

Registered pharmacy inspection report

Pharmacy name: Sheldon Pharmacy

Address: 367 Eastern Avenue, Gants Hill, ILFORD, Essex, IG2 6NE

Pharmacy reference: 1031267

Type of pharmacy: Community

Date of inspection: 15/01/2026

Pharmacy context and inspection background

This pharmacy is part of small chain of three pharmacies located in a residential area in Ilford. In addition to dispensing prescriptions, it provides a range of NHS services including the New Medicines Service, the Hypertension case finding service, the Pharmacy First service, the contraception service and the discharge medicine service. It also offers a weight loss clinic via patient group directions and the service currently has relatively few people using it. It supplies medicines in multi-compartment compliance packs to a number of people to help them take their medicines safely and delivers medicines to some people. Enforcement action has been taken against this pharmacy, which remains in force at the time of this inspection, and there are restrictions on the provision of some services. The enforcement action taken allows the pharmacy to continue providing other services, which are not affected by the restrictions imposed.

This was a routine inspection of the pharmacy which focused on the core Standards relating to patient safety. Not all the Standards were inspected on this occasion. The pharmacy was last inspected in May 2016.

Overall outcome: Standards not all met

Required Action: Improvement Action Plan

Follow this link to [find out what the inspections possible outcomes mean](#)

Standards not met

Standard 1.1

- The pharmacy's standard operating procedures are not on the premises and available for the team to use. So, team members may be less clear about the correct procedures to follow.

Standard 1.8

- Not all team members understand their role in safeguarding vulnerable people. And not all of them have undertaken training about safeguarding. This means that they may be less able to appropriately identify and respond to any safeguarding concerns.

Standard 4.3

- The pharmacy does not monitor or record the temperature of its pharmaceutical fridges. So, it cannot demonstrate that it is storing its medicines requiring cold storage correctly.

Standards that were met with areas for improvement

Standard 1.2

- Team members can show what improvements have been made in the pharmacy as a result of dispensing mistakes. But they do not routinely record dispensing mistakes that are identified during the dispensing process. This could make it harder to review the mistakes and may mean the staff are missing out on opportunities to learn and make the pharmacy's services safer.

Standard 1.6

- The pharmacy largely keeps the records it needs to by law. But it does not regularly audit all its medicines which require additional records. So, this could make it harder for the pharmacy to identify any errors or loss of medicines promptly. In addition, the pharmacy does not always annotate amendments in the controlled drug (CD) register appropriately. It does not always record the correct prescribers' details for private prescriptions it dispenses. And it does not always appropriately label the medicines it supplies as an emergency. So, this could make the records less reliable and the specific details harder to find if there was a query. In addition, the pharmacy's consultation records for supplying Mounjaro did not include all the required information, for example it did not always record patient consent, and the weight was not recorded each time the medicine was supplied.

Standard 4.2

- The pharmacy team are aware of most of the requirements when dispensing valproate. But the team is not all aware of the need for individual risk assessments for people if supplying the medicine outside of its original pack.

Standard 4.4

- The pharmacy receives and deals with drug alerts and recalls appropriately. But it does not always record the action it has taken, which could make it harder for the pharmacy to

demonstrate what it had done in response.

Principle 1: The governance arrangements safeguard the health, safety and wellbeing of patients and the public

Summary outcome: Standards not all met

Table 1: Inspection outcomes for standards under principle 1

| Standard | Outcome of individual standard | Area for improvement/ Area of good or excellent practice |
|--|--------------------------------|---|
| 1.1 - The risks associated with providing pharmacy services are identified and managed | Not met | |
| 1.2 - The safety and quality of pharmacy services are regularly reviewed and monitored | Met | Area for improvement |
| 1.3 - Pharmacy services are provided by staff with clearly defined roles and clear lines of accountability | Met | |
| 1.4 - Feedback and concerns about the pharmacy, services and staff can be raised by individuals and organisations, and these are taken into account and action taken where appropriate | Standard not inspected | |
| 1.5 - Appropriate indemnity or insurance arrangements are in place for the pharmacy services provided | Met | |
| 1.6 - All necessary records for the safe provision of pharmacy services are kept and maintained | Met | Area for improvement |
| 1.7 - Information is managed to protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services | Met | |
| 1.8 - Children and vulnerable adults are safeguarded | Not met | |

