

Registered pharmacy inspection report

Pharmacy Name: HMP Hewell, Hewell Lane, Redditch,
Worcestershire, B97 6QS

Pharmacy reference: 9011630

Type of pharmacy: Prison / IRC

Date of inspection: 07/12/2022

Pharmacy context

This is a pharmacy situated inside HMP Hewell near Redditch, south of Birmingham. 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
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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. 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. Members of the team discuss things that go wrong, but they do not always make a record or review previous errors. So they may miss some learning opportunities.

Inspector's evidence

There was a set of standard operating procedures (SOPs). 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 last record made was on 10th November, and members of the team did not think recent incidents had been recorded. Previous near miss records had not been reviewed to identify any trends or themes. The pharmacist said she normally highlighted and discussed mistakes with members of the team at the point of the accuracy check. The pharmacy team had identified some of their medicines which 'look-a-like' or 'sound-a-like' and placed alert stickers in their dispensary locations. Dispensing errors were investigated and recorded using the 'Datix' recording system.

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. Current professional indemnity insurance was in place. 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 destroyed using the on-site shredder. 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 members of the team are sometimes deployed elsewhere in the prison, which puts additional pressure on the dispensing service. Members of the pharmacy team complete regular training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included three pharmacists, seven pharmacy technicians and two dispensers. The pharmacy technicians did not routinely work in the pharmacy as their roles were related to medicine administration in the house blocks. There were two further pharmacy technician vacancies for these roles which the company had been trying to fill for some time. All members of the pharmacy team were appropriately trained. The normal staffing level in the pharmacy was supposed to be a pharmacist supported by two dispensers. But due to absences and vacancies, members of the team were sometimes asked to work in the house blocks away from the pharmacy. This meant the pharmacist sometimes worked alone without dispenser support. Agency nurses or pharmacy technicians were used to help alleviate the pressures of pharmacy technician absences on the house blocks.

The volume of work was quite low and so was manageable. But there were pinch points during the end of the week which meant there was a short amount of time between receiving a prescription and the time of delivery on a Thursday and Friday. This was due to demands on the prescriber which meant they were not able to issue prescriptions until around 2.30pm. Medicines needed to be dispensed before 4pm to ensure they were transported to the house block. The pharmacy was limited in being able to make any changes to this arrangement.

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 of how she would query a prescription after confirming her initial thoughts with the pharmacist. This involved contacting the prescriber about their query. The pharmacist said she felt able to exercise her professional judgement and this was respected by members of the pharmacy team. Members of the team felt there was good support from the pharmacist. A daily team meeting occurred involving the healthcare team and members of the pharmacy team. They discussed any concerns and complex cases. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or SI. There were no performance 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 size of the dispensary was sufficient for the workload. Patient sensitive information was not visible to non-pharmacy team members. The temperature was controlled using a heating system. Lighting was sufficient. The staff had access to a kitchenette area and WC facilities. The overall appearance of the pharmacy appeared 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 premises 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.

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. A quadrant stamp was stamped on prescription forms and initialled by the team member responsible for each stage of the dispensing process. But a number were found incomplete, which meant there was no audit trail in the event of a query.

The pharmacist performed a clinical check of all prescribed medicines. 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 secure process to transport medicines to the house blocks.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Stock was date checked monthly. A date checking matrix was signed by team members as a record of what had been checked. Short-dated stock was highlighted using a sticker 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. CD denaturing kits were available for use. 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. But the bins were full, and a small overflow of returned medicines had been segregated in boxes whilst the team waited for the bins to be emptied. Drug alerts were received by email from the MHRA. A full record was kept showing what action had been taken in response to the alerts.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services provided. 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. According to the stickers attached, electrical equipment had been PAT tested in January 2022. 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
✓ 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.