

Registered pharmacy inspection report

Pharmacy Name: HMP Five Wells, 301 Doddington Road,
Wellingborough, NN8 2NX

Pharmacy reference: 9011772

Type of pharmacy: Prison / IRC

Date of inspection: 10/01/2024

Pharmacy context

The pharmacy is inside HMP Five Wells, a category C male prison. The pharmacy supplies individually labelled medicines to the prison wings for people to take as in-possession or as supervised doses. It provides medicine stock to the healthcare units in the wings. The pharmacy team administers medicines to people on the wings. The pharmacy also has appropriate authority to supply medicines including controlled drugs as stock to the healthcare services within the prison.

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

Overall, the pharmacy suitably identifies and manages the risks associated with its services. The pharmacy protects people's private information. Its team members have identified roles and accountabilities. And it keeps the records it needs to by law. 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. And the pharmacy team needs to work effectively with prison officers to make sure that people's confidentiality is fully maintained when they receive their medicines.

Inspector's evidence

The pharmacy had processes in place to identify and manage the risks associated with its services. The pharmacy had a set of standard operating procedures (SOPs) which had been signed by the pharmacy team members to show they had read them. Staff were able to explain their roles and responsibilities. The SOPs had been reviewed. But the new SOPs had not yet been implemented because they were going through the approval process and so some of the SOPs in use were now out of date.

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). Errors were recorded on Datix and reviewed. Near misses were discussed with the member of staff at the time and written in the near miss log. But the records for these often did not have learning points recorded. The pharmacist said that regular monthly reviews were not taking place. The pharmacy manager said that she would re-introduce reviews so that the team could fully learn from mistakes.

The pharmacy had audit trails to support the safe delivery of its dispensing services. Prescriptions were printed off from SystemOne (a computer system to record patient information) and signed by a prescriber before they were dispensed. The pharmacist completed a clinical check to make sure that the medicine was appropriate and was in the formulary. The final check for accuracy was by a pharmacist or an accuracy checking technician (ACT). An ACT explained that the pharmacist signed the prescription to show that it had been clinically checked before they were able to complete the accuracy check.

The pharmacy maintained appropriate records to support the safe delivery of pharmacy services. These included the responsible pharmacist (RP) record and controlled drugs (CD) registers. The pharmacy checked the running balances for CDs on a regular basis. The entries checked at random in the CD register during the inspection agreed with the physical stock held. Patient-returned CDs were recorded in a designated register. Patient-returned CDs and date-expired CDs were clearly marked and separated from stock CDs to prevent dispensing errors.

Any complaints about the pharmacy were managed through the wider healthcare complaints policy. The pharmacy had an information governance policy. The pharmacy had appropriate professional indemnity insurance. The pharmacy's dispensing system and SystemOne were password protected. Confidential waste was disposed of appropriately. But on the wings, the pharmacy technicians did not always ensure there was sufficient space between each person waiting for their medicine for each

person to receive their medicine without being overheard by other people. This was made more difficult because prison officers were not present to manage the queue at the entrance to the hatch area. The pharmacy manager said she would work to improve confidentiality.

The pharmacy had safeguarding procedures and guidance for the team to follow. All team members had completed mandatory annual training. The pharmacy technicians explained that if vulnerable people on the wings did not come to the treatment room for their medicine, they usually went to their cell to find out why they had not attended. If necessary, they referred them to the appropriate team for review.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members work well together to manage the day-to-day workload within the pharmacy. They are suitably trained for the roles they undertake. Team members can raise concerns if needed.

Inspector's evidence

In the pharmacy at the time of the inspection, there were two pharmacists, one pharmacy technician and two dispensers. Other pharmacy technicians were mainly based out on the wings. During the inspection, the pharmacy team effectively managed the day-to-day workload.

Some training was mandatory, and its completion was monitored. This included topics such as data protection, safeguarding and basic life support. Staff said that they had additional, ad-hoc training from the pharmacist. Staff had regular monthly one-to-one meetings, where they were able to raise any concerns or issues. Staff explained that they felt supported and were able to give suggestions and feedback. There were also regular pharmacy team meetings, and they attended the regular daily healthcare meetings. In addition, the pharmacists and senior technicians attended regular meetings with senior members of the healthcare teams.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are appropriate for the services the pharmacy provides. And the pharmacy is suitably clean, hygienic, and secure.

Inspector's evidence

The pharmacy was in the healthcare block of the prison. It was a little small for the services provided but was well managed. The pharmacy had air conditioning to maintain a suitable temperature for storing medicines. The premises were clean and lit appropriately, and hot and cold running water was available. The premises were secure against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's healthcare services are suitably managed. It makes sure that people receive appropriate care, but it could develop the ways advice is given to make sure people have a good understanding of the medicines they are taking. The pharmacy gets its medicines and medical devices from reputable sources. It stores them safely and it knows the right actions to take if medicines or devices are not safe to use to protect people's health and wellbeing.

Inspector's evidence

The pharmacy used a dispensing audit trail which included use of 'dispensed by' and 'checked by' boxes on the medicine label. The team used trays to keep prescriptions and medicines for different people separate during the dispensing process. This helped reduce the risk of error. The pharmacy supplied medicines in multi-compartment compliance packs to people to help them take their medicines at the right time. The team said that compliance packs included medicine descriptions on the packs to make it easier for people to identify individual medicines in their packs. Patient information leaflets were provided to people each month.

Some medicines were supplied to people who were allowed to manage their own medicines in the same way they would in the community (this was called In-possession). In-possession medicines were medicines that the prison had decided were safe for some patients to hold and take themselves. Other people attended the treatment room to receive their medicines at an appropriate time.

People did not directly access the pharmacy but were administered or supplied their medicines from rooms in the house blocks. The pharmacy technicians were responsible for the administration, supply of minor ailments, and management of medicines on the wings. The pharmacy technicians completed regular medicine management audits to make sure that the service was safe. They also gave advice to people about their medicines, asking the pharmacist for assistance where questions from people were more complicated. The pharmacy technicians recorded information on to the prescribing system such as when people refused their medication or did not attend to receive their medication. And they checked on vulnerable people who did not attend to receive their medicine.

The pharmacist had access to the prescribing system where people's medical records were recorded. So, they could clinically review all prescribed medicines to make sure they were safe and appropriate. And make sure that the supply matched the risk assessments completed for the person. They could also check the test results for people prescribed high-risk medicines. When asked, the pharmacists gave advice to pharmacy technicians and the wider health care team. But people could not access them directly for advice and they did not give proactive advice to people such as advice on a new medicine, or a change in dose.

The pharmacy also supplied stock to the prison's healthcare service through their wholesale dealer's licence. The requisition forms for controlled drugs did not fully comply with the legal requirements. The regional pharmacist, who was present for part of the inspection, said that she would make sure the forms were legally compliant. 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. A check of a small number of medicines did not find any that were out of

date. The pharmacy received drug alerts by email and took appropriate action to keep people safe. The pharmacy kept suitable records to show this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services. The team keeps the equipment clean and uses the equipment to help protect people's personal information.

Inspector's evidence

The pharmacy used suitable measures for measuring liquids. The pharmacy had up-to-date reference sources. Records showed that the fridges were in working order and stored medicines within the required range of 2 and 8 degrees Celsius. The pharmacy's portable electronic appliances had been last tested to make sure they were safe in 2022. The pharmacy manager said that she would ask about a new test.

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.