

Registered pharmacy inspection report

Pharmacy Name: Boots, Paddington Station Concourse, London, W2
1HB

Pharmacy reference: 9010480

Type of pharmacy: Community

Date of inspection: 30/05/2023

Pharmacy context

This pharmacy is situated in a small Boots store in Paddington train station. It is open extended hours over seven days. The pharmacy dispenses NHS and private prescriptions, and it sells over the counter medicines. It provides a small number of other services including the NHS New Medicines Service, the NHS Community Pharmacy Consultation service and seasonal flu vaccinations.

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 systems in place to help manage the risks associated with its services. The pharmacy team keeps the records that it needs to by law. Members of the pharmacy team follow written procedures to help them work safely. They record and review things that go wrong so that they can learn from them. The pharmacy team keeps people's information safe and team members understand their role in supporting vulnerable people.

Inspector's evidence

The pharmacy had comprehensive standard operating procedures (SOPs) covering operational tasks and the services provided. The SOPs were reviewed and updated regularly by the superintendent pharmacist's (SI) team. Pharmacy team members had individual electronic training records showing which SOPs they had read. And they completed a knowledge check to confirm their understanding of each SOP. Training records were monitored by the store manager and outstanding training needs were followed up. Staff roles and responsibilities were described in the SOPs. A responsible pharmacist (RP) notice was displayed close to the prescription reception desk identifying the pharmacist on duty. The pharmacy's RP log was suitably maintained. And professional indemnity insurance was in place for the services provided.

Dispensing labels were initialled by the dispenser and checker to provide an audit trail. The pharmacist explained how near miss incidents were recorded on the pharmacy computer. The pharmacy team completed a monthly patient safety review which included an analysis of any near misses. Quantity errors had been highlighted in the latest review with some suggestions to prevent these happening. Dispensing incidents were reported to head office using a separate system. This involved a more detailed review which identified potential causes or contributing factors. The pharmacist recollected that the most recent incident had involved a handout error. The team had discussed the incident and revisited the pharmacy's hand out procedure to make sure it was being followed. Head office circulated patient safety information in a monthly internal publication. This included case studies and learning collated from incidents across all Boots pharmacies.

The pharmacy had a complaints procedure. Any issues were referred to the duty manager in the first instance and people were referred to head office if they wanted to make a formal complaint. The pharmacist said they received notification from head office if a pharmacy related complaint was received. Most concerns received involved customer service issues around waiting times and the team had discussed strategies to minimise these. The pharmacist reported that occasionally people could be unreasonable and a poster advising people of the pharmacy's zero tolerance policy to aggression, violence and abuse was displayed at the medicines counter.

The pharmacy's controlled drugs registers appeared to be in order, although some numerical entries were difficult to read and a couple of pages had come loose. CD running balances were maintained and a weekly audit was completed. A spot check of a random balance was found to be correct. Patient returned CDs were also recorded. Electronic private prescriptions and emergency supply records contained all the required information. And details of any supplies of unlicensed prescription medicines were recorded appropriately.

The pharmacy advisor confirmed she had received training on data protection and confidentiality. Confidential material was stored securely away from the public areas of the pharmacy. Confidential waste was placed in a dedicated bin for destruction by a specialist contractor. A safeguarding policy was in place and the contact details of local agencies were displayed on the dispensary notice board. The pharmacist confirmed they had completed level 2 safeguarding training and all pharmacy team members were required to complete in-house training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. The team members receive training, so they have the right skills and knowledge for their roles. They work well together in a supportive environment, and they can raise concerns and make suggestions.

Inspector's evidence

The RP and a trainee pharmacy advisor were working in the pharmacy at the time of the inspection. The pharmacy dispensed a low volume of prescriptions, and the team managed the dispensary workload without any issues. The pharmacy counter was sometimes busy, but the duty manager was healthcare trained and could assist when a queue formed. The pharmacy also employed a second pharmacist, a qualified pharmacy advisor and a second trainee pharmacy advisor. The pharmacy was open extended hours and so the day was split into two shifts. The two pharmacists covered most of the hours between them. A third regular pharmacist worked on Sundays and company relief pharmacists covered any other days when the two regular pharmacists were not working. Two pharmacy team members usually provided support in the afternoons when the pharmacy was generally busier. And the team worked flexibly to cover absences and holidays.

The pharmacy advisor confirmed she was enrolled on a course, and she was working her way through it. Staff were allocated some time to complete training during working hours. The team members also had access to additional training material and completion of ongoing training was monitored to check everyone was up to date. Members of the pharmacy team appeared to work well together. The pharmacist could contact the superintendent's office for support. A whistleblowing policy was in place and there was a phone number if team members wanted to report any issues, they didn't feel able to raise locally. The pharmacy set some performance targets for professional services. Team members were not unduly pressured to meet them, and the pharmacist did not feel they affected her professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment for healthcare services. A consultation room is available so people can have a conversation with a member of the pharmacy team in private when needed.

