

Registered pharmacy inspection report

Pharmacy Name: Boots, 302 Regent Street, LONDON, W1B 3AS

Pharmacy reference: 1041328

Type of pharmacy: Community

Date of inspection: 11/09/2024

Pharmacy context

This pharmacy is situated in a busy shopping district close to Oxford Circus. It sells a range of over-the-counter medicines, and it dispenses prescriptions. It provides some NHS funded services including Pharmacy First, the New Medicine Service, the Hypertension Case Finding Service, and seasonal flu vaccinations. And the pharmacy offers a range of private vaccination services.

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	N/A	N/A	N/A
2. Staff	Standards met	2.4	Good practice	The team works well together and there is a clear culture of openness and ongoing learning.
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 to help ensure the risks associated with its services are identified and managed. It keeps the records it needs to by law, and it has processes to make sure it suitably protects people's personal information. Team members record and review their mistakes so that they can learn and improve. And they understand how they can help to protect vulnerable people.

Inspector's evidence

Pharmacy services were supported by standard operating procedures (SOPs) which were reviewed regularly. These were available in a digital format. Team members accessed them through the company's online portal through their personal account. The store manager had oversight of SOP training records and monitored progress to make sure training was up to date. The correct responsible pharmacist (RP) notice was on display. Team members were supervised by the pharmacist and worked within their competence.

The pharmacy used barcode scanning technology which helped to manage the risk of selection errors. Team members kept electronic records of errors, including near misses that were identified at the accuracy checking stage, and dispensing errors that were reported to the pharmacy. Team members were encouraged to analyse and reflect on what had contributed to an error. Learning points were shared with the wider team. A monthly patient safety review was completed which included an analysis of any errors to identify common issues and key learnings. A review summary was displayed in the dispensary which highlighted focus areas for improvement.

The pharmacy encouraged services users to provide feedback. A complaints procedure was explained in a patient guide leaflet which was on display. The store manager was responsible for managing any complaints and involved the pharmacist if needed. Positive feedback was also shared with the team to celebrate success and reinforce positive behaviours.

The pharmacy had appropriate insurance arrangements in place for the services provided. Documentation and paper-based records were well organised. The RP record and controlled drugs (CDs) registers were suitably maintained. CD running balances were checked regularly. Records for the supply of unlicensed medicines were in order. Private prescription records were held electronically on the patient medication record (PMR) system and records appeared to contain accurate information.

The patient guide leaflet provided information about how the pharmacy handled people's data. Confidential information was stored securely. Confidential paper waste was separated and disposed of securely. Team members completed information governance training which was updated annually. Computer systems were password protected and staff used their own NHS smartcards to access electronic prescription data. There were procedures in place to help make sure the pharmacy took appropriate action to protect vulnerable people. Team members had completed safeguarding training relevant to their roles. A chaperone policy was displayed on the consultation room door.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's staffing levels are appropriate and adjusted if necessary to manage the workload. Team members are qualified and experienced in the roles in which they are working. The pharmacy provides regular training and resources so team members can keep their skills and knowledge up to date. Team members work well together and are supportive of each other. The pharmacy encourages team members to raise concerns and provide feedback so it can make improvements and provide a more effective service.

Inspector's evidence

The pharmacy employed a regular pharmacist who worked full-time. Company-employed relief pharmacists usually covered the regular pharmacist's days off and holidays. The pharmacy team included a pharmacy technician and a qualified dispenser. They both worked full-time and were experienced in their roles. Two part-time team members were also employed as pharmacy advisors to cover additional hours.

At the time of the inspection the pharmacist and dispenser were working in the pharmacy alone. Usually, another team member provided support, but they were absent. However, retail staff who were healthcare trained occasionally served people on the medicines counter if there was a queue. Team members had a good rapport with people visiting the pharmacy and communicated effectively.

Staff holidays were planned and approved by the store manager to ensure there was enough staff cover. The pharmacist explained that the store manager had arranged for some additional staff hours since the pharmacy had reduced its opening hours to make sure the workload was still manageable in the time available.

Pharmacy team members were provided with online training materials from their head office. The dispenser felt well supported by managers and colleagues. Team members were allowed time to complete training during working hours. Noticeboards in staff areas displayed helpful information about operational matters and support resources available to team members. There was a confidential helpline for team members if they wanted to talk to someone outside of the pharmacy. A staff survey was being promoted and a suggestion box was available to staff areas. The pharmacy had company targets to meet but these were generally achievable. The store manager had arranged for additional pharmacist cover for the start of the seasonal flu vaccination service to support safe provision of the service and so targets could be met.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy generally provides a suitable for the services it provides. It has consultation facilities so people visiting the pharmacy can have a private conversation with team members. Some fixtures and fittings are worn which distracts from the professional image.

