

Registered pharmacy inspection report

Pharmacy Name: HMP Dovegate, H M Prison Dovegate, Uttoxeter, Staffordshire, ST14 8XR

Pharmacy reference: 9010864

Type of pharmacy: Prison / IRC

Date of inspection: 08/10/2019

Pharmacy context

The pharmacy is in the grounds of HMP Dovegate. It supplies medicines to people within the prison. The pharmacy provides medicines in multi-compartment compliance packs to a very few people who need assistance in managing their medication.

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

The pharmacy identifies and effectively manages the risks associated with its services, so people receive their medicines safely. It keeps the records it needs to by law to ensure medicines are supplied safely and legally. And it keeps people's private information safely. Members of the pharmacy team work to professional standards and understand their roles and responsibilities. They record their mistakes so that they can learn from them and act to prevent them from happening again where possible. The pharmacy has safeguarding procedures and its team members understand how they can help to protect vulnerable people.

Inspector's evidence

There were comprehensive policies and standard operating procedures (SOPs) for the services provided. These were up to date and there were signature sheets showing that all members of the pharmacy team had read and accepted them. The pharmacy had the right Responsible Pharmacist (RP) notice on display and the RP records were correctly completed. Roles and responsibilities were identified in the SOPs. When asked, members of the pharmacy team clearly understood the tasks they could not undertake in the absence of a pharmacist.

Dispensing incidents were reported on the incident reporting system 'Datix' and learning points were included to prevent re-occurrences. Dispensing incidents and learnings were shared with the dispensary team during staff meetings. Members of the pharmacy team kept records of near misses and these were reviewed at regular intervals. And they had separated several similarly packaged medicines to reduce the risk of errors. They also ensured that dispensary shelves were kept tidy and bench spaces were kept clutter-free.

The prison had a process for managing complaints. There were complaints forms available in each house block for people to use and the pharmacy manager attended bi-monthly complaints meetings with other healthcare professionals to resolve people's concerns. There was some feedback about people not receiving their medicines in a timely manner. The storage and retrieval of in-possession (IP) prescriptions in the treatment rooms was somewhat cumbersome and that had caused some frustration and delay for people. This was discussed with the pharmacy manager and he said he would address this with the rest of the team and find ways of improving the storage system. There were monthly clinical governance meetings and drug and therapeutic committee meetings which were attended by the pharmacy manager. Minutes from these meetings were available and medicine management audits, prescribing, and use of tradeable medicines were discussed to identify any emerging trends.

Appropriate indemnity insurance arrangements were in place. The RP records and the controlled drug (CD) registers were appropriately maintained and running balances were recorded and checked at regular intervals. A CD balance was checked and found to be correct. Returned CDs were recorded and disposed of appropriately. The pharmacy did not dispense private prescriptions or make emergency supplies.

Information governance (IG) and confidentiality were part of the mandatory training and members of the pharmacy team had all undertaken training about the General Data Protection Regulation. And they

used their own smart cards to access electronic prescriptions. The patient medication records were password protected and confidential waste was separated and collected by a specialist waste contractor for secure disposal.

The pharmacy had safeguarding procedures and members of the pharmacy team had all completed mandatory CARE UK safeguarding training. And they could describe the actions they would take in the event of a safeguarding concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has just about enough staff to manage its current workload safely. Members of the pharmacy team are well trained and work well together. And they are empowered to provide feedback and to use their professional judgement in the interest of people who use the pharmacy's services.

Inspector's evidence

At the time of the inspection, the pharmacy manager, a qualified accuracy checking technician and two qualified dispensers were on duty. The two part-time independent prescriber pharmacists were on days off. The pharmacy manager said that the recruitment and retention of staff continued to be a challenge and there were vacancies for two pharmacy technicians which were proving difficult to fill. The healthcare department relied heavily on agency nurses for services such as administering medicines on the wings. Members of the pharmacy team appeared to work well together and they were managing their workload adequately.

Members of the pharmacy team had monthly team meetings to share ideas and learning. A whistle blowing policy was in place and the pharmacy manager said there was an open and honest culture in the pharmacy. And he felt empowered and comfortable talking to the management team about any concerns he might have. Performance appraisals were conducted annually.

