

Registered pharmacy inspection report

Pharmacy Name: HMP Risley, 617 Warrington Road, Risley,
Warrington, Cheshire, WA3 6BP

Pharmacy reference: 9012264

Type of pharmacy: Prison / IRC

Date of inspection: 10/01/2024

Pharmacy context

This is a pharmacy situated inside HMP Risley near Warrington, in Cheshire. It is registered as a pharmacy to dispense prescriptions for people living in HMP Thorn Cross, a nearby prison. The pharmacy 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 has procedures which the pharmacy team follows. 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 receive training, so they know how to keep private information safe. They discuss things that go wrong to help identify learning and reduce the chances of similar mistakes happening again.

Inspector's evidence

There was a set of standard operating procedures (SOPs). Members of the pharmacy team had signed training sheets to show they had read and accepted the SOPs. But there was no SOP related to working in the absence of a responsible pharmacist (RP). So team members may not have important information to refer to if it was required.

The pharmacy had systems in place to identify and manage risk, such as records of dispensing errors and their learning outcomes. A paper log was used to record near miss incidents. There had been a three-month gap in the records and team members explained that they had not always kept up to date with recording mistakes. The pharmacist would highlight mistakes to staff at the point of accuracy check and ask them to rectify their own errors to help them to identify learning. To help prevent picking errors, the team had moved the similar packs of amoxicillin containing 15 capsules and 21 capsules away from each other in the dispensary.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A locum dispenser was able to explain about their role and what their responsibilities were. Members of the pharmacy team wore standard uniforms and had ID badges identifying their names and roles. The correct RP notice was on display. The pharmacy had a complaints procedure. Any complaints would be recorded and followed up by the pharmacy team. A current certificate of professional indemnity insurance was available.

Records for the RP appeared to be in order. Controlled drug (CD) registers were maintained with running balances recorded. Two randomly selected balances were checked and were found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. The pharmacy team completed IG training. When questioned, a dispenser was able to explain how confidential waste was segregated and removed by a waste carrier. Safeguarding procedures were included in the SOPs. Members of the team had completed safeguarding training. They were able to explain what types of concern they would raise within the prison's safeguarding process.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough qualified staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete some additional training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included two pharmacists and two pharmacy technicians. All members of the pharmacy team were appropriately trained. The team appeared to be managing the volume of work. Staffing levels were maintained by agency staff and a staggered holiday system. The pharmacy was in the process of recruiting an additional two dispensers.

Members of the pharmacy team completed some additional training, for example they had recently attended a training event held by the prison sharing intelligence about ongoing safety concerns. The team were allowed learning time in work to complete training. But records were not always kept to help show learning needs had been fully addressed.

The pharmacy team were seen working well together and assisting one another with their work and queries. Each morning, they would discuss their workload. And they attended the healthcare team's daily huddle to discuss any specific queries. When questioned, they felt comfortable bringing questions to the pharmacist's attention about clinical concerns. And they felt able to raise these further with the prescribers if needed. The pharmacist felt able to exercise their professional judgement and this was respected by the regional pharmacist and members of the team. Appraisals were carried out twice a year. Team members were aware of the whistleblowing policy, and they were comfortable reporting any concerns to their line manager. There were no targets in place for professional services.

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 situated within a designated room in the healthcare centre, located inside the secure facility. It was clean and tidy, and appeared adequately maintained. Patient sensitive information was not visible to non-pharmacy team members. The temperature was controlled using electric heaters. 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

The pharmacy's services are accessible by the intended users. And it manages and provides them 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. The pharmacist carries out checks to help ensure people receive medicines that are appropriate for them.

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 members of the healthcare team when they received their medicines at medicine hatches in the house blocks at both prisons. Any medicine queries were noted and passed onto the pharmacy team to be followed up. 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 against the clinical system. This included 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.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines could be sourced from a specials manufacturer if necessary. A programme to check the expiry dates of medicines was in place. A sheet was signed by team members as a record of when this 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 temperatures had remained within the required range. Patient returned medication was disposed of in designated bins. Drug alerts were received by email from the Medicines and Healthcare products Regulatory Agency (MHRA). Alerts were printed, with details of any action taken, when and by whom written on for future reference.

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

Team members had access to the internet for general information. This included access to the British National Formulary (BNF), BNFc and Drug Tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. The pharmacy also had counting triangles for counting loose tablets. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from outside of the pharmacy. 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.