

Registered pharmacy inspection report

Pharmacy Name: HMP Rye Hill, Rye Hill Prison, Onley Park,
Willoughby, Rugby, CV23 8SZ

Pharmacy reference: 9011957

Type of pharmacy: Prison / IRC

Date of inspection: 04/09/2024

Pharmacy context

The pharmacy is located within HMP Rye Hill, a category B 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.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy does not identify and manage all of the risks associated with its services. It has not fully considered what activity can be carried out when the pharmacy does not have a responsible pharmacist.
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 not all met

Summary findings

The pharmacy does not identify and manage all of the risks associated with its services. It has not fully considered what activity can be carried out when the pharmacy does not have a responsible pharmacist. However, it records and regularly reviews its mistakes and can show how the team learns and improves from these events. It keeps the records it needs to by law. Team members know how to protect vulnerable people. And they keep people's personal information safe.

Inspector's evidence

When the regular pharmacist was on leave the pharmacy sometimes struggled to find another pharmacist to cover. The pharmacy was aware that no medicines could leave the pharmacy without a responsible pharmacist (RP) being present. But they thought they had been advised by the superintendent pharmacist (SI) that they could dispense medicines and it had been their usual practice to do so. This did not comply with the legal requirements. The SI subsequently said in an email that there had been some confusion in communication to the team and he had put a stop to this practice. 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 kept records about dispensing mistakes that were identified before they were handed out to a person (near misses) and those where dispensing mistakes had reached a person (dispensing 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 reviewed these records monthly to identify any trends or patterns. The pharmacist highlighted how the review had indicated that additional dispensers were required, and these had now been recruited.

There was a RP notice on display. 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.

Patients were able to submit complaints or provide feedback through the wider healthcare complaints policy, and the pharmacy was then sent details. The pharmacy had appropriate professional indemnity insurance. It had an information governance policy and the patient medication record (PMR) and SystmOne were password protected. The pharmacy team had undertaken training about the General Data Protection Regulation (GDPR) and had signed confidentiality agreements. And on the wings pharmacy technicians, with the support of the prison officers, were able to maintain good confidentiality when administering medicines. Confidential waste was securely disposed of. The pharmacy had safeguarding procedures and guidance for the team to follow. The pharmacists had completed the necessary up-to-date safeguarding training and all team members completed annual internal training. The pharmacy technicians administering medicines on the wings reported any concerns about people to the pharmacists and nursing team to review.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload safely. They are mainly appropriately trained for their roles and responsibilities. The pharmacy provides team members with ongoing training, they have regular appraisals and can raise concerns if needed.

Inspector's evidence

The pharmacy had one full-time pharmacist who was an independent prescriber. The pharmacy also had three pharmacy technicians and two dispensers. The pharmacy technicians split their time between working on the wings and the pharmacy. The pharmacy team was up to date with dispensing.

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. The pharmacist had trained as an advanced medical practitioner. But this skill was not being fully utilised. Staff had regular monthly one-to-one meetings, where they were able to raise any concerns or issues and give suggestions and feedback. There were also regular pharmacy team meetings, and they attended the regular daily healthcare meetings. Incentives and targets were not routinely used in the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are small for the services the pharmacy provides. But the team keeps the pharmacy secure, clean, and tidy.

Inspector's evidence

The pharmacy was in the healthcare block of the prison. It was a very small for the services provided but was well managed. A new healthcare block was being built and the pharmacy there was bigger. 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 and are accessible to people. 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

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 people to hold and take themselves. Other people attended the treatment room on the wings to receive their medicines at an appropriate time. The pharmacy technicians administered medicines from the treatment rooms, and they also gave advice to people about their medicines. The pharmacy technicians completed regular medicine management audits of the treatment rooms. 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. People could request to see the pharmacist and the pharmacist also provided a medicines review clinic. The pharmacist was an independent prescriber, he issued repeat prescriptions and occasionally covered for the other prescribers in acute clinics.

The pharmacist had access to the prescribing system where people's medical records were recorded. He clinically reviewed all prescribed medicines to make sure they were safe and appropriate. And to make sure that the supply matched the risk assessments completed for the person. When he wanted to give advice to people such as advice on a new medicine, or a change in dose he wrote a note asking the pharmacy technician to speak to the person.

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 compliance packs seen did not include 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.

The pharmacy obtained dispensing stock from a range of licenced wholesalers, and it was stored in a neat and tidy manner in the dispensary. The pharmacy team were not regularly date checking stock medicines, but a check of stock did not find any medicines that were out of date. Medicines were transported and stored securely. The pharmacy stored its CDs securely. The pharmacy received drug alerts electronically and took appropriate action to keep people safe. The pharmacy team 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 tested recently to make sure they were 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.