

Registered pharmacy inspection report

Pharmacy Name: Boots, 148-150 Kings Road, Chelsea, LONDON, SW3 4UT

Pharmacy reference: 1041027

Type of pharmacy: Community

Date of inspection: 11/06/2024

Pharmacy context

This pharmacy is located on a busy high street in an affluent area of West London. The pharmacy mainly serves the local community as well as visitors from abroad. It provides the Pharmacy First and the New Medicine Service. It also provides medication in multi-compartment compliance packs to people who live in their own homes and need help managing their medicines.

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	1.2	Good practice	The pharmacy team learns from and regularly reviews its mistakes to make its services safer.
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 manages risks well overall. It follows standard operating procedures (SOPs) to ensure the services it provides are safe and reviews them regularly. Team members record and learn from their mistakes and put processes in place to ensure similar mistakes do not happen again. The pharmacy keeps people's personal information safe. And team members understand their role in protecting vulnerable people.

Inspector's evidence

The pharmacy had a set of electronic SOPs which were routinely updated by their head office. Team members had access to SOPs relevant to their role via their own log in. They were given time to read them and have an opportunity to ask questions if they needed to. And their understanding was assessed by the Responsible Pharmacist (RP).

Near misses (mistakes picked up at the dispensing stage) were recorded onto an online system. The RP explained when a near miss was identified, the RP would generally record the error, but they did try to encourage the dispenser to record their mistake themselves and then discuss any learns from it with the RP. Dispensing incidents were investigated by the pharmacist and store manager and recorded online and sent through to head office. Once a month, the RP carried out a more formal review to identify any trends from near misses and dispensing incidents and these were shared with the whole pharmacy team. They were documented and put on the pharmacy notice board with actions for the month. The pharmacy had noticed several near misses where the incorrect quantity of medicine had been dispensed. And so it highlighted this on the review and implemented a process to double check quantities when dispensing.

The correct RP notice was displayed prominently in the pharmacy. And the RP log was seen to be completed as required with start and finish times. The pharmacy had valid indemnity insurance. CD registers were kept as required by law. And CD balance checks were completed regularly as per the pharmacy's SOP. A random check of a CD balance matched the physical stock. The pharmacy kept their private prescription records electronically and these were seen to be complete. And it kept appropriate records of emergency supplies of medicines. It kept records of unlicensed medicines supplied, however some of the records were seen to be incomplete which meant there wasn't always a clear audit trail of who had been supplied the medicine. The RP said they would ensure the records were completed as required going forward.

The pharmacy had a complaints procedure in place. And people could leave feedback via a company survey. Team members explained that people could contact the pharmacist or store manager directly, in person or over the phone. The company also had a customer care contact number should someone want to escalate their concern. Generally, complaints and feedback were managed by the pharmacist or store manager locally.

The pharmacy protected people's confidentiality appropriately. Confidential waste was disposed of separately in the dispensary. And no confidential information was seen in the normal waste bin. Assembled prescriptions were stored so that they were not visible to people using the pharmacy. The RP was seen to be using another pharmacist's smartcard during the inspection, but this was changed to

their own promptly when pointed out by the inspector. There was a privacy notice on display and information about how people's data was kept secure. The RP explained they sometimes accessed people's summary care records (SCR) if required for the safe provision of services, but always got consent before they did so.

Team members completed safeguarding training annually and said they would speak to a colleague first if they had any concerns about the wellbeing of a person. The contact details of the local safeguarding team were available.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's staffing level is sufficient for the services available. The team is supported in their development and in keeping their knowledge and skills up to date. And they feel comfortable to provide feedback or raise concerns.

Inspector's evidence

During the inspection there was a regular pharmacist, a dispenser, a medicine counter assistant (MCA) and a retail assistant. The pharmacy also employed a pharmacy technician, two dispensers, and a trainee dispenser. All members of the pharmacy team were either qualified or were enrolled onto a suitable training course. Some members of the team reported that there was not enough staff for the services provided, but they were up to date with their workload. They explained that there was some backlog with the work if a member of the team was on leave. The pharmacy manager arranged for additional cover or requested help from local branch at times. Team members wore uniform and name badges with their role and flag representing languages spoken (if relevant).

The pharmacist was observed providing additional advice when handing out dispensed medication. The pharmacy was relatively quiet, and the team managed their workload throughout the inspection. The dispenser was observed selling Pharmacy-only medicines (P-medicines) without asking any questions but said that they normally would. They described some of the checks they would make before selling P-medicines.

The pharmacy team had access to e-learning modules and SOPs via an online platform. Team members said they usually completed an e-learning module every four to six weeks, but these were usually done in their own time. They were also required to complete mandatory training on various topics including information governance, safeguarding and health and safety, on a yearly basis.

