

Registered pharmacy inspection report

Pharmacy Name: Boots, Unit 42b, Victoria Station, LONDON, SW1V
1JT

Pharmacy reference: 1091568

Type of pharmacy: Community

Date of inspection: 08/03/2024

Pharmacy context

This retail pharmacy is situated within Victoria mainline train station in central London. It sells a range of over-the-counter medicines and dispenses prescriptions. It provides some other NHS services including Pharmacy First and the Hypertension Case Finding Service, and it administers seasonal flu vaccinations. The pharmacy also has a busy instalment dispensing service for people who misuse drugs.

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	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 has effective systems to help ensure risks associated with its services are identified and managed. It keeps the records it needs to by law, and it has processes to protect people's confidential information. Team members record and review their mistakes so that they can learn and improve from these events. And they understand how they can help and protect vulnerable people.

Inspector's evidence

Pharmacy services were supported by standard operating procedures (SOPs) which were reviewed regularly. These were in a digital format and team members could access them through the company's online portal. The store manager explained how she kept track of which members of the team had read the SOPs relevant to their role. The correct responsible pharmacist (RP) notice was on display.

Dispensing incidents were reported to head office and subjected to an in-depth review to understand what had gone wrong and any subsequent learning points were shared with the team. Near misses and errors were reviewed to help identify patterns and trends to help support safer ways of working. The pharmacy had recently installed a methadone pump. There had been a small number of issues during the first few weeks of its use including a spillage. The pharmacy team members had discussed the learning from the incident and adapted their procedures to prevent a similar incident happening again. The incident was also due to be reported to the Controlled Drugs Accountable officer. Monthly patient safety reviews were completed, and the most recent review was displayed on the dispensary noticeboard for team members to refer to. The superintendent's team circulated patient safety information in a regular newsletter. Complaints were handled by the pharmacy manager who involved the pharmacy team if relevant. A leaflet available in the retail area for people to select explained the complaints process. All concerns and complaints were also reported to head office. The team was able to access support from a central helpdesk or the customer service team.

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

The pharmacy protected people's confidential information. Confidential waste was separated and disposed of securely. Team members completed information governance training which was repeated annually. Computer systems were password protected and team members used their own NHS smartcards to access electronic prescription data. However, the smartcard for an absent team member was being used in one of the terminals. The manager addressed this when it was pointed out. There were procedures in place to help make sure the pharmacy took appropriate action to protect vulnerable people. Members of the pharmacy team, including the RP, had completed safeguarding training relevant to their roles. The manager was aware of the 'Ask for Ani' initiative and knew how to refer to other agencies for support and advice. A chaperone policy was displayed by the consultation room.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members work well together and are supportive of each other. Team members have access to training resources to help keep their skills and knowledge up to date. The pharmacy's workload is generally manageable, although team members are sometimes required to work flexibly and carry out multiple tasks as the pharmacy has some staff vacancies.

Inspector's evidence

At the time of the inspection a regular relief pharmacist was providing RP cover. She was being supported by the store manager, and a trainee pharmacy advisor. The pharmacy employed four further pharmacy advisors who were all qualified. The pharmacy advisor role involved both medicine counter and dispensary duties. The pharmacy did not have a regular pharmacist and there was a vacancy for another pharmacy advisor. The store manager had worked at the pharmacy for several years and was experienced in her role. She was trained as a dispenser and was providing regular support in the dispensary until the vacancies were filled. Absences were planned where possible, and the team could contact other stores nearby to request additional cover if needed.

The team used a daily activity planner to manage and monitor completion of tasks. Team members were observed managing the workload and working well together. There was a steady stream of people presenting at the counter which meant team members worked flexibly to respond to requests and complete dispensing tasks. Queries were referred to the pharmacist when needed.

Pharmacy team members were provided with online training materials from head office. Some training modules were mandatory which helped team members keep their knowledge up to date. The trainee pharmacy advisor was progressing with her course. She completed some elements at home as she found it difficult to find time to complete it during the working day. Information was shared amongst the team in a variety of ways including through electronic group chats and team briefings. Team members could discuss concerns with the pharmacists or store manager. There was a confidential helpline for team members if they wanted to talk to someone outside of the pharmacy. The pharmacy had company targets to meet but the pharmacist said that the team did not feel undue pressure to achieve these targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are secure, and they are generally suitable for the services it provides. It has consultation facilities so people visiting the pharmacy can have a private conversation with team members.

