

Registered pharmacy inspection report

Pharmacy Name:Boots, Waterloo Station, LONDON, SE1 7LY

Pharmacy reference: 1109925

Type of pharmacy: Community

Date of inspection: 11/02/2022

Pharmacy context

This pharmacy is located within a busy rail station in London. The pharmacy dispenses NHS prescriptions. And it provides Covid-19 rapid antigen and PCR testing. It also provides medication in multi-compartment compliance packs to people who live in their own homes and need help managing their medicines. The inspection took place during the Covid-19 pandemic.

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 regularly records and reviews errors to help improve the safety and quality of services.
2. Staff	Standards met	2.2	Good practice	The pharmacy is good at training and developing its team members. They do ongoing training and are given time set aside at work to complete it.
		2.4	Good practice	The pharmacy has a good culture of openness, honesty and continuous learning.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy manages and audits the services well. It proactively identifies people who receive higher-risk medicines.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy provides its services safely and staff follow written procedures. It records and reviews dispensing mistakes and shares the outcomes with the team. This helps prevent any reoccurrence and improve the processes at the pharmacy. It keeps the records it needs to under the law and maintains them well. The pharmacy manages information to protect the privacy, dignity and confidentiality of people who receive its services. And team members complete annual training on safeguarding and have a good understanding of how to deal with safeguarding concerns.

Inspector's evidence

Standard operating procedures (SOPs) were available at the pharmacy. They were user-friendly and stored in an organised manner. All current members of the team had signed the relevant procedures to confirm that they had read and understood them. The SOPs had been reviewed recently and annotated to reflect this. Responsibilities of team members were listed on individual SOPs.

The pharmacy had made some changes because of the Covid-19 pandemic. Plastic screens had been fitted at the front counters and between each self-service till at the medicines counter. Personal protective equipment (PPE) and hand sanitizers were available and signage was displayed to help remind people of the restrictions. Members of the team cleaned the pharmacy at least three times a day and signed a log to help keep track. A staff risk assessment had been done at the start of the pandemic and team members had completed an eLearning module on infection control.

Dispensing mistakes which were identified before the medicine was handed to a person (near misses) were recorded electronically. A report was generated by the system at the end of each month, and this was used by the team to help identify any patterns or trends. The responsible pharmacist (RP) said that near misses had reduced since a new patient medication system (PMR) was introduced, as it allowed for barcodes on medicine packs to be scanned during the dispensing process. This helped minimise the risk of selecting the incorrect medicine, strength, or formulation. However, the team had identified some errors with quantities dispensed, as the system could not identify part-used packs. To help minimise the risk of these errors, the team were now counting the medicine inside every pack, circling the quantity on the label, and writing the quantity again on the pack. Any medicines which could not be scanned through the new system were highlighted using 'pharmacist information forms' (PIFs). This helped ensure a thorough check was done. The pharmacist also carried out random 'handout observations' where members of the team were observed handing medicines out. This helped ensure that they were carrying out the appropriate checks and reduced the likelihood of supplying the wrong medicine to a person. An online observation tool was completed to keep track of these checks and confirm they were done.

Dispensing mistakes which reached people (dispensing errors) were recorded electronically and reported to the pharmacy's head office. The RP described a dispensing error where a person had been supplied with the incorrect strength of a medicine. The pharmacist had investigated and found that a part-used pack had the incorrect blister inside. Members of the team were now opening all packs and physically checking that the blisters inside matched the outer packaging.

Medicines were stored in an organised manner on the shelves. The RP said that shelves were tidied

every week to help reduce the risk of picking errors. Medicines with short expiry dates were marked with a bright sticker. A list of medicines which looked or sounded alike were listed on the computer terminals for team members to refer to. Some higher-risk medicines were stored at the back of the dispensary to minimise the risk of product diversion. Dispensary benches were kept tidy and benches at the back of the dispensary were used to assemble longer prescriptions, as there were fewer distractions. Recent product alerts and recalls were displayed on a notice board in the dispensary, and this helped ensure that all members of the team were aware of them. Tubs and trays were used throughout the dispensing process to prevent transfer of medicines between peoples' prescriptions.

