

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 426-427 Strand, London, WC2R 0QE

**Pharmacy reference:** 9011511

**Type of pharmacy:** Community

**Date of inspection:** 11/04/2022

## Pharmacy context

This pharmacy is situated within a large retail store in central London near Charing Cross station. It first opened in February 2022. It sells over-the-counter medicines, and it provides a range of both NHS and private pharmacy services. Most of the people who visit the pharmacy are tourists, local workers or students. This inspection was undertaken 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy identifies and manages the risks associated with its services. It has policies and procedures to help make sure that its team members work safely. The pharmacy has appropriate insurance for the services it provides, and it keeps all the records it needs to by law. Pharmacy team members keep people's private information safe. And they understand their role in protecting and supporting vulnerable people.

### Inspector's evidence

The pharmacy had comprehensive up-to-date standard operating procedure (SOPs) for the services it provided. These were reviewed periodically by the superintendent's team at head office. There was an SOP folder in the pharmacy available for reference. Each SOPs had an associated log with signatures to show which members of staff had read them. The pharmacist explained that SOPs were also held electronically, and team members could access them using their individual log-ins. They completed a knowledge check to confirm their understanding of each procedure and completion of training was monitored centrally. Roles and responsibilities were defined in the SOPs. The company used internal audits to monitor compliance with procedures. For example, the pharmacist explained how they used a checklist to make sure the pharmacy was prepared and meeting the requirements before launching the hypertension finding service.

The pharmacy had infection control measures to help reduce transmission of covid-19. Screens had been installed at the counter and team members all wore face masks when working. Hand sanitiser was available for staff to use.

The pharmacy had systems for identifying and managing the risks when supplying prescription medicines. The team members used cartons to separate prescriptions and medication for each person. They scanned the bar code of the medication they selected to check they had chosen the right product when dispensing. There was an audit trail on prescriptions and dispensing labels identifying team members involved in the assembly and handout processes. The team recorded and reviewed errors and near misses. Team members discussed learning points when they identified a mistake, and they reviewed their error records periodically to help identify common themes and learning points so they could stop the same issues happening again. They were aware of the risks associated with look-alike and sound-alike medicines. The company circulated regular communications to promote learning from significant incidents.

The pharmacy displayed a notice that identified the responsible pharmacist (RP) on duty. This was not immediately visible to members of the public and it could be easily overlooked. Pharmacy team members wore uniforms and badges, and they could be easily identified. The pharmacy advisor explained her role and responsibilities. She referred to the pharmacist if she was unsure what to do or if she needed further advice.

A complaints procedure was in place. People could provide feedback about the pharmacy in-store, online or by contacting the company's customer service department. Complaints were reviewed by the

store manager and resolved in conjunction with the pharmacy team if they related to healthcare services.

The pharmacy had appropriate insurance arrangements in place. It maintained appropriate records including controlled drug (CD) registers, RP records and private prescription records. A sample of 'specials' and emergency supply records checked were in order. Private prescriptions were filed in date order. The time the RP anticipated relinquishing their duties later that day had already been entered in the log which could compromise the accuracy of the record if the timings change. The pharmacy team audited the CD register's running balance regularly. The CD registers in use had been transferred from another pharmacy but they had not been annotated to indicate the change of address or the date of transfer. This meant the registers contained information relating to two different pharmacies. This could cause confusion and make it more difficult to explain what had happened if a query arose.

The pharmacy had information governance policies. The team members understood the need to protect people's confidentiality and their personal information. Confidential material was stored securely. Confidential waste was segregated for collection and disposal by a licensed waste contractor. Pharmacists were level 2 safeguarding accredited and team members had completed company safeguarding training. The pharmacist knew how to access details for the relevant safeguarding authorities online.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy generally has enough suitably qualified staff to deliver its services safely. The team members complete appropriate training and keep their knowledge up to date. They work well together, and the pharmacy supports a culture of openness.

### Inspector's evidence

The RP was working with a pharmacy advisor at the time of the inspection. The pharmacy employed two full-time store pharmacists who managed the healthcare services. Two full-time pharmacy advisors provided support. A regular relief pharmacist worked on Sundays and a part-time pharmacy advisor provided support at the weekend. The pharmacy team reported to the store manager. The RP was usually supported by a single pharmacy advisor. There were two shifts per day with some overlap in the middle of the day. There was little flexibility within the pharmacy team to cover support staff absences. The RP was unsure who would provide cover if one of the pharmacy advisors was unable to work. The store manager explained she was healthcare trained and could provide ad hoc support if needed.

The pharmacy had a staff training programme and team members were supported to undertake accredited training relevant to their roles. The pharmacy advisor was completing accredited training which she had started in September 2021. Over the last couple of months, she had found it difficult to find time to complete training during working hours as the pharmacy was increasingly busy or because they were sometimes short staffed.

The pharmacy had a steady footfall. People were sometimes required to wait before being served, but the team members communicated clearly and managed people's expectations. They felt supported in their roles and could seek advice and guidance from the pharmacist, their managers head office when needed. There was a company whistleblowing policy. Team members had annual reviews to monitor their performance and development. The pharmacist didn't feel their professional judgement was affected by company targets. The store manager explained that as the store was new targets were low, so they were achievable.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a professional environment for people to receive healthcare services. It has consultation facilities which are used for some services such as vaccinations, and so the pharmacy team can speak to people in private.

