

Registered pharmacy inspection report

Pharmacy Name: Boots, 508-520 Oxford Street, LONDON, W1C 1NB

Pharmacy reference: 1120309

Type of pharmacy: Community

Date of inspection: 05/12/2019

Pharmacy context

This is one of several Boots pharmacies located on Oxford Street in central London. It is a smaller store situated near Marble Arch and is open extended hours over seven days. People who visit the pharmacy are mainly tourists or local workers. Retail sales are the main focus of the business. The pharmacy supplies both private and NHS prescriptions, but dispensing levels are reasonably low. It offers a range of other pharmacy services including vaccinations (travel, flu, pneumonia, meningitis B and chickenpox), hair retention, smoking cessation and Cystitis Test and Treat.

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 continually monitors and reviews its working practices to help it identify and manage any risks. |
| 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's working practices are safe and effective. It protects people's private information and keeps all the necessary records required by law. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. The pharmacy's working processes are clear and the team follows written instructions to make sure they work safely, and they continuously learn from their mistakes. The team members also complete training, so they know how to protect and support children and vulnerable adults.

Inspector's evidence

The pharmacy had a comprehensive set of standard operating procedures (SOPs) which covered its operational tasks and activities. These were regularly reviewed and updated. New versions of some SOPs had recently been implemented. Most team members signed to show they had read and agreed them. However, one of the team members who had recently returned to work and a new recruit working on the counter had not signed some of them. Procedures were followed in practice, and audits and checklists were used to ensure compliance

A responsible pharmacist (RP) notice was displayed and team members wore uniforms and name badges, so they could be readily identified. Team members could clearly explain their role and individual responsibilities were outlined in the SOPs.

The pharmacy used a range of strategies to manage risks in the dispensing process. Cartons were used to segregate prescriptions during the assembly process. Pharmacists were rarely required to self-check. Dispensing labels and prescriptions were initialled by team members involved in the assembly and checking process. This assisted in investigating and managing any mistakes so the team could learn from them. The new patient medication record (PMR) system included bar code scanning of medicines during the assembly process and the pharmacist said this had reduced the number of picking errors. There was an incident reporting process which identified what had gone wrong and subsequent action taken. Head office had oversight of these. Near misses were discussed by the team at the time and recorded on a chart, and these were regularly reviewed for trends. Monthly patient safety reviews collated learning and identified focus areas for improvement. Head office issued regular patient safety newsletters which communicated learning across the company. Look-alike-sound-alike drugs were highlighted.

There was a complaints procedure. Concerns were usually dealt with by the store manager. The pharmacy also participated in annual patient satisfaction surveys and captured instant feedback from customers online. The manager said most issues were resolved informally and they sometimes received compliments if a team member had been particularly helpful.

Appropriate professional indemnity insurance was in place. The pharmacy's patient medication record (PMR) system was used to document prescription supplies and label medication. The team maintained all the records required by law including RP logs, controlled drug (CD) registers, specials records, and private prescription and emergency supply records. Private prescriptions were filed and available for reference.

All healthcare staff had completed information governance training, and this was repeated periodically. Confidential material was suitably stored out of public view. Confidential paper waste was segregated and removed for safe disposal; team members were able to explain this process. A data processing notice was displayed in the retail area. Signed consent was obtained for services such as MURs and vaccinations and several examples of this were seen. Individual smartcards were used to access patient data.

All team members had completed the company's e-Learning course on safeguarding. The pharmacist had also completed level 2 safeguarding training and understood how concerns should be escalated. Local safeguarding contacts were available in the pharmacy's duty folder, but the pharmacist said she would usually access these online to make sure they were current. A chaperone notice was displayed on the consultation room door.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage the workload. Team members receive appropriate training for their roles and they usually complete regular ongoing learning, so that they can keep their knowledge and skills up to date. They work in an open culture and are able to raise concerns or provide feedback. Team members are able to exercise their professional judgement in the best interests of people accessing the services.

Inspector's evidence

A relief pharmacist, a pharmacy advisor, a healthcare assistant and a counter assistant were working at the time of the inspection. The team managed the continual footfall of customers during the inspection without any major issues, although the pharmacist was working alone in the dispensary and was frequently required to multi-task. There were around 10 healthcare staff in total and usually the pharmacist was supported by a dispenser and one or two team members working on the counter. The dispenser working at the time had not received training on the new PMR system so could only provide support on counter and prescription reception.

Staff either worked early or late shifts with a handover at 3pm. Additional services such as vaccinations were booked and planned, using an online diary which enable them to block out periods when there was not enough staff cover to support provision of these services. The pharmacy had a full-time regular pharmacist and second store pharmacist was due to start working in January. In the meantime, relief and locum pharmacists were providing additional cover. Rotas were used to plan absences and ensure there was continual cover. Additional cover could be requested from other local stores and the healthcare assistant working at the time of the inspection usually worked at another store.

The store managers were qualified to dispense so could provide ad-hoc cover if needed. All team members had access to accredited training. The company provided regular ongoing training using e-Learning systems and completion of training was monitored. There was a formal induction process and informal feedback was provided to team members to promote progress and enable discussion. The new recruit was working through her induction with a view to being enrolled on a healthcare course.

Team members suitably referred to the pharmacist during the inspection. The healthcare assistant could identify high risk over-the-counter medicines which needed to be sold with caution and said she would refer complex queries such as requests for medicines for children to the pharmacist.

