

Registered pharmacy inspection report

Pharmacy Name: Boots, 107-115 Long Acre, London, WC2E 9NT

Pharmacy reference: 9011172

Type of pharmacy: Community

Date of inspection: 21/10/2019

Pharmacy context

This is a newly opened company concept store located centrally in Covent Garden. It is a large store open extended hours over seven days. It is arranged over two floors and the pharmacy department is situated on the upper level. It sells a wide range of retail goods with a focus on health and beauty, and the store also has an optician department. People who visit the pharmacy include residents, local workers and tourists. The pharmacy supplies NHS and private prescriptions and provides some other NHS funded services including Medicines Use Reviews (MURs), New Medicine Service (NMS), smoking cessation and flu vaccinations. It offers a wide range of other private services including various vaccination options, treatments for hair retention, mole scanning, and 'Cystitis Test and Treat'.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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	3.2	Good practice	The pharmacy effectively utilises its consultation facilities to make sure it provides its services in a professional environment and that it protects people's privacy.
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy offers a wide range of services over extended hours. It takes steps to promote these and make sure they are accessible to members of the public.
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 suitably safe and effective. It protects people's private information and keeps the records it needs to by law. People are able to give feedback or make a complaint about the services. The team members follow written instructions to make sure they work safely, and they proactively learn from their mistakes and take steps to improve their practice. And they understand how to safeguard and support vulnerable people.

Inspector's evidence

The pharmacy had a comprehensive set of standard operating procedures (SOPs) which covered the operational tasks and activities. These were regularly reviewed and updated; a new SOP explaining how to deal with stock shortages was in the process of being implemented. Team members usually signed to show they had read and agreed them. One of the team members had not signed some of the SOPs, but she confirmed she had done this in the store where she previously worked. SOPs were closely followed in practice and team members were able to demonstrate or explain how tasks were completed.

A responsible pharmacist (RP) notice was displayed and support staff wore uniforms and name badges, so they could be readily identified. Team members could clearly explain their role and individual responsibilities were explained in the SOPs. They suitably referred to the pharmacist throughout the inspection.

The pharmacy used a range of strategies to manage risks in the dispensing process. Dispensing areas were well-organised, and cartons were used to segregate prescriptions during the assembly process to prevent them becoming mixed up. A barcode scanning system was used when dispensing medicines which helped minimise picking errors. Dispensing labels and prescriptions were initialled by team members involved in the assembly and checking processes, which assisted with investigating and managing mistakes. There was a detailed incident reporting process and head office had oversight of these. Near misses were discussed by the team at the time and recorded on charts, and these were reviewed regularly. Monthly patient safety reviews collated learning from incidents, complaints, near misses and operational changes. They identified focus areas for improvement which were shared with the team. Head office issued regular patient safety updates which were communicated to all stores.

There was a complaints procedure and concerns were dealt with by the management team. The store manager reported that the store had not received any serious complaints since it opened in May 2019 and most concerns were resolved informally. Dispensers explained how they also captured instant feedback from customers through online questionnaires or their customer service team, and this was frequently positive. The pharmacy had not completed an annual patient satisfaction survey as it had only relatively recently opened.

Appropriate professional indemnity insurance was in place. The pharmacy's patient medication record (PMR) system had recently been updated and was used to document and label prescription supplies, and for ordering 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.

Documentation and paperwork were well organised, and records checked were generally in order, although not all of the emergency supply records held on the PMR could be produced on the day.

All pharmacy team members had completed company information governance e-Learning. Confidential material was suitably stored out of public view and paper waste was segregated and removed for safe disposal. Computer systems were password protected. Signed consent was obtained for any services provided and some examples were seen in relations to patient group directions (PGDs). Individual smartcards were used to access NHS data. An absent team member's smartcard had been left in one of the terminals which indicated that they were not always secured properly when not in use.

All team members had completed the company's e-Learning course on safeguarding. Pharmacists had also completed level 2 CPPE safeguarding training and understood how concerns should be escalated. One of the pharmacists explained how they had received additional information on child protection when completing training for their chicken pox vaccination service. There was a safeguarding flow chart on the dispensary notice board and local contacts were kept in the duty folder. People could opt to have a chaperone when accessing services using the consultation rooms.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members hold the appropriate qualifications for their roles and they receive regular ongoing training, so their skills and knowledge are up to date. Pharmacy professionals can act in the best interests of the people who use the pharmacy, and this is not affected by any target. The pharmacy team members suitably prioritise their workload and benefit from the extended working hours, which allows them to complete administrative and non-urgent tasks during quieter periods. But the team faces some challenges making sure they have enough cover during busy periods whilst recruitment of additional team members is ongoing.