Inspector's evidence

The pharmacy was situated in a retail unit alongside other shops and restaurants around the concourse of the station. The registered premises consisted of the medicines counter, dispensary and a consultation room. 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 on Saturdays and Sundays. Access to the dispensary was restricted by the medicines counter. An alarmed retractable band was used to prevent people accessing these areas when the pharmacy was closed. Blinds were used to cover medicines to indicate they were not available for sale. Security staff and CCTV monitored the area.

The consultation room was situated on the other side of the retail area so not immediately obvious to people presenting at the medicines counter. It was small with basic fittings. It was kept locked when not in use. The pharmacist used the room for a confidential discussion or for provision of services which warranted more privacy.

Working areas were organised and clean, although fittings were worn and showing signs of wear which 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 upstairs. Access to these areas was restricted to Boots staff only.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages its services safely and people with different needs can access its services. It obtains its medicines from licensed wholesalers, and it manages them appropriately. And it has a process to manage safety alerts and medicine recalls, so that people are supplied with medicines and medical devices that are fit for purpose.

Inspector's evidence

The store had two entrances; one opened directly onto the station concourse and the other permitted access to the street. Signs directed people to the pharmacy area. Leaflets and signs 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 worked closely with local drug and alcohol services and a significant part of the service involved supporting people who used drugs. Instalments were prepared in advance so the team could do this without distractions. New SOPs had been implemented when the methadone pump had been introduced.

The pharmacy used a bar code scanning system to check the correct medicine was selected when dispensing. The pharmacist commented that dispensing mistakes involving picking errors had reduced significantly since the introduction of this system. Cartons were used during the dispensing process to help prevent prescriptions being mixed up. Prescription labels were initialled at the dispensing and checking stages. A quad stamp was also applied to prescription forms and was initialled to show who had been involved in the assembly, checking and hand out processes.

Pharmacy team members used various alert cards to highlight higher risk medicines and indicate when extra counselling was needed. For example, fridge items, controlled drugs (CD) and higher-risk medicines such as methotrexate and sodium valproate. Clear plastic bags were used for assembled fridge items and CDs so a visual check of the contents could be completed when supplied to people. The pharmacist understood the dispensing requirements for valproate containing medicines and that people in the at-risk groups should be provided with advice and information and supplied in original packs where possible. The pharmacy manager provided an example of a risk assessment that had been completed for a person receiving valproate containing medicines in smaller quantities which had been agreed by their GP.

The pharmacy team members often provided over the counter advice to people. Pharmacy medicines were stored behind the counter and sales were supervised by the pharmacist. The team members knew which types of medicines were liable to abuse such as codeine containing medicines and they were aware of the recent reclassification of codeine linctus.

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 usually had the date of opening. The pharmacy PMR system incorporated a stock control programme and random stock counts of a small number of items were completed on a daily basis. Date

checking of stock was completed regularly and this was documented. The pharmacy team monitored and recorded the maximum and minimum temperatures of the fridge used to store medicines on a daily basis. Records indicated it was within the required range. CDs were stored in suitably secured cabinets. Expired and patient returned CDs were separated from stock. Other unwanted medicines were deposited in designated bins prior to collection by waste contractors. The pharmacy team followed a process for managing alerts and recalls for defective medicines and medical devices, and audit trails were retained on the computer system which confirmed they had been actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And its team members use the equipment and facilities in a way that protects people's privacy and dignity.

Inspector's evidence

Team members had access to current reference sources. A range of glass crown stamped measures were available for measuring liquids and some measures were marked for a specific purpose to prevent cross-contamination of medicines. Medicine containers were available for dispensing purposes. Counting triangles for tablets and capsules were available with a separate one reserved for use with cytotoxic medications. The methadone pump was calibrated and clean daily. A maintenance contract was in place.

All equipment seen on the day appeared clean and appropriately maintained. The PMR was password protected and computer screens were all positioned away from public view to help protect patient privacy. People's private information was kept securely. A cordless phone was available so team members could converse in private where appropriate.

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.