The pharmacy had current professional indemnity and public liability insurance. The RP sign was clearly displayed, and samples of the RP record were in order. The RP highlighted any missed entries to ensure that they were completed by the relevant pharmacist in a timely manner. Private prescription and emergency supply records were held electronically, and these complied with requirements. Records for unlicensed medicines were stored in a designated folder with a copy of the relevant SOP to help ensure they were completed correctly. A sample of controlled drug (CD) registers was inspected, and these were filled in correctly. The physical stock of a CD was checked and matched the recorded balance. Members of the team handed out cards referring people to an online feedback form. The manager said that feedback from people had increased by 40% since the start of the pandemic and owed this to the pharmacist who encouraged the team to hand the cards out with every service. He added that the team mostly received positive feedback, and used the responses to help improve services.

Team members completed the company's eLearning modules on information governance, the General Data Protection Regulation and code of conduct, which were renewed annually. The privacy policy was displayed near the front counter for people to see. A consultation room was available for private conversations and services. Computers were password protected and access to the PMR system was via individual smartcards. But usernames and passwords were displayed on a notice board in the dispensary. These were removed during the inspection. Confidential waste was stored in separate waste bags which were collected by head office.

All members of the team had completed the company's annual eLearning module on safeguarding vulnerable groups. The pharmacist had also completed the Centre for Pharmacy Postgraduate Education (CPPE) module. A 'safe place' poster was displayed at the front counter and team members described how they had provided a safe room and contacted the safeguarding team after a distressed person visited the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members work in a supportive environment where they can raise concerns or make suggestions to improve services at the pharmacy. They are provided with time at work to complete ongoing training and have access to a range of resources to help keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy team comprised of three regular pharmacists, a registered pharmacy technician, four dispensers, four healthcare advisors (HCAs) and one trainee HCA. Relief pharmacists who worked across branches helped cover pharmacist days off and the store manager was also a trained dispenser so could help when needed. The pharmacy previously opened until midnight but was now closing at 10pm due to the pandemic. Members of the team were planned in one of three shifts each day. The services diary was updated to consider busy periods. Designated members of the team were not involved in dispensary tasks when providing the Covid-19 testing service.

Team members provided positive feedback about the working environment, their colleagues, opportunities to develop and in-store management. They felt that the store manager listened to their feedback and was very supportive. Workload appeared to be well managed throughout the inspection and team members were knowledgeable about the services provided at the pharmacy. Team members said that the pharmacist gave them in the moment feedback and encouraged them to reflect and take accountability of their actions. The pharmacy team were provided with time every week to complete eLearning modules and other ongoing training, for example, product launches, newsletters from the superintendent pharmacist, and CPPE modules. The company's intranet was also checked daily for any alerts and important information. One dispenser felt more confident to dispense and deal with queries since moving from another branch and completing her training here. The technician described using learnings from the Healthy Living Pharmacy training to provide people with additional advice on diet and exercise and supporting them in monitoring their weight using the in-store weighing scales

Appraisals were conducted twice a year. Members of the team were happy to raise concerns to the store manager or pharmacist and said that management was open to feedback. For example, one dispenser had provided feedback on stock arrangement and ensuring that relief staff were provided with the relevant information to sort deliveries out correctly.

The pharmacy had targets in place, but team members said these had been decreased since the start of the pandemic and were now more achievable. They felt that the targets helped ensure that people had access to services that may be beneficial to them and were provided with a good service.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is properly maintained, secured, and provides an environment that is suitable for the services provided. There is a room where people can have private conversations with a team member.

Inspector's evidence

The dispensary was located on the first floor and was clearly signposted. It was accessible via an escalator, stairs, and a lift. The dispensary was clean, tidy, and well maintained. There was sufficient work and storage space. There were designated areas for particular tasks, such as assembling multi-compartment compliance packs, dispensing prescriptions and checking. A hatch was fitted between the dispensary and retail area to hand over medicines discreetly. A clean sink available in the dispensary with hot and cold running water to allow for hand washing and preparation of medicines. Soap, hand sanitizer and paper towels were available. Plastic screens were fitted at the dispensary front counter and medicine counter. A spacious consultation room was available for private conversations and services. The room was kept locked when not in use. A chair was available near the dispensary for people wanting to wait for a service. The temperature was regulated by an air conditioning system and was suitable for the storage of medicines. There was good lighting throughout the premises. The premises were secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy has a range of systems which allow for its services to be provided in a safe and organised manner. It identifies people receiving higher risk medicines to carry out appropriate checks and provide them with relevant information so that they can take their medicines safely. The pharmacy also manages multi-compartment compliance packs well, using clear audit trails. It obtains its medicines from reputable sources, and they are kept secure and stored properly. They are supplied to people safely.