### Inspector's evidence

The pharmacy was situated in a designated area at the back of the main store. The medicines counter separated the dispensary from the main store. Access behind the counter was restricted using a retractable band. There was one instance where a member of the public was observed walking behind the counter when they were not permitted to do so. They were quickly guided back to the retail area by the pharmacy advisor. But the open plan layout meant the dispensary could potentially be easily accessed if staff were distracted.

The pharmacy was bright and professional in appearance. It had air-conditioning so the room temperature could be controlled. The dispensary was clean and tidy, and well organised. The dispensary had sufficient workbench and storage space for the pharmacy's current workload.

A consultation room was situated on the opposite side of the store, so a short walk from the dispensary. It was spacious and well-equipped with a desk and two chairs, a sink, storage and bench space. The room was locked when not in use to keep its contents secure. Signs on the door indicated its use so members of the public were made aware of this facility.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are easily accessible. Its working practices are generally safe and effective, so people receive appropriate care. The pharmacy gets its medicines from reputable suppliers and it stores them securely. The team members make checks and manage medicines appropriately to make sure they are fit for purpose and suitable to supply.

### Inspector's evidence

The store had step-free access from the street, the main entrance had double automatic doors and aisles leading to the pharmacy were free from obstructions, so access to the pharmacy was unrestricted. Signs and leaflets were used to promote the pharmacy and its services. The pharmacy was open extended hours over seven days. The team members were observed providing frequent advice and signposting to other services such as a local walk-in centre or NHS111.

The dispensing service was well managed. The volume of dispensing was low, and the pharmacy dispensed more private than NHS prescriptions. Many of the prescriptions were received electronically from Boots online prescribing service. A retrieval system was used to store dispensed medicines awaiting collection. The pharmacist was aware of the guidance about pregnancy prevention to be given to people in the at-risk group who took sodium valproate. Pharmacist interventions were documented on the patient medication record (PMR). A small number of people received their medicines in multi-compartment compliance packs. Each person had a detailed record indicating how packs should be assembled and specifying individual requirements. Packs were clearly labelled. The pharmacy also supported a small number of people receiving treatment for substance misuse. Medication doses were prepared in advance, so they were ready when people presented. Concerns or missed doses were reported to the prescriber or key worker.

Staff were aware of over-the-counter medicines which were considered high-risk. They provided correct advice about dosage when supplying codeine containing painkillers on a number of occasions. But they did not ask for further clarification as to why they were needed if the person stated they had taken them before. And the pharmacist was sometimes providing services in the consultation room when sales were conducted so they may not always be able to intervene. This could mean that opportunities to provide further advice or appropriate signposting were missed.

The pharmacy offered a range of private services and could provide treatments under Patient Group Directions. These included a range of vaccinations and treatments for cystitis. Protocols were in place to determine if a person was suitable to receive the treatment or vaccine and the pharmacy kept records when these medicines were supplied or administered. Travel and HPV vaccines were the most commonly requested. Vaccinations were provided on an appointment basis using an online booking system. The pharmacy team could determine the number of bookings made available so they could manage the workload. Anaphylaxis and needle stick injury protocols were displayed in the consultation room. People were provided with a vaccination record, but the pharmacy did not inform their General Practitioner when vaccines were administered.

People could request covid testing services which were also booked through the online booking system. Both lateral flow and antigen tests in conjunction with a recognised laboratory were offered. Store staff were trained to administer these in a screened area of the shop floor, so these services were not pharmacy led.

Recognised licensed wholesalers were used to obtain stock medicines. All pharmacy stock stored in the registered area. Dispensary shelves were tidy and well organised manner. CDs were stored in a cabinet and access was restricted to pharmacists only. Date expired and patient returned CDs were segregated in the cabinet. Patient returned CDs were recorded and destroyed using denaturing kits. Medicines were stored in their original containers at an appropriate temperature. Medical fridge temperatures were monitored. There was a date checking system. A random check of the stock found no expired items. Unwanted medicines and sharps were segregated and placed in designated bins. Alerts and recalls were received via email messages from head office. These were printed, actioned and stored in a file so there was an audit trail enabling the pharmacy to demonstrate this.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the right equipment and facilities to provide its services safely. Equipment is appropriately maintained and used in a way which protects people's privacy.

### Inspector's evidence

The pharmacy team had access to the internet and appropriate reference sources including the latest versions of the British National Formularies (BNF) and Medicines Complete. The dispensary sink was clean and had hot and cold running water. The pharmacy had glass liquid measures used to prepare medicines, and equipment for counting loose tablets and capsules as well as disposable containers for dispensing medicines. The pharmacy team had access to personal protective equipment and sundries necessary for the provision of vaccination services such as anaphylaxis equipment and sharps bins.

There was a medical fridge for storing medicines. The pharmacy had two computer terminals in the dispensary and an additional one in the consultation room, so sufficient for the volume and nature of the services. Computer screens could not be viewed by members of the public. Access to computer systems was password protected and team members used individual smartcards to access NHS data. Telephone calls could be taken out of earshot of the counter. All electrical equipment appeared to be 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.