

Registered pharmacy inspection report

Pharmacy Name: Boots, SU 8-11 Victoria Place Shopping Centre, 115
Buckingham Palace Road, LONDON, SW1W 9SJ

Pharmacy reference: 1040998

Type of pharmacy: Community

Date of inspection: 06/06/2023

Pharmacy context

This pharmacy is situated within a small Boots store in a shopping centre in Victoria train station. It is open extended hours over 7 days. The pharmacy dispenses both NHS and private prescriptions, and it sells over the counter medicines. It provides some other healthcare services including the NHS New Medicines Service, the NHS Community Pharmacy Consultation Service, the NHS Hypertension Case Finding Service, seasonal flu vaccinations and a private travel health service.

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	2.4	Good practice	The pharmacy has a positive culture of ongoing learning and improvement. And team members work well together.
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 effective systems in place to help manage the risks associated with its services. The pharmacy team keeps the records that it needs to by law. Members of the pharmacy team follow written procedures to help them work safely. They record and review things that go wrong so that they can learn from them. The pharmacy team keeps people's information safe. And team members are able to recognise and respond to safeguarding concerns.

Inspector's evidence

The pharmacy had comprehensive standard operating procedures (SOPs) covering operational tasks and the services provided. The superintendent pharmacist's (SI) team regularly reviewed and updated the SOPs. Some recently updated SOPs were due to be implemented. SOPs could be accessed on the pharmacy's online operating system. Pharmacy team members had individual training records on the system showing which SOPs they had completed training on. They completed a knowledge check to confirm their understanding of each SOP. The store manager demonstrated how he monitored training records to check the team were up to date. A new team member confirmed she had read some of the SOPs although she was waiting for her personal account to be set up on the system. Staff roles and responsibilities were described in the SOPs. The pharmacy displayed a responsible pharmacist (RP) notice identifying the pharmacist on duty on the prescription reception desk. The pharmacy's RP log was suitably maintained, and it had appropriate professional indemnity insurance for the services it provided.

The pharmacy had systems to manage the risks involved with its dispensing processes. The dispenser and checker initialled dispensing labels to provide an audit trail. The pharmacist explained how they used the handout process to make an extra check of any medication being supplied. A trainee dispenser explained how near miss incidents were recorded. The pharmacy team completed a monthly patient safety review which included an analysis of any near misses. The most recent review was displayed on the dispensary notice board. Dispensing incidents were reported to the superintendent's team using a separate system. This involved a more detailed analysis of the error to identify potential causes or contributing factors. The superintendent's team circulated patient safety information in a monthly internal publication. This included case studies and learning collated from incidents across all Boots pharmacies.

The store manager was responsible for managing any complaints, and he explained how he involved the pharmacist if they were healthcare related. Most issues raised were customer service related around waiting times. The main store was open slightly longer hours than the pharmacy. The store manager explained that they had received some feedback about opening hours of the pharmacy on Sundays, as it was only open for four hours, and some people felt this was inconvenient. But the store team were able to signpost to other pharmacies nearby.

Records and documentation were well organised and appeared to be well maintained. The pharmacy's controlled drugs registers included running balances and a weekly audit was completed. A spot check of a random balance was completed and found to be correct. Receipt of patient returned CDs and destructions were recorded appropriately. Electronic private prescriptions records contained all the

required information. Private prescriptions were filed in date order. And details of any supplies of unlicensed prescription medicines were documented.

Team members confirmed they had completed online training on data protection and confidentiality, and this was repeated annually. Confidential material was stored securely away from the public areas of the pharmacy. Confidential waste placed in a dedicated bin for destruction by a specialist contractor. A safeguarding policy was in place and the contact details of local agencies were available. The pharmacist had completed level 2 safeguarding training. Other team members completed in-house training. The pharmacist was able to describe occasions when they had offered support to vulnerable people. And the pharmacy had a chaperone policy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. The team members receive training, so they have the right skills for their roles. And the pharmacy supports team members to develop their knowledge. Team members are enthusiastic about their work, and teamwork is effective. The pharmacy has a positive culture where team members can raise concerns and make suggestions.

Inspector's evidence

The pharmacist, two trainee pharmacy advisors and a healthcare assistant were working in the pharmacy at the time of the inspection. The team managed the pharmacy's workload without any issues.

The pharmacy employed two regular pharmacists. There was a part time vacancy for a third pharmacist; these hours were being covered by relief pharmacists whilst recruitment was ongoing. Pharmacists usually worked whole day shifts, so the working hours were quite long. But the pharmacist felt this was not an issue and she took a rest break during quieter periods.

The pharmacy also employed a third qualified pharmacy advisor who was on leave. Holidays were planned and the team worked flexibly to cover absences.

The trainee pharmacy advisors were enrolled on appropriate courses. They were allocated time during working hours to complete training. The pharmacy also provided team members with additional training material to make sure the team kept its knowledge up to date. Completion of mandatory ongoing training was monitored. One of the trainee pharmacy advisors explained how she had progressed from working as a customer assistant in the main store. She felt well supported in her role and comfortable asking the pharmacist or store manager for guidance and support.