Inspector's evidence

The pharmacy was situated in a medium sized retail unit alongside other shops. The registered premises consisted of the medicines counter, dispensary and a consultation room towards the back of the store. The rest of the retail area was not part of the pharmacy which meant the store could continue trading before and after the pharmacy closed. Alarmed retractable bands and cages were used to secure entry points and prevent people accessing the pharmacy when it was closed. Blinds were used to cover over-the-counter medicines to indicate they were not available for sale. Security staff and CCTV monitored the area.

The consultation room was situated in a corner slightly away from the dispensary reception desk. It was small but suitably equipped for its purposes. The room was kept locked when not in use. The pharmacist used the room during the inspection for provision of the Pharmacy First service.

Working areas were well organised and clean, although fittings were old, worn and showing signs of wear. For example, the flooring was worn, and the ceiling was stained. This detracted from the overall professional image. Lighting was adequate and the room temperature was controlled by air conditioning. There were offices, stock rooms and staff facilities in the basement. Access to these areas was restricted to staff only.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are easy for people to access. It manages its services and supplies medicines safely, so people receive appropriate care. The pharmacy obtains its medicines from licensed suppliers, and the team stores and manages medicines appropriately, so they are safe to use.

Inspector's evidence

The store had level access and automated doors from the street. Signs directed people to the pharmacy area. Signs and leaflets displayed near to the medicines counter provided information about the pharmacy and promoted the healthcare services available. People who visited the pharmacy included a mixture of local workers, residents, and tourists. The pharmacy had started operating reduced hours following a trial period and the store manager was monitoring feedback and footfall to ensure effective service delivery. People were signposted to other services nearby if needed.

The pharmacy regularly dispensed both NHS and private prescriptions. Cartons were used during the dispensing process to help prevent prescriptions being mixed up. Pharmacy team members knew which high risk medicines required extra counselling was needed. For example, fridge items, controlled drugs (CD) and high-risk medicines such as methotrexate and sodium valproate. The pharmacist understood the dispensing requirements for valproate containing medicines and that people in the at-risk groups should be provided with advice and that supplies should be made in original packs where possible. Team members scanned the prescription system QR code when handing the medication out using a handheld device, this ensured the correct recipient and prompted further checks if any were needed. Clear plastic bags were used for assembled fridge items and CDs so a visual check of the contents could be completed at handout. A small number of people received their medicines in compliance packs. There were clear systems in place for managing prescriptions and assembling packs.

The pharmacy team members often provided over-the-counter advice. Pharmacy medicines were stored behind the counter. Team members knew which types of medicines were liable to abuse such as codeine containing medicines. The dispenser described occasions when she had referred people making frequent requests to the pharmacist.

The pharmacy had protocols and procedures in place for other services such as NHS Pharmacy First, the NHS Hypertension Case Finding services and vaccination services. The pharmacy offered private travel vaccinations including Yellow Fever, and other vaccinations to prevent diseases such as human papillomavirus, pneumonia and chicken pox. These were either provided under Patient Group Directions (PGDs) or authorised by in-house prescribers who worked remotely, following an assessment by the pharmacist. All services were documented and recorded, so the pharmacy could demonstrate what action it had taken and why.

The pharmacy obtained its medicines from licensed wholesalers. Stock medicines were stored in an orderly manner. Part packs of medicines were marked. Unsealed liquid medicines with a limited expiry had the date of opening. Date checking of stock was completed regularly and this was documented. The pharmacy team monitored and recorded the maximum and minimum temperatures of the fridges used

to store medicines on a daily basis. Records indicated that fridge temperatures were consistently within the required range. CDs were stored in suitably secured. Expired and patient returned CDs were segregated from stock. Other unwanted medicines were deposited in designated bins prior to collection by approved waste contractors. The pharmacy team followed a process for managing alerts and recalls for defective medicines and medical devices, and audit trails were retained which confirmed when they had been actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It has appropriate systems in place to protect people's confidentiality.

Inspector's evidence

Team members had access to the internet and current reference sources. A range of glass crown stamped measures were available for measuring liquids. Medicine containers and boxes were available for dispensing purposes. Counting triangles for tablets and capsules were available. The CD cabinet was suitably secured to the floor. There was a medical fridge in the dispensary and another one in the consultation room used to store vaccines. Equipment used for services such as a blood pressure meter and vaccination sundries were available in the consultation room.

All equipment seen on the day appeared clean and appropriately maintained. The PMR was password protected and computer terminals were all positioned away from public view to help protect patient privacy.

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.