Principle 2: Staff are empowered and competent to safeguard the health, safety and wellbeing of patients and the public

Summary outcome: **Standards met**

Table 2: Inspection outcomes for standards under principle 2

| Standard | Outcome of individual standard | Area for improvement/ Area of good or excellent practice |
|---|--------------------------------|---|
| 2.1 - There are enough staff, suitably qualified and skilled, for the safe and effective provision of the pharmacy services provided | Met | |
| 2.2 - Staff have the appropriate skills, qualifications and competence for their role and the tasks they carry out, or are working under the supervision of another person while they are in training | Met | |
| 2.3 - Staff can comply with their own professional and legal obligations and are empowered to exercise their professional judgement in the best interests of patients and the public | Met | |
| 2.4 - There is a culture of openness, honesty and learning | Standard not inspected | |
| 2.5 - Staff are empowered to provide feedback and raise concerns about meeting these standards and other aspects of pharmacy services | Standard not inspected | |
| 2.6 - Incentives or targets do not compromise the health, safety or wellbeing of patients and the public, or the professional judgement of staff | Standard not inspected | |

Principle 3: The environment and condition of the premises from which pharmacy services are provided, and any associated premises, safeguard the health, safety and wellbeing of patients and the public

Summary outcome: **Standards met**

Table 3: Inspection outcomes for standards under principle 3

| Standard | Outcome of individual standard | Area for improvement/ Area of good or excellent practice |
|--|--------------------------------|--|
| 3.1 - Premises are safe, clean, properly maintained and suitable for the pharmacy services provided | Met | |
| 3.2 - Premises protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services | Met | |
| 3.3 - Premises are maintained to a level of hygiene appropriate to the pharmacy services provided | Standard not inspected | |
| 3.4 - Premises are secure and safeguarded from unauthorized access | Met | |
| 3.5 - Pharmacy services are provided in an environment that is appropriate for the provision of healthcare | Standard not inspected | |

Principle 4: The way in which pharmacy services, including management of medicines and medical devices, are delivered safeguards the health, safety and wellbeing of patients and the public

Summary outcome: Standards not all met

Table 4: Inspection outcomes for standards under principle 4

| Standard | Outcome of individual standard | Area for improvement/ Area of good or excellent practice |
|---|--------------------------------|---|
| 4.1 - The pharmacy services provided are accessible to patients and the public | Met | |
| 4.2 - Pharmacy services are managed and delivered safely and effectively | Met | Area for improvement |
| 4.3 - Medicines and medical devices are: obtained from a reputable source; safe and fit for purpose; stored securely; safeguarded from unauthorized access; supplied to the patient safely; and disposed of safely and securely | Not met | |
| 4.4 - Concerns are raised when medicines or medical devices are not fit for purpose | Met | Area for improvement |

Principle 5: The equipment and facilities used in the provision of pharmacy services safeguard the health, safety and wellbeing of patients and the public

Summary outcome: **Standards met**

Table 5: Inspection outcomes for standards under principle 5

| Standard | Outcome of individual standard | Area for improvement/ Area of good or excellent practice |
|---|--------------------------------|---|
| 5.1 - Equipment and facilities needed to provide pharmacy services are readily available | Met | |
| 5.2 - Equipment and facilities are: obtained from a reputable source; safe and fit for purpose; stored securely; safeguarded from unauthorized access; and appropriately maintained | Standard not inspected | |
| 5.3 - Equipment and facilities are used in a way that protects the privacy and dignity of the patients and the public who receive pharmacy services | Standard not inspected | |

What do the summary outcomes 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. |