General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boots, Unit 1A, 26 York Road, London, SE1 7ND

Pharmacy reference: 9011053

Type of pharmacy: Community

Date of inspection: 21/10/2024

Pharmacy context

This pharmacy is located on a busy road in Waterloo. It provides a private vaccination service, including flu and travel vaccines, and sells Pharmacy-only medicines. It does not provide any NHS services and does not dispense medicines against private or NHS prescriptions. The pharmacy's services are limited in scope, and it does not always have pharmacist cover. There was no pharmacist present on the day of inspection.

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 manages its risks appropriately to make sure people are kept safe. It keeps the records it needs to by law. Team members get training, so they know how to protect vulnerable people and the pharmacy manages and protects people's confidential information appropriately.

Inspector's evidence

Standard operating procedures (SOPs) were available at the pharmacy. They were held electronically, and the system flagged up when a member of the team had not read the relevant SOP. All current members of the team were up to date with reading the SOPs relevant to their role. The SOPs were reviewed annually by the superintendent pharmacist (SI) and annotated to reflect this. Responsibilities of team members were listed on individual SOPs.

Any incident or complaints were recorded electronically and reported to the pharmacy's head office. The current store manager was not aware of any recent incidents. They said that incidents would be reviewed at the end of the month and discussed with the team to help identify any learning needs.

The pharmacy did not always have pharmacist cover, and on the day of the inspection the pharmacist was not in. Pharmacists worked on certain days to provide private vaccine services. There were signs on the medicines counter to explain that some services, such as the sales of Pharmacy-only medicines (P-medicines) were not available when an RP was not present. Team members knew what tasks they could not perform in the absence of the RP. The pharmacy did not dispense prescriptions, including private prescriptions, and did not provide emergency supplies. The pharmacy had in-date professional indemnity insurance. The RP record was completed correctly.

Members of the team handed out cards to encourage people to share any complements with the pharmacy's customer service team. QR codes directing people to an online survey were also displayed near the tills. People were able to raise concerns or give feedback directly to the store manager.

Team members completed the company's eLearning modules on information governance, General Data Protection Regulation and code of conduct, which were renewed annually. Computers were password protected. 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. Team members were aware of the 'Ask for Ani' initiative and a poster about this was displayed near the consultation room.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to provide its services safely. Team members are provided with ongoing training to help keep their skills and knowledge up to date.

Inspector's evidence

During the inspection there was the store manager, who was also a qualified dispenser. They had recently started at the store and regularly covered the medicines counter. The pharmacy had two regular pharmacists who both worked part-time. Team members present were able to manage the pharmacy's workload.

The store manager was observed signposting people to other local pharmacies as there was no RP on the day. They explained that it was a struggle to find pharmacy cover at this branch due to the limited services available. The store manager was in discussion with senior management about more pharmacist cover as they felt that there was demand for pharmacy services.

Team members had access to e-learning modules and were informed by the pharmacy’s head office when a new module was made available. These covered a range of subjects including customer care, patient safety, and clinical knowledge. Mandatory training was completed annually, and this covered topics such as information governance, health and safety, and safeguarding. Newsletters and emails were also sent out regularly by the superintendent’s office to update the pharmacy team of any changes or new services.

Appraisals were conducted every six months where team members had the opportunity to discuss areas of improvement and training needs. Targets were set for services. The store manager said these targets were achievable.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are suitable for the pharmacy’s services and are clean. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was spacious and bright. The dispensary and medicines counter were located to the side of the shop and were clearly signposted. The pharmacy premises were clean. P-medicines were stored on the shelves in a tidy and organised manner. There were banners covering the P-medicines and these were used to inform people that certain medicines (P-medicines) could not be issued in the absence of the RP. Workbench space was tidy and organised. There were adequate hygiene and handwashing facilities for staff.

A spacious consultation room was available for services and private conversations. The room was fitted with a computer station, sink, and lockable cabinets, and had several chairs. The room was kept locked when not in use. The pharmacy was secure from unauthorised access. The room temperature and lighting were adequate for the provision of pharmacy services at the time of the inspection.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides its services in a safe and organised manner. It obtains its medicines from reputable sources, and they are kept secure and stored properly.

Inspector's evidence

Access into the pharmacy was step-free and via a wide automatic door. Services were clearly advertised throughout the shop, and there were several leaflets at the medicines counter promoting services. A ‘health zone’ board was displayed outside the consultation room, and this was used to display information, for example, about chronic kidney disease and the Chickenpox vaccine. Vaccine services were available throughout the week, but pharmacist shifts varied from time to time. People were able to book a service online. Pharmacist shifts were updated on the booking platform in advance.

Travel, flu, and the Human Papilloma Virus vaccines were administered against Patient Group Directions (PGDs). Customer questionnaires and up to date, signed PGDs were available and easily accessible to the team. The store manager said that the pharmacists checked the person’s medical history, as well as the inclusion and exclusion criteria, before administering the vaccines. Vaccine supplies were recorded on customer forms as well as the electronic Patient Medication Record (PMR). The pharmacists had additional useful tools to refer to, for example, a chart of the flu vaccines available for 2024-2025 which explained who they were suitable for.

Both pharmacists had completed face to face and online training to provide the vaccine services. This training included basic life support. In-date adrenaline vials were available in case of emergency.

Stock was obtained from reputable wholesalers. Sections of the medicines counter and dispensary were date checked monthly and records were kept for these checks. Medicines with a short expiry date were marked with a coloured sticker. No out of dates were found during the inspection. Waste medicine was disposed of in appropriate containers. 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 actioned in a timely manner and filed for reference.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely.

Inspector's evidence

Computers were password protected and kept locked when not in use. There was a pharmaceutical fridge in the dispensary and this was clean and suitable for the storage of medicines.

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.