

Registered pharmacy inspection report

Pharmacy Name: HMP Leeds, 2 Gloucester Terrace, Stanningley Road, Leeds, West Yorkshire, LS12 2TJ

Pharmacy reference: 9010352

Type of pharmacy: Prison

Date of inspection: 03/12/2019

Pharmacy context

The pharmacy provides services to HMP Leeds. This includes the dispensing of medicines and the administration of medicines on the wings. The pharmacy also has a wholesaler dealers licence and supplies stock medicines including controlled drugs to the healthcare services within the prison.

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	1.8	Good practice	The pharmacy team members have a good understanding of safeguarding. They explained how they went and spoke to vulnerable people who weren't coming to the treatment room on the wing to take their medicine and the action they then took.
2. Staff	Standards met	2.2	Good practice	The pharmacy team members are well-supported in their development; they have protected training time.
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 identifies and manages the risks associated with the provision of its services. It securely manages people's personal information. Team members proactively identify vulnerable people and take the right action to support them. The pharmacy has some processes for learning from mistakes. But because it doesn't record its reviews of the near misses it could be missing opportunities to learn from them and to improve its services.

Inspector's evidence

The pharmacy had a set of up-to-date standard operating procedures (SOPs) which reflected the nature of the pharmacy's activities. Not all staff had signed the SOPs to show they had read them. Members of the pharmacy team had a good understanding of their roles both in the pharmacy and on the prison wings.

The pharmacy kept records of near misses, errors and incidents. Errors were recorded on Datix and near misses in a near miss log. Near misses were returned to the member of staff for them to discover their mistake and the aim was to record them in the near miss log. The pharmacy manager said that sometimes near misses weren't recorded. Another member of staff said that a change in the procedures so that more people were in the pharmacy during busy times had reduced mistakes. There was an informal review of the near miss log, but records of the review weren't made. The pharmacy team members said they would start discussing near misses at the monthly team meeting.

An audit trail was created by signing the 'dispensed by' and 'checked by' boxes on the medicine label. The clinical check was recorded on the patient's electronic prescribing and administration record (SystemOne). One of the pharmacists stamped and signed the prescription to show the dispenser that the clinical check had been completed. The second pharmacist stamped but didn't always sign the prescription. The final check was by the RP or the Accuracy Checking Technician (ACT). The ACT could explain the process.

The prison had a process for managing complaints. There were forms for people to make a complaint on the wings. If the complaint was about the pharmacy the pharmacist went and spoke to the person. The pharmacy had current professional liability insurance arrangements in place, and this was arranged centrally.

The pharmacy mainly had the records needed to support the safe delivery of pharmacy services. These included RP logs, controlled drug (CD) registers; and records on the electronic prescribing and administration system. CDs were stored in legally compliant CD cabinets. The CD registers in the pharmacy complied with legal requirements. A random check of a CD reconciled with the actual stock. Stock was audited regularly. There was a patient-returned CD register in place.

There was a range of appropriate healthcare information on the wings. Confidential paper waste was bagged and shredded in the prison. Confidential material kept on SystemOne, could only be accessed by smart card with varied permissions dependent on the user's need or the medication record system. The pharmacy had an information governance protocol. Staff had received training about the General Data Protection Regulation (GDPR).

All staff had completed Care UK safeguarding training; this was considered mandatory by Care UK. Staff explained how they went and spoke to vulnerable people who weren't coming to the treatment room on the wing to take their medicine. There was a robust follow-up procedure; people not taking their medicines were discussed at the daily handover meeting. Staff made referrals when appropriate, a record of actions were made and followed up to check completion.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has sufficient team members and they are suitably qualified and skilled for the services they provide. The pharmacy supports its team members well in their development and provides a range of training to them. Team members work well together, and they can raise concerns if needed. There is an embedded culture of openness, honesty and learning.

