

Registered pharmacy inspection report

Pharmacy Name: HMP Wandsworth, Heathfield Road, London, SW18
3HU

Pharmacy reference: 9011226

Type of pharmacy: Prison

Date of inspection: 22/09/2021

Pharmacy context

The pharmacy is inside HMP Wandsworth and provides services to the prison. These include dispensing medicines and administering medicines on the wings. The pharmacy team provides additional services such as medicine reviews and medicine reconciliation. The pharmacy also has appropriate authority to supply medicines including controlled drugs as stock to other healthcare services within the prison. The inspection took place during the COVID-19 pandemic.

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 make additional checks when people don't attend for their medicines to help make sure people get the right support.
2. Staff	Standards met	2.2	Good practice	Staff can show that they understand their roles and are empowered to make decisions that benefit the health of their patients.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy team takes proactive action to ensure that people receive effective care.
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. The pharmacy maintains the records it should. Its team members have identified roles and accountabilities. They support and assist vulnerable people well. The pharmacy deals with its mistakes responsibly. But because it does not record all its mistakes or regularly review them, team members may be missing some learning opportunities to make things safer.

Inspector's evidence

The pharmacy had processes in place to identify and manage the risks associated with its services. This included for COVID-19. The pharmacy had a set of standard operating procedures (SOPs) and local operating procedures (LOPs) specific to the prison. They provided guidance for the pharmacy team about how to carry out their tasks correctly. The staff were able to explain their roles and responsibilities.

The pharmacy had a process for recording dispensing mistakes that were identified before reaching a person (near misses) and dispensing mistakes where they had reached the person (errors). Staff described how they discussed any near misses with the accuracy checker when they were highlighted to them. They said the details were recorded and reviewed monthly. The review was then fed back to the team. When recent near miss records were checked there was a significant variation in the numbers recorded each month. The pharmacist said that staff sometimes didn't record near misses and she would work with them to encourage them to record them all.

The pharmacy had audit trails to support the safe delivery of its dispensing services. The clinical check was also recorded on the patient's electronic record (SystemOne). The final check for accuracy was by the responsible pharmacist (RP) or the accuracy checking technician (ACT). Prescriptions were printed off from SystemOne and signed by a prescriber before they were dispensed.

The pharmacy largely maintained appropriate records to support the safe delivery of pharmacy services. These included the RP record, controlled drugs (CD) registers, and fridge temperature records. Balances for CDs were checked regularly. The pharmacy had appropriate professional indemnity insurance. Staff had been trained about data protection. The pharmacy had a policy about information governance. Confidential waste was disposed of appropriately. The pharmacy's dispensing system and SystemOne were password protected. The team used their own smart cards to access medication records, which could only be accessed by authorised personnel.

The pharmacy team had a good understanding of safeguarding requirements. The pharmacy technicians explained that if vulnerable people on the wing did not come to the treatment room for their medicine, they went to their cell to find out why they hadn't attended. If the person refused to take their medicine they referred them for review.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has adequate numbers of staff to manage its workload. Staff can show that they understand their roles and are empowered to make decisions that benefit the health of their patients. And they can raise concerns if necessary. The pharmacy's team members are given opportunities for self-development. And they have access to ongoing training modules. This helps keep their knowledge and skills up to date.

Inspector's evidence

At the time of the inspection, there were three pharmacists. There were also 16 pharmacy technicians, of which 10 were accuracy checking technicians and three were medicine management technicians. In addition there were two pharmacy assistants. The pharmacy technicians were mainly based in the treatment rooms on the wings. During the inspection the pharmacy team effectively managed the day-to-day workload.

The team had access to e-learning for ongoing training. Some of the training was mandatory and its completion was monitored. This included topics such as data protection, safeguarding and basic life support. Informal training was provided as required. Staff were supported in their development. One member of staff described how she had requested to become an accuracy checking technician and had recently completed the course; she said that she had been supported while training. Another technician explained the medicine management training he had been given. Staff had a yearly appraisal and also had regular monthly one to one meeting with their line manager. Staff explained how they felt supported and were able to give suggestions and feedback.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure, and appropriately maintained. The premises have enough space to deliver the services it provides. Its team members keep the premises clean. And it has measures in place to help stop the spread of Covid-19.

