General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Elgon Chemists, 6-8 Nazeingbury, Nazeing, WALTHAM ABBEY, Essex, EN9 2JL

Pharmacy reference: 1031452

Type of pharmacy: Community

Date of inspection: 29/02/2024

Pharmacy context

This pharmacy is located in a parade of shops in Nazeing in Essex. It provides a variety of services including dispensing of NHS prescriptions and the New Medicine Service (NMS). It also provides medicines in multi-compartment compliance packs to people who have difficulty remembering to take their medicines.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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 generally manages the risks associated with its services. And it has appropriate insurance arrangements in place. Team members take the right steps to protect people's confidentiality. People can give feedback about the pharmacy's services. And the pharmacy keeps the records it needs to by law.

Inspector's evidence

The correct responsible pharmacist (RP) notice was displayed in the pharmacy. The pharmacy had standard operating procedures (SOPs) available in the pharmacy. These had been read by all team members who had signed to confirm that they had read them. Most SOPs were up to date, but there were a couple that were overdue a review. The RP said he would inform the superintendent pharmacist (SI) of this.

The pharmacy had paper log sheets in the dispensary for recording near misses (dispensing mistakes spotted before a medicine was handed to a person). However, the team was not always recording near misses when they occurred. So, the team could be missing out on potential opportunities to learn from mistakes and patterns of near misses could go unnoticed. The RP gave assurances that in future all near misses would be recorded. With regards to dispensing errors (a mistake which reached a person), the RP stated that there had not been a dispensing error for some time. However, he stated that if a dispensing error did occur, the error would be corrected, recorded in detail on the person's record and discussed with the team. The RP explained that as a result of a previous dispensing error, two similar sounding medications had been separated on the dispensary shelves to reduce the chance of a similar incident occurring again.

People could submit a complaint or feedback about the pharmacy in person or on the phone. The RP said the pharmacy would initially handle the complaints, but they could be escalated to the SI if necessary. The RP confirmed he had completed level three safeguarding training with the Centre for Pharmacy Postgraduate Education (CPPE). The RP knew what to do if a vulnerable person presented in the pharmacy and had contact details of local safeguarding leads. Confidential waste was shredded onsite as soon as it was no longer needed. No confidential information was found in the general waste bin. And no person-identifiable information could be seen from outside the dispensary.

The pharmacy had current indemnity insurance. Controlled drugs (CDs) registers seen included all details required by law. A balance check of a CD showed that the amount in stock matched the recorded stock in the register. The pharmacy kept records about unlicensed medicines supplied to people and these largely had all the required details including the name of the person for whom the medicines was for and the date of dispensing. The private prescription register was complete with all entries seen having the required details recorded. Records about emergency supplies were recorded on the patient medical record (PMR) and the RP provided appropriate examples for when to make an emergency supply. The RP record was complete with all entries seen having a start and finish time.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members to manage its workload safely. And team members do the right training for their roles. Team members do some ongoing training to keep their knowledge and skills up to date. And they feel comfortable about raising any concerns that they have.

Inspector's evidence

The pharmacy team consisted of the RP, plus another pharmacist who worked part-time. There was also one full-time dispenser and four part-time counter assistants. The RP felt the pharmacy had enough team members to manage the workload, and the team were up to date with their dispensing. All team members had either completed or were in the process of completing an accredited training course. Team members were observed working well together during the inspection. And they knew what could and could not be done in the absence of an RP.

The RP confirmed the team received some ongoing training in the pharmacy, for example when a new medicine or service was launched. And team members had an informal review with the pharmacist to discuss their progress. Team members having a regular formal appraisal of their performance was discussed with the RP. Team members had no concerns about raising any issues and would usually go to the RP first who could escalate to the SI if necessary. The RP confirmed that the team was not set any targets.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are safe and suitable for the provision of pharmacy services. And the pharmacy is generally kept clean and tidy. People can have a conversation with a team member in a private area. And the pharmacy is kept secure from unauthorised access.

