

Registered pharmacy inspection report

Pharmacy Name: Boots, 105-109 Strand, London, WC2R 0AA

Pharmacy reference: 9011639

Type of pharmacy: Community

Date of inspection: 25/05/2022

Pharmacy context

This pharmacy is situated within a retail store in central London near Charing Cross station. It first opened in August 2021. It sells over-the-counter medicines, and it provides a range of NHS and private pharmacy services. It is in a commercial area, and people who visit the pharmacy are typically tourists, local workers and university 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
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 effectively 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

Paper copies of the company's standard operating procedures (SOPs) were available in the dispensary. The superintendent's team at head office reviewed and updated the SOPs periodically. Each SOP had an associated log with signatures to show which of the pharmacy team members had read them. The pharmacy advisor explained that SOPs were also held electronically, and she demonstrated how she accessed the online training portal. Team members completed a knowledge check to confirm their understanding of each procedure and the company monitored completion of SOP training centrally. A locum pharmacist was working as the responsible pharmacist (RP). She was aware of the SOPs and the pharmacy's locum guide. She explained she would use the SOPs for reference if there was something she was unsure about.

The SOPs defined team members individual roles and responsibilities. Team members could explain their main responsibilities and worked within their capabilities. An RP notice was visible from the retail area identifying the pharmacist on duty. Team members wore uniforms so they could easily be identified. The pharmacy had infection control measures to help reduce transmission of covid-19, including clear screens at the counters and hand sanitiser was available for staff and customers to use. Most of the team members wore face masks when working.

The pharmacy had systems for identifying and managing the risks when supplying prescription medicines. The team members used cartons to keep each person's prescription separate during the dispensing process. They scanned the bar code of each 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 mistakes to understand why they happened, and they completed monthly patient safety reviews to help identify common themes and learning points. The company circulated regular communications to promote learning from significant incidents. A complaints procedure was in place. The team members described how they referred unresolved issues and complaints to the store manager or one of the regular store pharmacists if they involved healthcare services.

The pharmacy had appropriate insurance arrangements in place. Documentation and records were well organised. The team maintained appropriate records including controlled drug (CD) registers, RP records and private prescription records. Private prescriptions were filed in date order. The pharmacy team audited the CD register's running balance regularly.

The pharmacy had information governance policies. The trainee pharmacy advisor understood the

principles of data protection and confidentiality and had completed training on this when she first started working at the pharmacy. The team stored confidential material securely and segregated confidential waste prior to collection and disposal by a licensed contractor. The pharmacist was level 2 safeguarding accredited and team members had completed company safeguarding training. A safeguarding prevention poster displayed in the dispensary raised staff awareness and local contacts were available in the duty folder. The pharmacy had a chaperone policy, and the team members were aware this was an option which could be offered to people.

Principle 2 - Staffing ✓ Standards met

Summary findings

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

Inspector's evidence

A locum pharmacist (RP) and two pharmacy advisors were working during the inspection. The pharmacy employed two full-time store pharmacists who usually worked during the week. A regular relief pharmacist and a part-time pharmacy advisor provided cover at the weekend. The pharmacy team reported to the store manager. Due to the longer opening hours there were usually two shifts per day: an early and late shift with a handover in the middle of the day. But the locum pharmacist was working a 12-hour shift with no scheduled rest break. She felt this was not an issue as the workload was manageable and there were quiet periods throughout the day when she could take a break. The team planned staff cover and absences using rotas. The store manager and one of the customer assistants were healthcare trained so they could provide ad hoc support to the pharmacy team if needed.

The pharmacy supported team members to complete accredited training programmes relevant to their roles. The trainee pharmacy advisor was working through her induction, and she was completing a recognised course. She was working on the counter and only allowed to complete more complex tasks in the dispensary under supervision. She knew what questions to ask when selling medicines and was clear when to refer to the pharmacist. For example, when selling high risk medicines such as codeine containing painkillers. The other pharmacy advisor was fully qualified. She explained how she completed online training on a regular basis to make sure her knowledge was up to date.