Inspector's evidence

The pharmacy was situated in a purpose-built retail unit close to other shops and restaurants around the concourse of the station. The registered premises consisted of the medicines counter, the dispensary and the consultation room which were situated next to each other in a corner of the store. The rest of the retail area was not part of the pharmacy which meant the store could continue trading in the evening after the pharmacy closed. The pharmacy area was secured using an alarmed retractable band, and blinds were used to cover medicines to indicate they were not available for sale.

Working areas were organised and clean. The consultation room was well equipped, and it was kept locked when not in use. Signs promoted its availability. The pharmacist used the room for a confidential discussion with a person requesting contraception medication during the inspection.

Fittings were suitably maintained although they were showing some signs of wear and tear. And some areas were cluttered; the consultation room contained obsolete equipment and totes were stacked partially blocking the prescription reception area. The level of cleanliness was acceptable but housekeeping in some areas could be improved; the floor was dirty in places which detracted from the overall image.

Screens had been fitted to the counters during the pandemic to help with infection control. Lighting was adequate and the room temperature was controlled by air conditioning. There was an office, stock room and staff facilities in the basement of station; access to these areas was restricted to Boots staff only.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy services are easy for people to access. It manages its services and supplies medicines safely. The pharmacy obtains its medicines from licensed suppliers, and it stores them securely and manages them appropriately, so they are safe to use.

Inspector's evidence

The store entrance opened directly onto the station concourse. Signs directed people to the pharmacy. The pharmacy was open from 7am to 8pm Monday to Friday and 9am – 7pm Saturday and Sunday. Leaflets and signs in the pharmacy areas provided healthcare information and promoted the services available, although some of the content, such as opening times and the services currently offered, needed updating. The team could signpost people to other services available locally or the Boots online doctor service if they felt this was appropriate.

People who visited the pharmacy included a mixture of local workers, residents and tourists. The pharmacist reported that asylum seekers who were provided temporary accommodation in nearby hotels had also started visiting the pharmacy. This sometimes presented a language barrier as they often spoke little or no English, and the team found mobile phone translation apps helpful in these situations.

The pharmacy used a bar code scanning system to check the correct medicine was selected when dispensing. The RP found this helpful as she was sometimes required to self-check. Cartons were used during the dispensing process to help prevent prescriptions being mixed up. Pharmacy team members used various alert cards to highlight high risk medicines and where extra counselling was needed. For example, fridge items, controlled drugs (CD) and high-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 at handout. The pharmacist understood the dispensing requirements for valproate and that people in the at-risk groups should be provided with advice and information. An audit had been conducted which identified that the pharmacy hadn't supplied any people in the at-risk group. The pharmacy only supplied one person with their medicines in multi-compartment compliance packs. And it did not provide any home deliveries. A small number of people received prescription medication for substance misuse and the pharmacist liaised closely with the local drug and alcohol services when necessary.

The pharmacy team members often provided over the counter advice. Pharmacy medicines were stored behind the counter and sales were supervised by the pharmacist. The pharmacy advisor knew which types of medicines were liable to abuse such as codeine-based medicines. She explained how she referred more complex queries such as people requesting medicines for use during pregnancy to the pharmacist.

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 written on the container, although one open bottle of Sytron had not been marked. This was removed for disposal. Date checking of stock was completed regularly and this

was documented. Any short dated stock was highlighted clearly with stickers.

The pharmacy fridge used to store medicines had a maximum and minimum thermometer and the temperature was checked and recorded on a daily basis. Records indicated it was within the required range. CDs were stored in a cabinet. Expired and patient returned CDs were segregated from stock. The pharmacy had accumulated quite a few obsolete CDs. The RP agreed to follow this up and make sure a destruction was arranged, 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. The team members maintain the equipment, so it is safe to use, and they use it in a way that keeps people's information safe.

Inspector's evidence

The pharmacy team members had access to online reference sources including BNF and eMC, and they could access the internet for general information. Crown stamped measures were used to measure liquids; a separate measure was marked for methadone use. Counting equipment was available. The pharmacy had cartons and disposable medicine containers for dispensing purposes, and these were stored appropriately. There were two CD cabinets. One was empty as the CD stock could easily fit into the larger of the two cabinets.

Electrical equipment appeared to be in good working order. The pharmacy fridge was clean and suitably maintained. Pharmacy computers were password protected and screens were positioned so that they were not visible to the public. Computer systems were password protected. Telephone calls could be taken out of earshot of the counter if needed.

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.