

# 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:** 04/10/2023

## Pharmacy context

This is a pharmacy situated inside HMP Dovegate near Uttoxeter, in Staffordshire. The pharmacy dispenses prescriptions for people living in the prison and is not open to the public. Members of the pharmacy team provide advice to people about their healthcare.

## 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

The pharmacy team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. Members of the team record things that go wrong, and they take action to help prevent similar mistakes. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe.

### Inspector's evidence

There was a set of standard operating procedures (SOPs), however these had passed their stated date of review of June 2023. So they may not always reflect current practice. Members of the pharmacy team had signed to say they had read and accepted the SOPs. Near miss incidents were recorded on a paper form. The pharmacist reviewed the records and discussed any learning points with members of the team. For example, to help reduce mistakes due to similar patient names, the pharmacy team had started to use the prisoner number instead of the person's name when locating their patient medical record (PMR) on the computer. Dispensing errors were recorded and investigated using the 'Datix' recording system and shared with the superintendent pharmacist (SI).

Roles and responsibilities of the pharmacy team were described in individual SOPs. A dispenser was able to explain what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Members of the team wore standard uniforms and had badges identifying their names and roles. The responsible pharmacist (RP) had their notice displayed prominently. The pharmacy had a complaints procedure. Complaints were usually received verbally. Any complaints requiring a formal response would be recorded on the Datix system and followed up. A current certificate of professional indemnity insurance was available. Records for the RP appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded and checked weekly.

An information governance (IG) policy was available. The pharmacy team completed annual IG training and each member of the team had signed a confidentiality agreement. When questioned, a dispenser was able to describe how confidential information was segregated to be removed and destroyed. Safeguarding procedures were included in the SOPs and each member of the pharmacy team had completed safeguarding training. A dispenser was confident in her response about how she would deal with any initial safeguarding concerns. And she knew who the safeguarding leads were within the secure facility.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

There are generally enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. But the contingency arrangements to cover absences are not always sufficient, which means the team sometimes has to work under pressure. Members of the pharmacy team complete regular training to help them keep their knowledge up to date.

### Inspector's evidence

The pharmacy team included two pharmacists, four pharmacy technicians, one of whom was trained to accuracy check, and a dispenser. The majority of the pharmacy technicians did not routinely work in the pharmacy as their roles were related to medicine administration in the house blocks. There were four further pharmacy technician vacancies for these roles which the pharmacy had been trying to fill for some time. All members of the pharmacy team were appropriately trained. The workload was usually manageable. But the pharmacy had recently had difficulty in obtaining cover when there were absences. For example, the previous week there had been a number of unexpected absences which meant the pharmacist had to work on their own without the support of other team members. The pharmacist had devised a system for self-checking when working alone to help reduce the likelihood of a mistake.

The pharmacy provided the team with an e-learning training programme. And the training topics appeared relevant to the services provided and those completing the e-learning. Training records were kept showing that ongoing training was regularly completed.

A dispenser gave an example about how she would query a prescription. First she would check her concerns with the pharmacist before contacting the prescriber about their query. The pharmacist was able to exercise his professional judgement, and this was respected by members of the pharmacy team. Members of the team felt there was good support from the pharmacist. They were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or head of healthcare. There were no professional based targets in place.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean, secure and suitably maintained. It provides a suitable space for the services it provides.

### Inspector's evidence

The pharmacy was located within a designated room in the health centre, located inside the secure facility. It was clean and tidy, and appeared adequately maintained. The dispensary was small. To help manage the limited space, team members staggered the workload. A plan to move to a larger area within the prison was underway. Patient sensitive information was not visible to non-pharmacy team members. The temperature was controlled using air conditioning units. Lighting was sufficient. Team members had access to a kitchenette area and WC facilities. The overall appearance of the pharmacy was professional.

## Principle 4 - Services ✓ Standards met

### Summary findings

Members of the pharmacy team and the pharmacy's services are accessible to the intended users. The pharmacy manages and provides its services safely. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition.

### Inspector's evidence

The pharmacy was inside the prison, and it could not be accessed by prisoners or unauthorised staff. People were able to speak to pharmacy technicians when they received their medicines at medicine hatches in the house blocks. If the pharmacy technician could not answer the person's query, it would be forwarded on the clinical system to the most appropriate person to resolve the query. People could also book medication review appointments with the pharmacist.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The pharmacist performed a clinical check of all prescribed medicines on the clinical system. This included checking for any high-risk medicines (such as warfarin, lithium, and methotrexate) and checking the latest blood results were appropriate. Members of the team were aware of the risks associated with the use of valproate during pregnancy. But due to the all-male population, there were no people meeting the risk criteria. The pharmacy had a suitable process to transport medicines to the house blocks.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. A programme to check the dates of stock medicines was in place. A task sheet was signed by team members as a record of when date checking had been completed. Short-dated stock was highlighted using a highlighter pen and liquid medication had the date of opening written on. Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. There was a clean medicines fridge with a thermometer. The minimum and maximum temperature was being recorded daily and records showed they had remained in the required range. Patient returned medication was disposed of in designated bins. Drug alerts were received by email from the MHRA. A full record was kept for future reference, showing what action had been taken against the alert.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

### Inspector's evidence

The pharmacy team had access to the internet for general information. This included access to the BNF, BNFc and Drug Tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures. The pharmacy also had counting triangles for counting loose tablets. Equipment was kept clean. A cordless phone was available in the pharmacy which allowed team members to move to a private area if the phone call warranted privacy.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✓</span> <b>Excellent practice</b>	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.
<span style="color: green;">✓</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✓</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.