The team served people promptly and the workload appeared manageable. However, the pharmacy was not offering additional services such as vaccinations as the regular pharmacists were not working, so it was not a typical day.

The team members felt supported in their roles and could seek advice and guidance from the pharmacist or the store manager when needed. They could contact the area manager or head office for support and a list of contact numbers was displayed in the dispensary. Team members had individual performance reviews to monitor their development. The team members didn't feel company targets affected their professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a professional environment for people to receive healthcare services. It has consultation facilities so the pharmacy team members can provide services, such as vaccinations, or speak to people in private.

Inspector's evidence

The pharmacy was at the back of the store. It was bright and professional in appearance. Fixtures and fittings were in good order. Air-conditioning controlled the room temperature. The dispensary was clean, tidy, and well organised. There was sufficient workbench and storage space for the pharmacy's current workload.

The counter area and dispensary were open plan. This meant it was not easy to keep medicines secure as people could potentially walk or reach behind the counter. A retractable barrier was used to prevent this happening, but it was not always used.

The pharmacy had two consultation rooms located near the dispensary. They were spacious and well-equipped with desks, chairs, sinks, storage cupboards and work benches. The team locked the rooms when they were not in use to keep the contents secure.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible and its working practices are safe, 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 pharmacy was open extended hours over seven days. There was step-free access from the street, the main entrance had double automatic doors and aisles leading to the pharmacy were free from obstructions, so people could easily access the pharmacy. The pharmacy used signs and leaflets to promote and provide information about its services. The team members knew how to signpost people to other services available locally.

The volume of dispensing was low, and the prescription service was well managed. The pharmacy used a bar coded retrieval system to store dispensed medicines awaiting collection. This had caused some issues the previous day when it was not working, but the team had made some ad hoc adjustments so people could collect their medicine without undue delays.

The pharmacy team used colour coded cards and notes to highlight high-risk medicines and when people needed extra counselling when they collected their prescription medicines. The pharmacist was aware of the pregnancy prevention programme for people in the at-risk group who were taking sodium valproate. A small number of people received their medicines in multi-compartment compliance packs. Each person had a detailed record indicating how to assemble packs and specifying individual requirements. The pharmacy also supported a small number of people receiving treatment for substance misuse. The team prepared instalment doses in advance, so they were ready when people presented. Pharmacists reported any concerns or more than three missed doses to the person's prescriber or key worker.

Staff were aware of high risk over-the-counter medicines, such as codeine containing painkillers and sedative antihistamines. The pharmacy team members suitably referred more complex queries to the pharmacist during the inspection.

The pharmacy offered some other NHS services such as the hypertension case finding service. And it provided a range of private services such as vaccinations and other treatments such as hair loss. Protocols were in place to determine if a person was suitable to receive the treatment or vaccine and the pharmacist kept records when they supplied or administered these medicines. Travel vaccines were the most commonly requested private service. People could request a vaccinations appointment using an online booking system. The pharmacy team could determine the number of bookings made available so they could manage the workload.

The pharmacy obtained stock medicines from recognised licensed wholesalers. Medicines were stored in their original containers. Dispensary shelves were tidy and well organised. The team monitored the

temperature of the fridge in the dispensary used to store medicines to make sure it was within a suitable range. The pharmacy had a date checking system. A random check of the stock found no expired items. The team segregated unwanted medicines in designated bins prior to collection by an appropriate waste contractor. The pharmacy had a suitably secured cabinet for storing CDs. Only pharmacists could access the cabinet and there was a CD key audit trail. The pharmacy received email notifications from head office with medicine or medical device alerts and recalls, and the pharmacy team kept audit trails to show what action it had taken in response.

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 for preparing 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 other services such as blood pressure meters, anaphylaxis equipment and sharps bins.

There was a medical fridge for storing medicines. The pharmacy computer terminals in the dispensary and the consultation rooms, so sufficient for the volume and nature of the services. Computer screens were not visible to members of the public. Access to computer systems was password protected and team members used individual smartcards to access NHS data. Team members could take telephone calls away from the counter so they could not be overheard. 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.