

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 166-172 Queensway, London, W2 6LY

**Pharmacy reference:** 9012412

**Type of pharmacy:** Community

**Date of inspection:** 20/11/2024

## Pharmacy context

This pharmacy is located in a busy area of West London. People who use the pharmacy are from the local area, but it also regularly serves tourists. The pharmacy sells medicines, dispenses prescriptions, and provides other NHS services such as Pharmacy First, blood pressure testing, the New Medicine Service, and seasonal flu vaccinations. It offers some private services including a wide range of vaccinations. The pharmacy also dispenses private prescriptions for the Boots online doctor service so people can collect them from the store.

## 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 has effective systems to help make sure the risks associated with its services are identified and managed. It has clear working procedures to make sure the team works safely. It keeps the records it needs to by law, and it has processes to make sure it suitably protects people's personal information. Team members record and review their mistakes so that they can learn and improve. And they understand how they can help to protect vulnerable people.

### Inspector's evidence

The pharmacy had relocated from another nearby premises to this site in May 2024. Pharmacy team members reported to the store manager. They were able to explain their individual roles and they worked within their capabilities under the supervision of the responsible pharmacist (RP) during the inspection.

The pharmacy had a comprehensive set of corporate standard operating procedures (SOPs) which covered the activities and the services provided. SOPs were regularly reviewed and updated by head office. One of the dispensers explained that SOPs were held electronically. Some paper versions of recently introduced SOPs were available so they could be easily referenced during the implementation period. SOPs and training modules were uploaded to each team member's account according to their job role. They were required to read the SOPs and complete a knowledge quiz to confirm their understanding of each procedure. The store manager had oversight of the system so they could monitor training. Team members demonstrated a clear understanding of the pharmacy's procedures and were confident explaining the recent changes to the dispensing processes which the pharmacy was piloting.

The pharmacy used a bar code scanning system when dispensing to help minimise picking errors. Dispensing errors were recorded, reviewed, and reported to head office using an electronic system. Near miss errors were also recorded electronically. The team reported that error rates had reduced with the introduction of different technologies. A patient safety review was completed on a monthly basis which included a review of the near miss log summary, incidents and other operational matters. The most recent review was available in the dispensary. One of the focus areas reminded the team to follow the medication owing procedure to help avoid any unnecessary delays in supplying owed medication and making sure people were correctly informed. A monthly professional standards newsletter was issued by the superintendent's team. The newsletters contained information about company initiatives, clinical governance issues and case studies to promote learning from incidents. Newsletters were read by all team members to help make sure their knowledge was kept up to date.

The store manager was responsible for handling any complaints that were reported to the central customer service team or in store. If concerns were pharmacy related, they involved the team in reaching a resolution, so areas for improvements and learning points could be discussed. A recent complaint about the refusal to sell a Pharmacy (P) medicine was being managed appropriately. Other recent feedback from customers had been about the location of the pharmacy as it was in the basement. People had complained that it less accessible than in the previous store. The manager explained this had been exacerbated as the customer lift had been out of action for a short period,

although the issue had been resolved and it was now working.

The pharmacy had up-to-date professional indemnity insurance. An RP notice was clearly displayed at the reception desk identifying the pharmacist on duty. Paperwork and documents were well organised and easy to reference. The RP record met requirements. Paper based controlled drug (CD) registers were in order and two random stock checks of CDs in the cabinet matched the balance recorded in the register. Weekly CD balance audits were completed. Patient returned CDs and their destruction were recorded in a separate register. Other records were suitably maintained, including private prescription and specials records. Private prescriptions were filed in date order.

The pharmacy had information governance procedures and team members completed refresher training annually. Confidential material was stored securely and disposed of safely using authorised contractors. Team members had their own NHS Smartcards. Pharmacists had completed accredited safeguarding training and all team members had completed mandatory company training. They understood what signs to look for and how to escalate concerns about potentially vulnerable people and children.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's staffing levels are appropriate for the workload. Team members are suitably qualified and experienced in the roles in which they are working. The pharmacy provides regular training so team members can keep their skills and knowledge up to date. Team members work well together and are supportive of each other. The pharmacy supports team members to raise concerns and provide feedback so it can make improvements.

### Inspector's evidence

At the time of the inspection, the RP was a company relief pharmacist. They had worked at the pharmacy before and were familiar with the company's processes. The RP was supported during the inspection by a team that consisted of a medicines counter assistant, and two dispensers. A second pharmacist was providing pharmacy services such as vaccinations. The pharmacy was open extended hours and rotas were used to ensure there was enough staff cover.

Team members were observed managing the workload during the inspection and worked well together. There was a steady stream of people presenting at the medicines counters which meant team members worked flexibly to respond to requests and complete dispensing tasks. Queries were referred to the pharmacist when needed.

Pharmacy team members were provided with online training materials from head office on a regular basis which helped team members keep their knowledge up to date. Protected training time was provided. Team members felt well supported in their roles, and confident discussing concerns with the pharmacists or store manager. A messaging service was used to share information amongst the team as it was difficult to arrange in person meetings. Whistleblowing and staff feedback mechanisms were available. The pharmacy had company targets to meet but the pharmacist said that the team did not feel undue pressure to achieve these targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a professional environment for the services it provides. It has consultation facilities so people visiting the pharmacy can receive services and have a conversation with team members in private.