Inspector's evidence

The pharmacy was in the healthcare block of the prison. It was small but there was just enough space for its workload. The dispensary had areas clearly marked for the various processes and clear workflows in place. The temperature in the pharmacy was suitable to store medicines. The premises were clean and lit appropriately, and hot and cold running water was available. Staff cleaned the pharmacy regularly. The premises were secure against unauthorised access.

The pharmacy had processes in place to support safe working during the Covid-19 pandemic. Hand sanitisers were present for the team. Areas of the dispensary had a maximum number of staff that could work safely within them and markers had been placed on the floor to help with social distancing. Staff were given the choice to wear face masks. Risk assessments for COVID-19 had been completed. Team members had been given the opportunity to be vaccinated against COVID-19 and testing with lateral flow tests was also available.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely. The pharmacy team is proactive about ensuring that people receive effective care. The pharmacy gets its medicines and medical devices from reputable sources and stores them safely. It takes the right actions if any medicines or devices are not safe to use to protect people's health and wellbeing. And its pharmacists make suitable interventions to protect people's health and wellbeing.

Inspector's evidence

There was no patient access to the pharmacy. The pharmacy used a dispensing audit trail which included use of 'dispensed by' and 'checked by boxes' on the medicine label. In addition, the pharmacist who completed the clinical check was recorded on SystmOne. This helped identify who had completed each task. The team used trays to hold prescriptions and medicines during the dispensing process. This helped keep them separate. Trays were colour coded according to priority.

The pharmacist explained that the prison had a high number of remand prisoners which meant there was a large turnover in patients. The pharmacy team worked hard to ensure that, where it was safe, people managed their own medicines. Most medicines were supplied to people who were allowed to take away 28 days of medicines at a time (28-day In-possession). In-possession medicines are medicines that the prison has decided are safe for some patients to hold and take themselves. The pharmacy had also introduced a process for people to order their own in-possession medicines. This was to encourage and support people in managing their own healthcare. A small number of people were given enough medicines to last seven days. Other people attended the treatment room to receive their medicines at an appropriate time.

The pharmacy's stock was stored appropriately in the dispensary. The pharmacy used licensed wholesalers to obtain medicines and medical devices. The team date-checked medicines for expiry regularly and kept records of when this had happened. Short-dated medicines were identified. The pharmacy received drug alerts by email and took appropriate action to keep people safe. The pharmacy kept suitable records to show this.

The pharmacy technicians were responsible for most of the administration and management of medicines on the wing. They could also supply some medicines for minor ailments under a 'homely remedies' policy. Staff had a clear understanding of this process and of the benefits this process had for the overall health care provision. The service for one wing was provided by nursing staff. This service was mainly well managed with regular audits to monitor compliance. The technicians also gave advice and checked on vulnerable people who did not go to the treatment room to receive their medicine.

The pharmacy had a robust process to assess and manage the medicine needs of people who had just arrived at the prison. The medicines reconciliation pharmacist screened all prescriptions for 'first night' patients and assessed the medicines they had brought in to make sure they were suitable to be used and dealt with complex cases. Medicine management technicians made sure that people were getting all their medicines by speaking to them, and where necessary checking their summary care record, phoning their surgery or pharmacy to confirm details. In addition, prescriptions for all people were clinically checked by a pharmacist and the pharmacy provided evidence of recent clinical interventions.

The pharmacists also went onto the wing to speak to people with complex needs.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to a suitable range of equipment and facilities for the services it provides.

Inspector's evidence

The pharmacy had a range of equipment. This included legally compliant CD cabinets and appropriately operating pharmacy fridges. Records showed that the fridges stored medicines correctly between 2 and 8 degrees Celsius. COVID-19 vaccinations had been stored in a fridge whose temperature was monitored over 24 hours using a data logger. Staff also had access to the internet. Electrical equipment had been recently tested to make sure it was safe.

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.