Inspector's evidence

The front facia of the pharmacy was in an adequate state of repair. The shop floor area of the pharmacy was generally clean and tidy. And it had chairs for people who wished to wait for their prescriptions. Pharmacy-only (P) medicines were stored securely behind the counter. The dispensary area was generally clean and had just enough space for team members to work in. The dispensary had a sink for preparing liquid medicines which was generally kept clean. The temperature and lighting in the pharmacy were adequate. And the team had access to a toilet area with hot and cold running water and handwash. The pharmacy had a consultation room for people who wished to have a conversation in private. It was a bit cluttered which could detract from the overall look of the pharmacy, however it allowed for a conversation at normal volume to be had without being heard from the outside. There were some boxes which prevented access to the consultation room which were removed by the RP when prompted. The pharmacy was kept secure from unauthorised access.

Principle 4 - Services ✔ Standards met

Summary findings

On the whole, the pharmacy provides its services safely. And it stores its medicines appropriately. The pharmacy generally takes the right action in response to safety alerts ensuring people get medicines which are fit for purpose. And people with different needs can access its services.

Inspector's evidence

The pharmacy had step-free access via a ramp and an automatic door, however on the day of the inspection the door was not working and was required to be slid open manually to access the pharmacy. The RP stated that the SI had been informed of the issue and that the door was due to be fixed soon. The RP also said that the team would provide assistance to anyone having difficulty opening the door. The team was able to cater for people with different needs, for example by printing large-print labels for people with sight issues. And there was enough space for people with wheelchairs and pushchairs to access the dispensary counter. The dispensary had separate areas for dispensing and checking medicines, and baskets were used to separate prescriptions and reduce the chance of prescriptions getting mixed up. Checked medicines seen contained the initials of the dispenser and checker and this provided an audit trail.

The pharmacy provided a delivery service for people who had difficulty collecting their medicines from the pharmacy. The pharmacy and the driver each had a logbook with people's delivery details. These were stored in the pharmacy when not being used. The pharmacy would usually call people prior to deliveries to confirm them. If there was a failed delivery, the medicines would be returned to the pharmacy and a note put through the door with information about arranging a redelivery.

Multi-compartment compliance packs were prepared in a separate area of the dispensary. Packs that were seen had the required dosage and safety information. The packs also had a description of the shape, colour and any markings on the medicines to help people identify them. The RP confirmed that patient information leaflets (PILs) were supplied only with the first set of packs but not after this. This could make it harder for people to have up-to-date information about their medicines and the RP said that going forward PILs would be supplied monthly. Team members also stated that they would contact the surgery regarding any queries they had with prescriptions such as unexpected changes to people's treatment.

The pharmacy obtained medicines from licensed wholesalers and invoices were seen confirming this. CDs requiring safe custody were stored securely. Medicines requiring refrigeration were stored appropriately. Temperatures were recorded daily and were all within the required range. And the current temperatures were found to be in range during the inspection. Expiry date checks were carried regularly every four months, and a random check of medicines on the shelves found one medicine that had expired the previous month. Safety alerts and recalls were received by email, which were actioned as appropriate but were not stored or archived anywhere. This could make it harder for the team to locate an alert or demonstrate what action they had taken for it. Archiving of actioned safety alerts was discussed with the RP who stated that in future the pharmacy would archive the alerts after actioning them.

Team members were aware of the risks of sodium valproate, and the RP knew what to do if a person in

the at-risk category presented a prescription at the pharmacy. Team members knew where to apply a dispensing label to a box of sodium valproate so as not to cover any important safety information. And they were aware of recent changes to guidance for supplying sodium valproate. However, the RP stated that sodium valproate was supplied outside of the original pack for people who had difficulty with taking their medicines. The RP said that risks and benefits of this was discussed with the GP surgery and a decision was made to supply the sodium valproate in a compliance pack, however this had not been documented anywhere. The RP provided assurances that a risk assessment for this would be documented in writing. This was provided shortly after the inspection.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the appropriate equipment to provide its services safely. And it protects people's privacy when using its equipment.

Inspector's evidence

The pharmacy computers had access to the internet allowing team members to access any online resources they needed. The pharmacy had cordless phones so conversations could be had in private. Computers were password protected and faced away from public view to protect people's privacy. And team members were observed using their own NHS smartcards. The RP could not confirm when the electrical equipment had last been safety tested but said he would confirm this with the SI. The pharmacy had a blood pressure machine in the consultation room which was relatively new and did not require recalibration or replacement yet. The pharmacy had the appropriate calibrated glass measures for measuring liquid medicines, however these were stained with limescale. The RP said these would be cleaned promptly.

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.