

# Registered pharmacy inspection report

**Pharmacy Name:** Chipping Ongar Pharmacy, 205 High Street,  
Chipping Ongar, ONGAR, Essex, CM5 9JG

**Pharmacy reference:** 1031326

**Type of pharmacy:** Community

**Date of inspection:** 21/04/2023

## Pharmacy context

The pharmacy is in a village on the high street. It provides NHS and private prescription dispensing mainly to local residents. The pharmacy supplies some medicines in multi-compartment compliance packs for people who need extra help in taking their medicines. And it delivers the Community Pharmacist Consultation Service (CPCS) to help people who have a minor illness or need an urgent supply of a medicine. It provides a flu vaccination service and a travel vaccination service. The pharmacy provides a supervised consumption service for people treated by the drug and alcohol team. The premises has had two changes of ownership in the last few years.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

Members of the pharmacy team work to professional standards and identify and manage risks effectively. The team members are clear about their roles and responsibilities. They record mistakes they make during the pharmacy processes. And they learn from these to avoid problems being repeated. The pharmacy keeps its records up to date which show that it is providing safe services. It manages and protects information well and it tells people how their private information will be used. The team members also understand how they can help to protect the welfare of vulnerable people.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were issued by the company. The SOPs covered the services that were offered by the pharmacy. The pharmacy's team members said they had been read. The procedures said the team members should log any mistakes in the dispensing process in order to learn from them. They regularly logged any issues and had regular meetings to discuss trends and learning from these near misses. Similar looking and sounding medicines were separated on the shelves.

The pharmacy conspicuously displayed the responsible pharmacist notice. The responsible pharmacist record required by law was up to date and filled in correctly. The pharmacy team members were aware of their roles and they were observed asking the pharmacist for advice, when needed.

The pharmacy team recorded private prescriptions and emergency supplies on the computer, but the details of the prescriber were not always recorded accurately. The controlled drugs registers were up to date and legally compliant and were kept electronically. The team did regular checks on the recorded balance and actual stock of controlled drugs to ensure that there were no missing entries.

Computers and labelling printers were used in the pharmacy. Information produced by this equipment was not visible to people in the retail area. Computers were password protected to prevent unauthorised access to confidential information. Other patient-identifiable information was kept securely, away from the public view. Confidential waste was separated into bags and disposed of by a licensed waste contractor. Access to the NHS database was robust, with staff seen to remove their access cards when not using the computers.

The pharmacist had undertaken level 2 training on safeguarding and the whole team had done company training on the subject. There were local telephone numbers for the safeguarding boards available for use if needed. The pharmacy had professional indemnity and public liability insurances in place.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough qualified staff to provide safe services. Its staffing rotas enable it to have good handover arrangements and effective staff communication. They are reviewed and changed as needed to improve the efficiency of the team. Formal training is not provided by the company, but the team members use pharmacy magazines and other literature to help keep their skills and knowledge up to date.

### Inspector's evidence

There was a regular pharmacist, an Accuracy Checking Technician (ACT) and a dispenser working in the dispensary on the day of the inspection as well as a counter assistant. There were two other dispensers and a delivery driver in the team, who were not present for the inspection. The dispensary was well organised, with the team members dividing the tasks and changing their jobs regularly so that they all worked efficiently.

Staff were not given formal training once they had completed their required training. But the pharmacist made sure they read relevant articles in pharmacy magazines. They had regular appraisals and said that they were well supported by the management team and were able to make suggestions about changes to processes in the pharmacy.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises generally provide a safe, secure and professional environment for people to receive healthcare. But the appearance of some parts of the premises could be improved.

### Inspector's evidence

The shop was in a listed building and access was down a step from the pavement. The shop area was small, and had a consultation room, which had been fitted out by a previous owner. The room was clean, tidy and bright with space for the less able to access it. There were two chairs and a table in the room. Sharps were stored appropriately.

The dispensary was towards the back of the shop and consisted of four separate rooms. It was well ordered, with separate areas for dispensing and checking. The shelving was in good order and suitable for the stock. However, although the working surfaces were clean and tidy, there were areas left grubby, such as the shutter cover, and some of the walls high up. The older-style fixtures also did not add to a positive appearance in the shop. There was a toilet, with hand washing facilities as well as a separate sink for dispensary use.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's working practices are safe and effective, and it gets its medicines from reputable sources. Pharmacy team members are helpful and give advice to people about where they can get other support. They try to make sure that people have all the information they need so that they can use their medicines safely although there are times when this does not happen consistently.

### Inspector's evidence

Access to the pharmacy was through one of two narrow doors, which would be tight for wheelchair and double-buggy users. People were signposted to other services available locally when required. The use of baskets helped to ensure that prescription items were kept together and were easy to move from one area of the dispensary to another. Prescriptions where the person was waiting were put into red baskets to highlight this fact. Computer-generated labels included relevant warnings and were initialled by the dispenser and checker which allowed an audit trail to be produced. Schedule 4 controlled drug prescriptions were not always highlighted to staff who were to hand them out. This could increase the chance of these items being handed out more than 28 days after the date on the prescription. Prescriptions for warfarin, lithium or methotrexate were sometimes flagged by the pharmacists, and then staff would ask people about any recent blood tests or their current dose. But if the pharmacists did not flag the prescription, the staff would not always notice the medicine and ask the same questions. So, the pharmacy could not show that it was always monitoring the patients in accordance with good practice. People in the at-risk group who were receiving prescriptions for valproate were routinely counselled about pregnancy prevention. And appropriate warnings stickers were available for use if the manufacturer's packaging could not be used. Travel vaccines were administered to people using the authority of a prescription.

Some people were being supplied their medicines in multi-compartment compliance packs. These packs were labelled with the information the person needed to take their medicines in the correct way. The packs also had tablet descriptions to identify the individual medicines contained in the packs. No patient information leaflets (PILs) were supplied, meaning that people could not easily access the information provided by the manufacturer about their medicines. The pharmacist said they would add these to the supplies in the future. There was a summary sheet in the pharmacy for each person receiving these packs showing any changes to their medicines and where the medicines were to be placed in the packs.

The pharmacy got its medicines from licensed wholesalers and stored them on shelves in a tidy way. There were 'use first' stickers on the shelves and boxes to indicate items which were short dated. Regular date checking was done. Fridge temperatures were recorded daily and were within the recommended range. Drug alerts were received, actioned and filed appropriately to ensure that recalled medicines did not find their way to people who used the pharmacy.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy generally has the right equipment for its services. It makes sure its equipment is safe to use.

### Inspector's evidence

There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination. The pharmacy had a separate triangle marked for use with methotrexate tablets ensuring that dust from them did not cross contaminate other tablets. The pharmacy had access to up-to-date reference sources. This meant that people could receive information which reflected current practice. Electrical equipment was regularly tested. Stickers were affixed to various electronic equipment and displayed the next date of testing.

### 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.