Inspector's evidence

The store employed approximately 150 staff in total. The healthcare team comprised of 10 or 11 team members and one of the assistant managers was the healthcare team leader. There were currently vacancies for a full-time pharmacist and two other healthcare team members, so they were slightly under staffed. Relief pharmacists were providing support in the meantime and rotas were used to make sure there was continual cover. The store manager said that team members sometimes worked extra hours and some of the management team were healthcare trained so they could provide cover if needed. There were three pharmacist shifts on most days with overlap during the afternoon which was the busiest part of the day.

Initially during the inspection one of the regular store pharmacists was working with two dispensers. They were joined later by the second store pharmacist. Team members greeted patients courteously and were observed asking appropriate questions and offering advice when selling medicines. Pharmacists were frequently providing services such as vaccinations in the consultation rooms which left only two team members covering the counter and dispensary. So, there were occasions when the counter was unmanned. For example, if a team member was called away to help a customer and the other was involved in a dispensary task, and occasionally a queue formed at the counter. The pharmacist was observed juggling different aspects of the workload which could be challenging at times. For example, answering telephone queries, supervising staff, and providing both booked and walk-in services.

Most of the team members had been recruited from other stores so were reasonably experienced. All team members had completed or were undertaking accredited training to become pharmacy advisors, so they could work flexibly either on the counter or in the dispensary. The company provided regular ongoing training using an e-Learning system and completion of training was monitored. There were formal induction processes. Team members spoke openly about their work and felt supported. They were sometimes allocated time to complete training during work hours but had not yet had a performance review or appraisal.

There were regular team briefings to make sure everyone was kept informed. Team members could speak to the management team, contact head office or raise a concern anonymously if needed. The team used a WhatsApp group and diary to communicate. The company set some commercial targets relating to sales and services. The pharmacist said they were easily meeting these in relation to

healthcare activity, and she did not feel under pressure to achieve them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a professional setting for the provision of healthcare services. The team effectively utilises the pharmacy's dedicated consultation facilities, so people are able to have private and confidential discussions and receive services in a suitable environment.

Inspector's evidence

The store was newly fitted to a high standard and professional in appearance. It was bright, clean and well maintained. Air conditioning maintained the ambient room temperature.

The pharmacy area consisted of a large medicines counter, an open plan dispensing area with work stations and a prescription reception and collection point, and a further room to the rear used as the main dispensary. This room was enclosed which made it difficult to see what was happening on the counter, but the pharmacist said they usually tried to make sure one of the pharmacists was working at the front work stations, so they could supervise counter activity. The pharmacy area was spacious and there was enough bench space for the volume and nature of the work. Work areas were tidy and well organised.

Two large modern well-equipped consultation rooms and a comfortable seated waiting area were discreetly located slightly away from the main counter. These were continually used for services throughout the inspection.

Team members had access to the main store's rest facilities. There were handwashing facilities and hand sanitiser and the dispensary and consultation rooms. There was no pharmacy stock room as all prescription only and Pharmacy medicines were kept in the pharmacy area.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a wide range of services and they are readily accessible to people over extended hours. It manages its services effectively, so people receive appropriate care. It gets its medicines from licensed suppliers and stores them appropriately. Team members make suitable checks to make sure medicines are fit for purpose and safe to use. And they usually identify people on high-risk medications to help make sure they receive the information they need to take their medicines properly.

Inspector's evidence

The pharmacy was open seven days closing late in the evening. It had several automated double doors at the entrance and could be easily entered directly from the street. The pharmacy was situated on the upper level and could be accessed via stairs, escalators or customers lifts. The consultation rooms were big enough to accommodate wheelchairs and buggies. Signage and a range of leaflets explained the pharmacy's services. The team were able to signpost to other services in the locality, such as the nearest walk-in centre. The pharmacy did not offer a home delivery service, but a text reminder service was used to send updates or let people know when their prescription was ready to collect. Some team members were multilingual which was often helpful when dealing with overseas customers.

A vending machine was situated in the healthcare area and people could opt to collect their repeat prescription medication from this if they preferred, rather than collect from the counter. There was a procedure in place for this to ensure these prescriptions were kept securely and that only suitable medicines were stored in this way. Medicines could only be collected from the vending machine when a responsible pharmacist was nominated.