Formal performance reviews were done with the manager. Team members said they were comfortable raising concerns and voicing their opinion. This was the pharmacy's third manager in a short space of time and team members said that the current manager was proactive in recruiting new members to the team as the pharmacy had been short staffed previously. Targets were set by head office, but the team felt that these were achievable.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are secure, generally clean, and suitable for the services provided. And the pharmacy has appropriate facilities to meet the needs of people requiring privacy when using its services.

Inspector's evidence

The pharmacy comprised of a spacious retail area, a medicines counter, and a dispensary. P-medicines were stored behind the medicines counter. Access into the dispensary and medicines counter was via lockable swing doors. There were several self-service tills located near the medicines counter.

The pharmacy was generally clean and tidy, but some areas were disorganised and dusty, for example, the shelves under the medicines counter. The cleaning was carried out every other day by a cleaner. Fittings had not been updated for some time and had peeling paint. The sink in dispensary was fitted with hot and cold water and the sink area was generally clean. Hand wash and disposable towels were available. There was sufficient work and storage space, and medicines were either stored in pull-out drawers or on shelves. Workstations were equipped with all the necessary equipment needed for the dispensing process including alert cards, tablet triangles, and stamps.

A small consultation room, which was clearly signposted, was available. The door was fitted with a Digi-lock and was kept locked when not in use. The fire door at the back of premises was kept clear of obstruction. The lower ground floor comprised of a staff room and staff toilets. Lockers were available for the team.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides easy access to people who want to use its services. It manages its services safely and effectively. And it obtains medicines from reputable sources and stores them appropriately. Team members highlight higher-risk medicines so that people receive the correct information when they get their medicine. And they action any drug alerts as required to ensure people receive medicines that are suitable for use.

Inspector's evidence

The pharmacy had step free access via automatic doors off the main high street. There was enough room for people with wheelchairs or pushchairs to access the pharmacy's services. It could print labels in larger font or braille for people with visual impairment and had an induction loop available to support those with hearing difficulties.

There was a range of leaflets on various healthcare topics available for people. And a pharmacy leaflet was available to inform people about the services it offered.

The dispensary had separate areas for dispensing and storing medication which was ready for checking by the pharmacist. Most people ordered their own prescriptions, however the pharmacy did order prescriptions for some people. The team would contact people when their medicine was ready for collection via a phone call or text message. The team managed their workload appropriately and was up to date with dispensing. Team members used tubs to separate prescriptions to reduce the risk of medicines being mixed up. Medicine that was assembled and ready to collect was seen to contain initials of the dispenser and the checker which provided a clear audit trail. The pharmacy also provided multi-compartment compliance packs to some patients. A prepared pack waiting to be delivered, was seen to be sealed and labelled with a description of the medicines inside. And team members had initialled to show who had dispensed the packs. The RP confirmed that patient information leaflets were given with each supply. The team explained that it would highlight any changes to medication on the patient record sheet and it would contact the surgery with any queries.

Team members highlighted prescriptions containing higher-risk medicines such as methotrexate and warfarin with coloured laminates. They also used laminates to highlight CDs and medicines which needed to be stored in the fridge. This ensured the pharmacist would provide the appropriate counselling when these medicines were handed out. The team was also aware of the risks associated with dispensing valproate containing medicines. Team members dispensed these medicines in their original packs and ensured they did not cover safety information on the packs with dispensing labels. And the RP explained the additional counselling they would provide to people presenting with these prescriptions. The pharmacy provided the Pharmacy First service and had signed Patient Group Directions (PGDs) available. And the RP had completed relevant training on the service. It also provided a delivery service. An electronic log was used to record the deliveries and keep an audit trail. If there was a failed delivery, the driver would return the medication back to the pharmacy and it would contact the individual to re-arrange.

The pharmacy obtained its medicines from licensed wholesalers and specials suppliers. Medicines requiring cold storage were stored appropriately and CDs were stored as required. Team members completed date checking on a weekly basis and records showed which sections had been checked.

Yellow short-dated stickers were used to highlight medicines which were due to expire soon. And a random check found no date expired medicines. Fridge temperatures were recorded daily and found to be in range. Team members explained the actions they would take if the fridge was found to be outside of the required temperatures. Waste medicine was stored in suitable containers and collected by approved contractors. The pharmacy received drug alerts and recalls through the company intranet and these were actioned as required.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment and facilities it needs to provide its services. And it maintains them well.

Inspector's evidence

Clean measuring cylinders and tablet counting equipment were available. Cylinders used for certain medicines were clearly marked. A blood pressure monitor and an odometer were available. The pharmacist said these were both new. Up-to-date reference sources were available including access to the internet. A pharmaceutical fridge was used to store medicines requiring cold storage. Computers were password protected and screens faced away from people using the pharmacy. The pharmacy had a cordless telephone. Confidential waste was collected in separate waste bags.

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.