The regular pharmacist usually kept the team members informed. It was difficult to include all team members in briefings due the varied working hours, but the pharmacist said they also used a communications book. Team members could contact head office or raise a concern anonymously if needed and a telephone number was displayed in the dispensary. The company set some commercial targets relating to pharmacy services, but the store manager said local circumstances were taken into account if these were not met, and patient safety remained their focus.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment for the provision of healthcare services. It has a consultation room, which the team uses for services such as vaccinations and if people want to have a private and confidential discussion.

Inspector's evidence

The store was arranged over two floors and the pharmacy area was located in the basement. The store was reasonably well maintained but some fittings were worn which detracted from the professional image. Air conditioning maintained the ambient room temperature. Lighting was adequate.

The pharmacy area consisted of a medicines counter, and a small dispensary with a prescription reception and collection point. The layout of the counter meant there was some potential for conversations to be overheard if more than one person was waiting, but the pharmacist offered the use of the consultation room to discuss more sensitive issues such as emergency hormonal contraception.

The dispensary had sufficient bench space for the volume and nature of the work. Work areas were reasonably tidy, but some areas of the dispensary were cluttered and less well organised. A basic consultation room was located next to the dispensary. It was equipped with a desk, two chairs and handwashing facilities. It was kept locked when not in use. A stock room and staff facilities were situated in the basement and access to these areas was restricted using key-coded locks.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are easily accessible, and they are effectively managed, so people receive appropriate care. It sources, stores and manages its medicines safely so they are suitable to supply. The pharmacy team members give appropriate advice and make extra checks when people are receiving higher-risk medicines, to make sure they take them in the right way.

Inspector's evidence

The pharmacy store had an open frontage directly onto the street, so access was unrestricted. Stairs, an escalator and a customer lift enabled access to the basement. The company website provided information on the pharmacy's services and opening times, and leaflets and signage promoted these in the healthcare area. The team were able to signpost to other services in the locality. Flags on team members badges depicted any languages spoken. The store manager said they had many Arabic-speaking customers. She was fluent in Arabic and said this was often helpful in assisting them. The pharmacy did not offer home deliveries, but a text reminder service could be used to let people know when their prescription was ready to collect.

The pharmacy managed repeat prescriptions for a small number of regular patients and audit trails were in place, so these were effectively managed. Dispensed medicines awaiting collection were bagged. A few patients received their medicines in multicompartment compliance packs. Prescription forms were filed separately so that they could be retrieved when the medicines were handed out. Each prescription had an associated 'Pharmacist Intervention Form' which indicated if there were any potential issues such as interactions. People were always asked to confirm their name and address before medicines were handed out, to make sure they were correctly identified. Owing slips were used to provide an audit trail for any medicines that could not be immediately supplied. The pharmacist explained how they used coloured cards to highlight when high risk items such as fridge lines, paediatric medicines or if CDs were present, so they could make extra checks when handing these medications out. Interventions were made if necessary; for example, a recently presented private prescription for six months' supply of zopiclone had been confirmed with the prescriber as this was larger than the recommended amount. Clear plastic bags were used for assembled fridge lines and CDs, so a visual check could be made of these when they were handed to the patient. The pharmacist was aware of the risks associated with the use of valproate and that the manufacturer's patient cards and leaflets should be used to support counselling. The pharmacist provided frequent counselling and advice during the inspection.

The relief pharmacist was able to provide all vaccinations services. These were administered according to PGDs and appropriate records were kept. Up to six vaccination consultations were provided each day. MURs and NMS were offered to relevant patients and were flagged using PIFs. Only the regular store pharmacist could offer the Cystitis Test and Treat service.

The pharmacy obtained its medicines from licensed wholesalers and suppliers. Stock medicines were stored in a reasonably orderly manner in their original container. Split packs were marked, and open liquid medicines with a limited expiry were dated. The pharmacy was not compliant with the Falsified Medicines Directive. Drug alerts and recalls were received by e-mail from head office. These were

checked on a daily basis and circulated. These were actioned and confirmation of this was sent to head office. The pharmacist demonstrated how she had recently reported an adverse reaction to a cough mixture using the Yellow Card Scheme.

Expiry date checks were recorded on a chart and recent checks had been completed. A random check of the shelves found no expired items. Medicines fridges had thermometers and maximum and minimum temperatures were recorded daily. Records showed temperatures were within the required range. Pharmacy medicines were stored behind the counter, so sales could be supervised.

Controlled drugs were appropriately stored in the cabinet, and obsolete CDs were segregated. Patient returned CDs and their destruction were documented. Other waste medicines and vaccination sharps were disposed of in dedicated bins. Pharmaceutical waste bins were collected periodically by a specialist waste contractor.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has equipment and facilities it needs for the services it provides. The team members store and use the equipment in a way that protects people's privacy.

Inspector's evidence

Disposable medicine containers were available, and the pharmacy had measuring and counting equipment for dispensing medicines, including glass measures and counting triangles for tablets. There was a dispensary sink, a suitably secured CD cabinet, and two medical fridges used for storing medicines. CD denaturing kits were available. Anaphylaxis equipment and other sundries were available for vaccination services.

The team had access to the internet, the British National Formularies and Drug Tariff, and Medicines Complete. Computer terminals were suitably located so they were not visible to the public, and there was an access point in the consultation room. Telephone calls could be taken out of earshot of the counter if needed. Electrical equipment was in working order.

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. |