The pharmacy dispensed a mixture of walk-in and repeat prescriptions, including a higher than average number of private prescriptions. The team managed repeat prescriptions for a few regular patients and audit trails were in place, so these could be managed and tracked. Dispensed medicines were appropriately labelled and bagged prior to collection. Prescription forms were filed separately so that they could be retrieved when the medicines were handed out. Each prescription had an associated 'Patient Information Form' which indicated if there were any potential issues such as interactions. The pharmacy had coloured alert cards for high risk medicines such as anticoagulants and methotrexate. These were attached to prescriptions and explained how these patients should be managed. The pharmacists were aware of the risks associated with the use of valproate during pregnancy and understood that such patients should be counselled. The manufacturer's patient cards and leaflets could not be located at the time of the inspection, but the pharmacist agreed to obtain these.

People were 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. 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 pharmacy supplied medicines in multi-compartment compliance packs for around 20 patients who had been transferred from another store. Packs could be supplied on either a weekly or monthly basis. The pharmacist said they would discuss concerns about non-compliance with the patient's GP. A file

was kept containing record sheets for all the patients, showing their current medication, dosage times and date the medicines were due. This information was checked against repeat prescriptions and any changes would be confirmed with the prescriber before they were dispensed. Any communications and alterations were documented. The packs were labelled with descriptions so that individual medicines could be identified but patient information leaflets were not routinely supplied in keeping with requirements, so some people may not get all the information they need about their medicines.

The pharmacy's PGDs services were popular and often more than 10 consultations were completed each day. These enabled supplies of prescription medicines such as treatments for hair retention, cystitis and a range of vaccinations including HPV, flu, chicken pox, meningitis B and travel. Copies of PGDs were available in the pharmacy and all supplies were documented. Malaria prevention was provided in conjunction with a remote pharmacist prescriber. PGD services were usually provided on an appointment basis although flu vaccinations could be done as walk-ins. An online booking system was used to plan the workload. All store pharmacists were accredited to provide these services, so they could be offered on most days although occasional relief pharmacists were not always able to provide all of them. HPV vaccinations were currently the most commonly requested service by international students from China who were studying at London universities. The team had access to the PGD criteria questions written in Mandarin in case there were language barriers.

The mole scanning service was provided in conjunction with ScreenCancer Dermatology on an appointment basis. Store pharmacists were trained to scan moles or pigmented lesions using an imaging device. Scans were analysed by ScreenCancer Dermatology Specialists who sent a report directly to the patient and made referrals if necessary. Other services such as MURs, NMS, EHC and smoking cessation were provided on an ad-hoc basis.

The pharmacy obtained its medicines from licensed wholesalers and suppliers. Stock medicines were stored in an orderly manner. The pharmacy was not compliant with the Falsified Medicines Directive and team members were not sure if this was being introduced in the future. They had not received any associated training.

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

Controlled drugs were appropriately stored in the cabinets, and obsolete CDs were segregated. CD balance checks were completed on a weekly basis. Patient returned CDs and their destruction were documented. Other waste medicines were disposed of in dedicated bins that were kept in the main dispensary. Pharmaceutical waste bins were collected periodically by a specialist waste contractor. Drug alerts were received by e-mail from head office. The e-mails were checked daily and records were kept showing that they had been actioned. Recent alerts relating the ranitidine products had been received.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. Equipment is appropriately maintained and used in a way that protects privacy.

Inspector's evidence

Electrical equipment was in working order. The electronic patient medication record system was only accessible to pharmacy staff and computer screens could not be easily viewed by the public, although the end terminal on the front workstation was potentially vulnerable. The pharmacy had cordless phones, so staff could move to private areas to hold phone conversations out of earshot of the public. A ScreenCancer dermatoscopic imaging device in one of the consultation rooms was used for the mole scanning service. Staff had access to a range of reference sources, and the internet, so the advice provided to people was based on up-to-date information. Needles, sharps bins and anaphylaxis equipment were available in both consultation rooms for use along side vaccination services.

The pharmacy had two medical fridges for storing medicines and vaccines, and a spacious suitably secured CD cabinet. Denaturing kits were used to ensure CDs medicines were destroyed safely. Equipment used for measuring liquids was of an appropriate standard and it was clean. Disposable gloves were used for handling medicines when preparing compliance packs.

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.