### Inspector's evidence

The pharmacy premises had a large retail area arranged over two floors. The pharmacy was located in the basement. It consisted of a medicines counter, prescription reception, open plan dispensary and two consultation rooms. Fittings were new and in good order. The store was bright and well lit. An air-conditioning system regulated the temperature.

The dispensary was an adequate size for the services provided, although all the available bench space was in use. Dispensing and checking activities took place on separate areas. Assembled prescriptions and pharmacy medicines were stored behind the medicines counter. The consultation rooms were spacious and well equipped with desks, seating, and storage. They were kept locked when not in use to prevent unauthorised access.

All areas were clean and well organised. There were sinks in the dispensary and consultation rooms. Handwashing and sanitation materials were available.

Security safeguards were in place. The main store was fitted with CCTV and alarmed barriers secured the pharmacy area. The store manager explained that a recent security breach of the main store had resulted in additional security measures being installed.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy offers a range of healthcare services which most people can easily access. It manages its services and supplies medicines safely, so people receive appropriate care. The pharmacy obtains, stores and manages its medicines effectively, so they are suitable to supply.

### Inspector's evidence

The store entrances had automated doors and a step free access from the street. The pharmacy operated extended hours over seven days a week. Signs directed people to the pharmacy area. There were stairs leading to the basement and a customer lift enabled people with mobility difficulties to access the pharmacy and its services. Leaflets and signs provided information about the pharmacy and promoted the healthcare services available. Team members signposted people to other local service providers if needed.

The pharmacy regularly dispensed both NHS and private prescriptions, including a significant number of electronic private prescriptions from the Boots online doctor service. Some repeat NHS prescriptions were sent to the company's hub to be assembled and returned to the pharmacy for collection. The pharmacy was piloting a new dispensing process using new technology to reduce the need for a final accuracy check for prescriptions dispensed in store and assessed a suitable. Team members explained the inclusion and exclusion criteria, and how the pharmacist was currently still completing a final accuracy check whilst the pilot was in progress. On checking one prescription assembled under this process, it was noted that the dispensing label had been placed over the Braille on the medication carton. Team members explained this was part of the process, so the manufacturer's barcode was not covered by the dispensing label to support the use of new technology. They explained that there was a separate process for people with sight issues, so their medication was supplied without covering the Braille.

Pharmacy team members knew which prescriptions and high risk medicines required extra counselling and the PMR system flagged extra prompts. The pharmacist understood the dispensing requirements for valproate containing medicines and was aware of the recent safety alert update. Dispensing audit trails were in place. Cartons were used during the dispensing process to help prevent prescriptions being mixed up. Team members scanned the prescription system code when handing the medication out using a handheld device, this ensured the correct recipient and prompted further checks if any had been flagged by the system or pharmacist. Clear plastic bags were used for assembled fridge items and CDs so a visual check of the contents could be completed at handout. A small number of people received their medicines in compliance packs. There were clear systems in place for managing prescriptions and assembling packs.

Other pharmacy services were provided according to the agreed protocols and appropriate records were maintained. Quick reference guides, the NHS PGDs (patient group directions) and supporting documentation were available for the NHS Pharmacy First service. Vaccinations were offered on an appointment basis using an online booking system available on the company website. The online booking system was aligned to accommodate staffing levels. People completion of a questionnaire and had a face-to-face consultation with a pharmacist.

The pharmacy team members regularly provided over-the-counter advice. Pharmacy medicines were stored behind the counter. The medicines counter assistant members knew which types of medicines were liable to abuse, such as codeine containing medicines and when to refuse sales or refer 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. The pharmacy's computer system incorporated a stock control system and random stock exceptions counts were completed regularly. Date checking of stock was completed regularly and this was documented. Short-dated stock was highlighted. The pharmacy team monitored and recorded the maximum and minimum temperatures of the fridges used to store medicines on a daily basis. Records indicated fridge were consistently within the required range over the last two months. The pharmacy team followed a process for managing alerts and recalls for defective medicines and medical devices, and audit trails were retained. CDs were stored in suitably secured cabinets. Unwanted medicines were deposited in designated pharmaceutical waste bins prior to collection by waste contractors.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services safely. It has appropriate systems in place to protect people's confidentiality.

### Inspector's evidence

Team members had access to the internet and current reference sources. Calibrated measures were available for dispensing liquids. Medicine containers and boxes were available for dispensing purposes. Counting equipment for tablets and capsules were available. The CD cabinets were suitably secured. There was a medical fridge in the dispensary and another one in the consultation room used to store vaccines. Other equipment such as a blood pressure meter and vaccination sundries were available in the consultation rooms. All equipment appeared clean and appropriately maintained. The PMR was password protected. The pharmacy had three computer terminals which were all positioned away from public view to help protect patient privacy. The number of terminals appeared sufficient for the workload, although team members felt an extra terminal in light of the new dispensing processes would be beneficial.

### 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.