

# Registered pharmacy inspection report

**Pharmacy Name:** HMP Bedford, Lloydspharmacy, St. Loyes Street,  
Bedford, Bedfordshire, MK40 1HG

**Pharmacy reference:** 9010263

**Type of pharmacy:** Prison / IRC

**Date of inspection:** 16/02/2022

## Pharmacy context

The pharmacy is inside HMP Bedford and provides services to the prison. This includes dispensing medicines and administering medicines on the wings. The pharmacy also has appropriate authority to supply medicines, including controlled drugs, as stock to the healthcare services within the prison. 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

Overall, the pharmacy identifies and manages the risks associated with the provision of its services well. The pharmacy maintains the records it should. Its team members have identified roles and accountabilities. They support and assist vulnerable people. The pharmacy deals with its mistakes responsibly. There is some scope to make sure all situations which might affect patient care are managed in a more timely way.

### Inspector's evidence

The pharmacy had processes in place to identify and manage the risks associated with its services. This included for COVID-19. The pharmacy had a set of standard operating procedures (SOPs) and local operating procedures (LOPs) at the prison. These procedures provided guidance for the pharmacy team about how to carry out their tasks correctly. The staff had signed them, and they understood their roles and responsibilities.

The pharmacy had a process for recording dispensing mistakes that were identified before reaching a person (near misses). Staff said the details were recorded and reviewed every month in a regular meeting. If individuals regularly made mistakes, they had to record and log all the items they dispensed. Medicines that were similar in packaging had been separated and a notice board in the dispensary highlighted common errors.

Patient-safety incidents were brought to the attention of the healthcare lead for Northamptonshire Health Foundation Trust (NHFT) and recorded on Datix. The pharmacist reviewed each one, the details were collated, fed back to the team, and raised at the medicines management meeting every month. However, some of the staff reported bullying behaviours from prisoners which had not been raised with the NHFT lead. This was discussed and the pharmacist said that they would be, ongoing.

The pharmacy had audit trails to support the safe delivery of its dispensing services. The final check for accuracy was by the responsible pharmacist (RP). Prescriptions printed off from the electronic health record did not have an electronic signature. The pharmacy team asked prescribers to sign prescriptions.

The pharmacy maintained appropriate records to support the safe delivery of pharmacy services. These included the responsible pharmacist record, controlled drug (CD) registers, and fridge temperature records. Balances for CDs were checked regularly. The pharmacy had appropriate professional indemnity insurance. Staff had been trained about data protection. The pharmacy had a policy about information governance. Confidential waste was placed into a separate bin before being appropriately disposed of by the prison. The pharmacy's dispensing system and electronic health record were password protected. The team used their own smart cards to access medication records, and these could only be accessed by authorised personnel.

Pharmacists were trained to level 3 in safeguarding vulnerable people and other staff had mandatory training to complete about this on an e-learning platform. The pharmacy technicians explained that if vulnerable people on the wing did not come to the treatment room for their medicine, pharmacy staff members went to their cell to find out why they hadn't attended. If the person refused to attend the treatment room or did not attend for a second day, the pharmacy referred them to the nurse for

review.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has adequate numbers of staff to manage its workload. Its team members are given opportunities for self-development. And they have access to ongoing training modules. This helps keep their knowledge and skills up to date. Staff can raise concerns if necessary.

### Inspector's evidence

At the time of the inspection, there was one pharmacist and a pharmacy technician in the dispensary as well as a trainee technician. In addition, pharmacy technicians employed by NHFT were based in the treatment rooms on the wings. Both teams worked well alongside each other and were able to help out when needed. The pharmacy staff administered medicines on the Main Wing whereas NHFT staff administered on D, E and F Wings.

The team had access to e-learning for ongoing training. Some of the training was mandatory and its completion was monitored. This included topics such as data protection, safeguarding and basic life support. The pharmacist also provided regular training to the team on various topics.

Staff said they had regular one-to-one performance reviews where they were asked about personal targets and objectives. One member of staff said that she had moved to the prison to become a technician and was subsequently enrolled onto the appropriate course.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy keeps its premises safe, secure, and appropriately maintained. It has enough space to deliver the services it provides. Its team members keep the premises clean. And it has measures in place to help stop the spread of COVID-19.

### Inspector's evidence

The pharmacy was in the healthcare block of the prison. It was of a reasonable size with enough space for its workload. The dispensary had areas clearly marked for the various processes and clear workflows in place. The temperature in the pharmacy was suitable to store medicines. The premises were clean and lit appropriately. Staff cleaned the pharmacy regularly. The premises were secure against unauthorised access.

Due to COVID-19, a notice on the door highlighted that a limited number of people could be present in the pharmacy at any one time. The pharmacy also had notices to ensure staff washed their hands frequently; hand sanitisers were present for the team. Staff worked in different areas of the dispensary and markers had been placed on the floor to help with social distancing. Staff were wearing surgical face masks. Risk assessments for COVID-19, including occupational ones for the team had been completed. The team members were doing daily testing with lateral flow tests. There had been four outbreaks of COVID-19 in the prison over the last two years.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy generally provides its services safely. The pharmacy team focuses on the people receiving services to make sure they have effective care. The pharmacy gets its medicines and medical devices from reputable sources and stores them safely. It takes the right actions if any medicines or devices are not safe to use, to protect people's health and wellbeing.

### Inspector's evidence

There was no direct patient access to the pharmacy. The prison was a Category B local prison, linked to the courts, so people often did not stay long and might be new to the prison environment. So, there were a large number of people entering and leaving the prison each day. They had a low proportion of elderly people.

The team used baskets to hold prescriptions and medicines during the dispensing process. This helped keep them separate. Staff did not record their details on the dispensing label. Instead, details were marked on the prescription to identify the person who had completed the clinical check, the labeller, the dispenser and accuracy checker. The pharmacist said these records allowed her to quickly find out who had been involved in any mistake. The pharmacy mostly supplied medicines in original packs, but medicines supplied for seven days in-possession were dispensed inside a clear bag. This was labelled with the relevant details including the batch number and expiry date. However, clear bags are not suitable containers for medicines. The pharmacist said that she would review this process.

The pharmacy's stock was stored appropriately in the dispensary. The pharmacy used licensed wholesalers to obtain medicines and medical devices. The team date-checked medicines for expiry regularly and kept records of when this had happened. Short-dated medicines were identified. The pharmacy received drug alerts by email and took appropriate action to keep people safe. And it kept suitable records to show this.

The pharmacy technicians were responsible for the management of medicines, administration, and supply of treatment for minor ailments on the wings. The technicians also gave advice and checked on vulnerable people who did not attend to receive their medicine. Prescriptions for higher-risk medicines such as warfarin, lithium or methotrexate were not always monitored by the pharmacy to check about any recent blood tests or the person's current dose. So, there was some risk that the patients would not be screened in accordance with good practice. The pharmacist and healthcare manager said they would put a more robust process in place.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has an appropriate range of equipment and facilities for the services it provides. Its team members keep them clean.

### Inspector's evidence

The pharmacy had a range of equipment. The pharmacy had a separate triangle marked for use with methotrexate tablets ensuring that dust from them did not cross contaminate other tablets. The pharmacy had access to up-to-date reference sources. This meant that people could receive information which reflected current practice. There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination. The dispensary sink was clean. The pharmacy had hot and cold running water available. Staff also had access to the internet.

### 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.