

Registered pharmacy inspection report

Pharmacy Name: HMP Wormwood Scrubs, Du Cane Road, London, W12 0AE

Pharmacy reference: 9010353

Type of pharmacy: Prison

Date of inspection: 01/10/2019

Pharmacy context

The pharmacy provides services to HMP Wormwood Scrubs. This includes the dispensing of medicines and the administration of medicines on the wings. The pharmacist provides Medicine Use Reviews and an asthma clinic. 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 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	Good practice	2.2	Good practice	The pharmacy team members are supported in their development; they have protected training time.
		2.4	Good practice	The pharmacy team members are empowered to make decisions and act in the best interests of patients.
		2.5	Good practice	The pharmacy team are empowered to suggest improvements to policies and procedures to improve the service provided.
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 all its near misses it could be missing opportunities to learn from them and to improve its services.

Inspector's evidence

The pharmacy had several responsible pharmacist (RP) notices on display, which could cause some confusion. The principle pharmacist removed the additional notices. The RP log record was up to date. There was a set of up-to-date standard operating procedures (SOPs) which reflected the nature of the business. Staff had signed the SOPs. 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 error and the aim was to record them in the near miss log. The pharmacist said that sometimes near misses weren't recorded. The learning points from near misses weren't always completed. One of the pharmacists reviewed the near miss log at the end of the month. Records of reviews weren't always made. Near misses were now discussed at the monthly team meeting.

An audit trail was created by signing the prescription and with a separate sheet which included who had taken the medicines to the wings. The clinical check was recorded on the patient's electronic record (SystemOne). The final check was by the RP or the Accuracy Checking Technician (ACT). The pharmacy had the records needed to support the safe delivery of pharmacy services.

Processes for identifying and managing risks were in place. Changes across the whole service had led to the introduction of a pharmacy-led model with pharmacy technicians taking responsibility for the clinical governance and administration of medicines on the wings.

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 prison's governance manager passed the complaint to the principle pharmacist to investigate. The pharmacist went and spoke to the person if necessary. The pharmacy wasn't carrying out any satisfaction surveys but intended to do so in the near future. The pharmacy had current professional liability insurance arrangements in place and this was arranged centrally.

Controlled Drugs (CDs) were stored in legally compliant CD cabinets. The controlled drugs registers complied with legal requirements. A random check of a CD reconciled with the actual stock in the CD cabinet. Stock was audited regularly. The CD registers for wholesaling activity were in the same binder as the pharmacy CD registers. This could create some confusion. 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. At the time of inspection the pharmacy had an out-of-date information governance protocol. The pharmacist subsequently provided the in-date policy. Staff had received training about the General Data Protection Regulations (GDPR).

All staff had completed mandatory CARE UK safeguarding training. 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 and the action they then took. They showed a recent referral they had made to the mental health team.

Principle 2 - Staffing ✓ Good practice

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. They are able to share ideas to improve how the pharmacy operates. And they can raise concerns if needed.

Inspector's evidence

During the inspection there were three pharmacists and six pharmacy technicians. There were also two qualified dispensing assistants. 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.

One member of the pharmacy team had recently started the pharmacy technician course. She had asked to start the course as part of her development. She said that the aim was to have two hours study time a week, but this was not always possible. The pharmacist had received support during her independent prescriber training. There was also a wide range of on-line training available on the Care UK e-Learning dashboard. The pharmacist provided regular and wide-ranging training to both the pharmacy team and the wider healthcare team. Staff were supported in making changes to the service which reflected the particular prison through a range of LOPs (Local Operating Procedures). This covered areas such as managing omitted doses of medicines and arranging medicines for people leaving the prison.

Staff said that there were regular one to ones and that they felt confident to raise any concerns. There were regular team meetings which had recently started including discussions about near misses. There was an embedded culture of openness, honesty and learning.

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 pharmacy had gated doors for security. 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 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 team was able to give advice to people in a number of ways. A pharmacy technician was able to give advice at the wing. The pharmacist could task the pharmacy technician on the wing or could write on the script the advice that they wanted to be given. The pharmacist said that they worked closely with the health care team to manage high risk medicines. For example, warfarin was only prescribed for three days at a time and then INR levels were checked. The pharmacist provided Medicine Use reviews (MURS) and an asthma clinic. The principle pharmacist had just qualified as an independent prescriber and was specialising in asthma. The pharmacy obtained medicines from reputable sources and mainly stored them appropriately.

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. When stock in the pharmacy was checked one of the packs had a lot of cut blisters and a blister 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. Medicines were mainly supplied in original packs, but medicines supplied seven days in-possession were supplied in a clear bag. Clear bags are not suitable containers for medicines.

The pharmacy assembled methadone for people on the wings on a named patient basis. The pharmacy only supplied Methadone Sugar Free which has a 28-day expiry. If a patient left the prison the methadone was returned to the pharmacy and re-used. The pharmacist said that this methadone would be used the next day. But there were several bottles in the CD cupboard that had been in the cupboard for several weeks. The pharmacy didn't check the date to make sure that the methadone wasn't being supplied beyond its 28-day expiry. The pharmacist said that she would change the process to make sure that methadone was administered to a patient within 28-days of the bottle being opened.

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 back to the pharmacy and keeping named-patient and stock medicines neat and tidy. In addition, the pharmacist audited the wings to ensure compliance.

The pharmacist was aware of the procedure for drug alerts. Alerts were printed off and signed but not dated to create an audit trail. The pharmacist said records of supplies made to the wings were also

checked. 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. There was one measure found which was not stamped which meant its accuracy could not be confirmed. The pharmacist removed it. The fridge stored medicines requiring cold storage at appropriate temperatures. Records showed that fridge lines were stored correctly between 2 and 8 degrees Celsius. Some fridge items were pushed to the back of the fridge which increased the risk of them freezing. CD cupboards were legally compliant. Records showed that electrical equipment had been safety tested in July 2019.

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.