Inspector's evidence

Access into the store was step free and via a wide entrance. The pharmacy was accessible via escalators, a lift, and stairs. There was ample space in the retail area for people with wheelchairs and a lowered worktop was fitted at the medicines counter. A hearing loop was available in the dispensary and the RP said that large font labels were printed for people when needed. Services were advertised in store and online. Team members said they verbally signposted people to services available at the pharmacy or to other pharmacies and healthcare providers, for example, those providing the Covid-19 vaccine service. PIFs were used to highlight any changes to a person's medicine, allergy status, or if a person was suitable for a particular service, such as the New Medicine Service. These were now generated automatically through the PMR system and attached to dispensed prescriptions. Additional notes added on the PMR system by team members could also be printed to ensure that the pharmacist had access to all the relevant information. Dispensing audit trails were maintained to help identify who was involved in dispensing, checking and handing out a prescription. Members of the team were observed confirming peoples' names and addresses before handing out dispensed medicines. Prescriptions were also scanned on the PMR system to confirm that they were supplied. This further helped minimise hand out errors. Medicines awaiting collection were stored in drawers and were cleared on a weekly basis to reduce clutter. Prescriptions which were older than five weeks were removed and stored in alphabetical order should the person present at a later date. CD prescriptions were sent back to the prescriber. People were sent text messages to remind them to collect their medication.

Higher-risk medicines were flagged up by the PMR system. They were also highlighted with coloured laminates and PIFs. The coloured laminates listed all the relevant checks the pharmacy check should make before supplying the medicine. The RP said she checked monitoring parameters, such as INR levels, before handing them out. Team members were aware of the valproate guidance and said they carried out checks to identify people in the higher-risk group and provided them with additional advice. Valproate information cards, methotrexate books, lithium cards and steroid books were available at the pharmacy. Coloured stickers, annotated with the expiry date of the prescription, were placed on prescriptions for Schedule 2, 3 and 4 CD's. This helped reduce the risk of supplying these medicines past the valid date on the prescription.

A 'Medisure progress log' was used to keep track of prescriptions ordered for people receiving multi-compartment compliance packs. The log was ticked and dated to confirm when prescriptions had been ordered, processed, and collected. Prescriptions were cross checked with individual record sheets once they were received. Record sheets were clear and well organised. Packs were assembled on a back bench to help minimise distractions. Medicine descriptions were provided, and patient information

leaflets were routinely supplied.

The pharmacy provided the Covid-19 rapid antigen and PCR testing service. These were managed by fully trained healthcare advisers and a dispenser. Members of the team wore full PPE, including gloves, face masks and apron, when carrying out tests in the consultation room. Surfaces were disinfected before and after every person. The RP carried out random observations to help ensure that team members were following the SOPs. Lateral flow tests were done by team members regularly. Stock was obtained from reputable wholesalers. Sections of the dispensary were date checked weekly and records were kept for these checks. Medicines with a short expiry date were marked with a coloured sticker. No out-of-date medicines were found during the inspection. Waste medicine was disposed of in appropriate containers. These were kept in the dispensary and collected by a licensed waste carrier. Fridge temperatures were monitored and recorded daily, and temperature records examined were seen to be within the range required for the storage of medicines. Drugs alerts and recalls were sent from head office via the intranet. These were printed out, signed and filed for reference. Current alerts were displayed on a notice board.

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

The fridge was clean and suitable for the storage of medicines. Several clean, glass measures were available at the pharmacy, including separate measures for particular medicines. The pharmacy had tablet and capsule counters, with a separately marked counting triangle used for cytotoxic medicines. Waste medicine bins, destruction kits and sharps bins were available to dispose of waste medicine, CD's and needles respectively. These were stored securely. The hearing loop and weighing scales were serviced annually. First aid, anaphylaxis and eye wash kits were available at the pharmacy.

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.