Inspector's evidence

The pharmacy had a RP notice on display. The RP record was up to date. During the inspection there was one pharmacist and eight pharmacy technicians. There were also one qualified dispensing assistant and three second checkers. Some of the pharmacy technicians spent most of their time outside of the pharmacy providing services such as administering medicines on the wings. They had undergone additional training to ensure their competence in that role.

Staff worked well together and engaged in the inspection process. Staff were supported in developing their roles. The pharmacy manager was completing a management course and the pharmacist had recently completed her independent prescriber's course. Second checkers were studying a dispensing assistant course and had protected time for training. New staff were assigned a mentor who gave them support and advice. Staff said that there were regular one to ones and that they felt confident to raise any concerns. There were regular team meetings. There was an embedded culture of openness, honesty and learning.

There was a wide range of on-line training available on the Care UK e-Learning dashboard. The pharmacy team also had regular clinical training. One member of staff highlighted training around the reasons for a specific vaccine that they had recently had.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe and appropriately maintained. It protects people's confidentiality. The premises are secure from unauthorised access during working hours and when closed.

Inspector's evidence

The pharmacy was situated in the healthcare block of the prison. Only the pharmacists or the pharmacy technicians could get the key for the pharmacy. The premises were a reasonable size for the volume of work undertaken. The temperature was suitable for medicines storage. There were clear workflows in place. Only members of staff accessed the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

Overall the pharmacy provides its services safely. The pharmacy gets its medicines from reputable sources and mainly stores them safely. It takes the right actions if any medicines are not safe to use to protect people's health and wellbeing.

Inspector's evidence

There was no patient access to the pharmacy. A dispensing audit trail was present to identify who had dispensed and checked each item. The pharmacy also used baskets to ensure that prescription items were kept together which reduced the risk of error.

As well as providing standard pharmacy services around the dispensing against prescriptions, the pharmacy team provided wider services within the healthcare team. The pharmacy technicians had responsibility for medicine management, administration of medicines, and giving medicines for minor ailments on the wings. The pharmacy technicians gave advice on the wings about a range of matters including on new medicines and how to take antibiotics. The pharmacist said that they worked closely with the health care team to manage higher-risk medicines. For example, warfarin was only prescribed for seven days at a time and then INR levels were re-checked. The pharmacist had just qualified as an independent prescriber. The pharmacy obtained medicines from reputable sources and mainly stored them appropriately.

Medicines were stored on shelves, in the fridge, or CD cupboard as required. Some of the stock on the shelves was a little untidy, with different strengths of medicines on top of each other. One of the packs had a lot of cut blisters and some blisters were from a different manufacturer. This made it more difficult to be sure that medicines were in date and to take appropriate action with a drug recall. Staff said that they date checked stock every three months; records were available. There was also a book recording out-of-date medicines by month. No out-of-date medicines were seen on the shelves. Medicines were supplied in original packs or in a multi-compartment compliance pack. The packs checked recorded the shape and colour of a medicine to allow easy identification. Staff said that a patient information leaflet (PIL) was sent to the people if it was a new medicine or if they requested one. Because PILs were not given to people for every medicine every month some people may not have been getting all the information they required.

Pharmacy technicians provided medicine management on the wings. This included areas such as monitoring fridge temperatures, date checking, returning out-of-date and discontinued medicines to the pharmacy and keeping named-patient and stock medicines neat and tidy.

The pharmacy team was aware of the procedure for drug alerts. The pharmacist said records of supplies made to the wings were also checked. The team said that there was a record of action to provide an audit trail but couldn't find the records during the inspection. The pharmacy had the equipment in place to meet the requirements for the Falsified Medicines Directive (FMD), but the team members needed to complete some training and IT updates before they could start complying with the directive.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services it offers. It maintains its equipment and facilities adequately.

Inspector's evidence

The pharmacy had a range of up-to-date reference sources. The pharmacy had a range of stamped measures for measuring liquids. The fridge stored medicines requiring cold storage at the right temperatures. Records showed that fridge lines were stored correctly. CD cupboards were legally compliant. Records showed that electrical equipment had been recently safety tested.

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.