

Registered pharmacy inspection report

Pharmacy Name: HMP Wealstun, Church Causeway, Thorp Arch,
Wetherby, West Yorkshire, LS23 7AZ

Pharmacy reference: 9010356

Type of pharmacy: Prison / IRC

Date of inspection: 22/10/2019

Pharmacy context

The pharmacy is situated inside the prison healthcare unit. It only dispenses medicines to people in the prison. The team is an integrated part of the wider healthcare team within the prison and provides reviews for people with complex conditions. The pharmacy is registered because it supplies medicines to a separate company within the Care UK umbrella.

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

Members of the pharmacy team identify and manage risks effectively. They are clear about their roles and responsibilities and they work to professional standards. The team members sometimes record mistakes that they correct during the dispensing process. They learn from all their mistakes to avoid problems being repeated. The pharmacy keeps its records up to date and these show that it is providing safe services. It manages and protects information well. The team members also understand how they can help to protect the welfare of vulnerable people.

Inspector's evidence

The pharmacy had written procedures to tell the team how they should undertake the work in the pharmacy. These were on the company's computer system. The procedures were reviewed regularly and were being read by the new staff. They were generally followed. There were separate procedures for the team's work outside the pharmacy, when managing medicines in the prison setting.

The written procedures said the team members should record any mistakes in the process to learn from them. They recorded some of these but discussed others as they arose. A team member described that there had been a few near misses involving different forms of medicines, and they had separated some of the medicines to reduce selection errors.

The pharmacy conspicuously displayed the responsible pharmacist notice. The responsible pharmacist record required by law was up to date and filled in correctly. The pharmacy team members were aware of their roles and they were observed asking the pharmacist for advice.

Feedback was sought about the service from people who used the pharmacy, through questionnaires. The 'friends and family' test was used and there was a good response.

The pharmacy had professional services insurances in place. The pharmacy team ensured that the controlled drugs registers were up to date and legally compliant. The team did weekly checks on the recorded balance and actual stock of controlled drugs to ensure that there were no missing entries. Fridge temperatures were recorded daily and were within the recommended range for storing medicines safely.

Confidential waste was removed by a licensed waste contractor on a fortnightly basis and was stored in a dedicated bin until that time. The rest of the confidential material was kept in the pharmacy and the computers were password protected. It was observed that staff only used their own NHS Smartcards, removing them when they stopped using the computer. There was an electronic pharmacy patient medication record system which was password protected.

All the staff had undertaken some safeguarding training and had completed relevant professional training. They were all aware of the issue of grooming of staff by patients and they had had training on this matter. They said that they would always tell another member of staff about anything which made them feel uncomfortable.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide safe services. Those new in post are receiving training for their new roles. Training is provided by the company and staff find this useful to help keep their skills and knowledge up to date.

Inspector's evidence

The pharmacist had been in post for approximately one month and was following an induction programme. There were five technicians working in the pharmacy and prison, administering medicines to people using the pharmacy's services as well as dispensing, querying prescriptions and risk assessments. Some of the technicians were accredited checking technicians. There was also a qualified dispenser. One of the technicians had recently been made into the pharmacy manager, to undertake staff management, leaving the pharmacist more time to have a more clinical role.

The team worked well as an integrated part of the wider healthcare team. The team members were aware of the limitations of their roles and explained some situations when they would speak to the pharmacist or other management. It was reported by the healthcare manager that they frequently brought matters to her attention which required changes to be made in systems to improve patient outcomes within the prison context.

The team had regular training provided, both by the prison and the care provider. This kept the staff up to date with current issues and policy. Staff were given time to do this. During the inspection some of the staff were reviewing the standard operating procedures to ensure they followed them. All staff had appraisals on an annual basis. No targets were set for the staff which conflicted with their professional judgements.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean and provide a safe, secure and professional environment from which people can receive healthcare. The available work bench is small for the volume of work.

Inspector's evidence

The premises were clean, tidy and bright but small for the tasks undertaken. The available bench space for dispensing was very limited, and dispensed prescriptions in baskets built up to fill it if the pharmacist was called away to do other tasks. Medicines were stored in a second room in dispensary drawers. Both rooms were at appropriate temperatures for storing medicines and were monitored as the pharmacy had a wholesale dealers authority.

The premises were secured against unauthorised access. The premises had air-conditioning and adequate hand-washing facilities. There was no access to the pharmacy for service users, but arrangements could be made to use a consultation room in the healthcare department if a private conversation was needed. All the technicians regularly saw people receiving medicines on the wings, in the healthcare rooms.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective, and it gets its medicines from reputable sources. Pharmacy team members are helpful and give advice to people about where they can get other support. The team is integrated well into the healthcare service provided to people in the prison. The team monitors prescribing and makes decisions about in-possession risks to ensure that the way the medicines are supplied to people is most appropriate for them.

Inspector's evidence

The service users could access pharmacy advice via the technicians on the wings and by appointment with the pharmacist. The pharmacy used a dispensing audit trail to identify who had dispensed and checked each item. The use of baskets helped to ensure that prescription items were kept together and were easy to move from one area of the dispensary to another. The use of the accredited checking technicians was limited at the time of the inspection, as the pharmacist was new, and they would need to demonstrate to the pharmacist their competence.

There were a few people who were supplied their medicines in multi-compartment compliance packs. They were supplied with seven daily packs each week. The pharmacist did not know why they were not supplied with weekly packs but thought that this was historical. There were plans to review this service. The records kept about these compliance packs were sufficiently clear so that any of the team could dispense them, if needed.

People on higher-risk medicines were monitored appropriately, with the staff checking that they had regular blood tests. There was a white board showing all these people, with the results from the previous test and the due date for the next one. This procedure included those on medicines not usually checked by pharmacies, such as medicines affecting kidney function, as part of the wider role in the healthcare team.

The pharmacy got its medicines from licensed wholesalers, stored them in dispensary drawers and on shelves in a tidy way. The pharmacy company was in discussions with the electronic medication record supplier about how they would comply with the Falsified Medicines Directive. There were 'use first' stickers on the shelves and boxes to indicate items which were short dated. Regular date checking was done. Evidence was seen of stickers being used to highlight short-dated medicines, and there was a checking matrix. Drug alerts were received, actioned and filed appropriately to ensure that recalled medicines did not find their way to people who used the pharmacy.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the right equipment for its services. It makes sure its equipment is safe to use.

Inspector's evidence

There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination. The pharmacy had a separate counting triangle marked for use with methotrexate tablets ensuring that dust from them did not cross contaminate other tablets. The electrical equipment was in good working order and was tested regularly. The pharmacy had access to current reference sources. This meant that people could receive advice based on up-to-date information.

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.