet was appropriately managed. The substance misuse service was delivered by a separate legal entity. A WDA was used to transfer stock between the pharmacy and the service provider.

The pharmacy had a process to deal with safety alerts and medicine recalls. Records about these and the action taken by the team members were kept, providing an audit trail.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to deliver its services safely. And it maintains its facilities and equipment well.

Inspector's evidence

Team members had a range of reference sources available including the most current sources on-line. All electrical equipment was in good working order and had been safety tested. Fire extinguishers were serviced under an annual contract. The pharmacy had a range of calibrated glass measures and equipment for counting loose tablets was clean. The sink in the dispensary was clean and it had a supply of hot and cold running water. People's confidential information was stored 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.