Members of the pharmacy team communicated openly about their work and were comfortable explaining how tasks were completed. Team members worked well together during the busy lunchtime period, and they had good rapport with customers. The pharmacist could contact the superintendent's team for support. One of the trainee dispensers explained that they had access to a whistleblowing policy phone number if they wanted to report any issues they didn't feel able to raise within the pharmacy team. The pharmacy set some performance targets for professional services. The store manager said the team was encouraged to achieve targets, but circumstances were taken into consideration. For example, the team released fewer travel health appointments if one of the team members was on leave. The pharmacist did not believe targets affected her professional judgement. She felt that targets were generally achievable if the team followed the correct processes.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment for healthcare services. A consultation room is available so people can receive services and have a conversation with a member of the pharmacy team in private.

Inspector's evidence

The pharmacy was situated in a purpose-built retail unit within a shopping centre. The registered premises consisted of the medicines counter, the dispensary and the consultation room which were situated next to each other at the back of the store. The rest of the retail area was not part of the pharmacy which meant the store could continue trading when the pharmacy was closed. The pharmacy area was secured using an alarmed retractable band and blinds were used to cover medicines to indicate they were not available for sale. A security guard usually patrolled the retail area and CCTV was in operation.

The dispensary reception area had two dispensing workstations, and there was a small room to the rear which provided extra bench and storage space. Working areas were organised and clean. The consultation room was basic but suitably equipped. The room was secured when not in use. It was used for services such as travel health consultations. But the room was not signposted so some people may not be aware of its availability.

Work areas were clean and tidy. Fittings were suitably maintained although they were showing some signs of wear and tear. Screens had been fitted to the counters during the pandemic to help with infection control. Lighting was adequate and the room temperature was controlled by air conditioning. There was a dedicated office, stock rooms and rest facilities in the basement; access to these areas was restricted to staff only.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy for people to access. It manages its services and supplies medicines safely. The pharmacy team members provide people with healthcare information and advice. The pharmacy obtains its medicines from licensed suppliers. It stores them securely and manages them appropriately, so they are safe to use. And it has arrangements to identify and remove medicines that are no longer fit for purpose.

Inspector's evidence

The store opened directly onto the shopping centre walkway, so access was unrestricted. And the pharmacy was signposted and easy to locate. It was open from 8am to 8pm Monday to Friday and 9am – 7pm Saturday and midday to 4pm Sunday. Leaflets and signs in the pharmacy area provided healthcare information and promoted the services available, including the Boots online doctor service. The pharmacy served a fairly transient community although there were a few regular customers living or working locally.

The dispensing operation was well managed. The pharmacy used a bar code scanning system to check the correct medicine was selected when dispensing. Cartons were used during the dispensing process to help prevent prescriptions being mixed up. Pharmacy team members used notes and various alert cards to highlight high risk medicines which required extra counselling. For example, fridge items, controlled drugs (CD) and high-risk medicines such as methotrexate and sodium valproate. Clear plastic bags were used for assembled fridge items and CDs which enabled a visual check of the contents at handout. The pharmacist understood the dispensing requirements for valproate and that people in the at-risk group should be provided with advice and information. The pharmacy only supplied one person with their medicines in multi-compartment compliance packs. It did not provide any home deliveries.

The NHS hypertension case finding service included ambulatory monitoring if needed. The pharmacist had referred a few people with high readings to their doctor.

The pharmacy offered a full range of travel vaccinations including yellow fever. The pharmacist completed an online travel health assessment with the patient. If any medication or vaccinations were required, an electronic prescription was issued by a pharmacist prescriber who worked remotely. One or two vaccinations, including flu vaccination, were provided under patient group directions. The pharmacist followed set protocols when administering vaccines. Appropriate records were maintained. And people were counselled and given additional information and advice about their medicines.

The pharmacy team members regularly provided people with over-the-counter advice. Pharmacy medicines were stored behind the counter and sales were supervised by the pharmacist. The healthcare advisor knew which medicines which were liable to abuse such as codeine-based medicines. Team members referred more complex queries to the pharmacist.

The pharmacy obtained its medicines from licensed wholesalers. Stock medicines were stored in an orderly manner. Part packs of stock medicines were marked. Dated checking of stock was completed regularly and this was documented. Short-dated stock was highlighted clearly with stickers.

The pharmacy fridge used to store medicines had a maximum and minimum thermometer and the temperature was checked and recorded on a daily basis. Records indicated it was within the required range. CDs were stored in an orderly manner in the cabinet. A recent destruction of obsolete CDs had taken place. Other unwanted medicines were deposited in designated bins prior to collection by waste contractors. One of the trainee pharmacy advisors described the process when patient returned medicines were received, and how they checked for CDs and sharps before depositing. There was a process for managing alerts and recalls for faulty medicines and medical devices. The pharmacist explained how an alert received that day had been handled. Affected stock had been removed from the shelves and quarantined.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. The team members maintain the equipment, so it is safe to use. And they use it in a way that keeps people's information safe.

Inspector's evidence

The pharmacy team had access to online reference sources including BNF and eMC. Team members could access the internet for general information. Crown stamped measures were used to dispense liquids. Counting equipment was available. The pharmacy had disposable medicine containers for dispensing purposes, and these were stored appropriately. The CD cabinet was suitably secured and spacious enough for the amount of stock. The pharmacy fridge and sink were clean.

The pharmacy had equipment to support the delivery of other services. For example, blood pressure meters and vaccination equipment including needles, sharps bins, anaphylaxis kits and personal protective equipment. Hand sanitiser was available.

Electrical equipment appeared to be in good working order. Pharmacy computers were password protected and screens were positioned so that they were not visible to the public. Computer systems were password protected and screens were located out of public view. Team members had individual smartcards to access NHS data. Telephone calls could be taken out of earshot of the counter if needed.

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.