Members of the pharmacy team had all completed appropriate training for their roles and they were supported with on-going training to keep their skills and knowledge up to date. Training time was allocated to team members as required. Staff training records were kept and available in the pharmacy. There were no targets or incentives set.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean and provide a safe, secure and professional environment.

Inspector's evidence

The pharmacy was situated in the healthcare block of the prison. It was clean but space was very limited for the current volume of work undertaken. There was adequate lighting throughout the pharmacy but there was no natural ventilation in the room. The room had an air-conditioning unit which was used to help clear stale air.

The pharmacy did not have a designated consultation room but had access to several treatment rooms which could be used when needed to have private conversations with people. The premises could be secured against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides healthcare services which are generally well managed. It gets its medicines from reputable sources. And it stores and manages them appropriately to ensure they are safe to use. Members of the pharmacy team follow safe practices to assemble devices which help people to take their medication safely and effectively. And they take the right action if any medicines or devices are not safe, to protect people's health and wellbeing.

Inspector's evidence

The pharmacy was a secure, closed unit and people receiving the services of the pharmacy did so outside of the premises. People had regular contact with nurses who administered their medicines on the wings and provided counselling on their medications. There were currently no pharmacy-led clinics but people could request to see a pharmacist to resolve any medication issues. The pharmacy did not actively advertise Medicine Use Reviews but the pharmacist conducted some reviews when it was deemed necessary to secure medicines compliance.

Prescriptions were transmitted electronically on the medication record system, SystmOne, and these were printed in the pharmacy. All prescriptions were clinically screened by the pharmacists and the final accuracy check was usually undertaken by the accuracy checking technician. Members of the pharmacy team used a four-way stamp (Quad stamp) on prescriptions to provide an audit trail to show which members of staff had been involved at various stages of the dispensing process. A good range of medicines were available without prescriptions via in-date patient group directions (PGDs) and a minor ailment policy. Prescriptions, administration, referrals to prescribers and interventions were maintained and recorded on SystmOne. There was an in-date in-possession (IP) policy, with completed risk assessments that took the drug and person into account. Approximately 50% of people received their medicines in-possession. IP medicines were mainly prescribed for seven or 28 days. The pharmacy manager said that people receiving higher-risk medicines such as warfarin, insulin and methotrexate were provided with appropriate advice when these were administered on the wings. Information about therapeutic monitoring such as INR levels and blood test results could be accessed on SystmOne and the prescriber or nurses contacted the pharmacists if there were any concerns about the appropriateness of the supply.

The pharmacy supplied medicines in disposable multi-compartment compliance packs to three people. And appropriate risk assessments had been carried out prior to supply to determine whether the person would benefit from having their medicines provided in compliance packs. The pharmacy kept records of any interventions and changes, which helped make sure people received the correct medicines. Patient information leaflets were available and supplied if people needed them.

The pharmacy was in the process of trialling a new medication collection robot. This allowed people, accompanied by an officer, to collect their IP medication using their fingerprint as identification. There was a system in place to identify if people had not collected their medication and this would be followed up appropriately. The collection robot was situated in one of the wings and outside the registered premises.

Medicines and medical devices were ordered from licensed wholesalers. No extemporaneous

dispensing was carried out. Medicines were stored at an appropriate temperature and date-checked at regular intervals and recorded. Short-dated medicines were marked so that they could be removed from stock at an appropriate time. Dates had been added to liquid medicines with limited stability. Expired medicines were separated and placed in designated bins.

At the time of the inspection the pharmacy was not fully compliant with the Falsified Medicines Directive. They had scanning equipment in place. The superintendent pharmacist was in the process of developing and implementing appropriate standard operating procedures.

Drug alerts and recalls were received electronically and printed out in the pharmacy. The records were annotated with any actions taken and kept in a file in the pharmacy.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the equipment it needs to provide its services safely.

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 cytotoxic medicines ensuring that dust from them did not contaminate other tablets.

The electrical equipment was in good working order and tested regularly. Members of the pharmacy team had access to current reference sources.

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. |