

Registered pharmacy inspection report

Pharmacy Name: Boots, GSTT Offsite Boots Outpatient Pharmacy,
2nd Floor, 128 The Chimes Shopping Centre, High Street, Uxbridge,
London, UB8 1GA

Pharmacy reference: 9012420

Type of pharmacy: Hospital

Date of inspection: 11/11/2024

Pharmacy context

The pharmacy is owned and run by Boots. The pharmacy specialises in dispensing outpatient private prescriptions on behalf of Guys and St Thomas's Trust in London. The pharmacy is closed to the public. It dispenses medicines against private electronic prescriptions. And it delivers dispensed prescriptions to people. The pharmacy is situated within an existing Boots store. But it runs separately to it.

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 has suitable written procedures in place to help ensure that its team members work safely. And the team understands and follows them. The pharmacy has insurance to cover its services. And it completes the records it needs to by law. The pharmacy team knows how to protect the safety of vulnerable people. And it protects people's confidential information properly. The pharmacy suitably identifies and manages the risks associated with its services. Team members respond effectively when mistakes happen. And they take suitable action to prevent mistakes in the future.

Inspector's evidence

The responsible pharmacist (RP) worked a regular three days at the pharmacy. And RP shifts were generally shared between her and another two regular pharmacists. RPs generally worked alongside the pharmacy manager. And they deputised for him in his absence. The pharmacy did not have an NHS contract. Its main activity was its private prescription dispensing service. And it dispensed prescriptions for people who had attended one of the many outpatient clinics at Guys and St Thomas's Hospital Trust (GSTT). The pharmacy used a dispensing robot which was linked to its patient medication record system (PMR). This in turn was linked to the system used by the hospital Trust. And to the pharmacy's wholesalers. The system used barcode recognition to match prescriptions with bag labels. And team members scanned the barcodes to reduce the risk of a prescription being sent to the wrong person. The RP and pharmacy manager described how they and their other pharmacist colleagues generally highlighted and discussed dispensing 'near misses' and errors as soon as possible with the team member involved to help prevent the same mistakes from happening again. The team recorded its mistakes on both the Boots system and on the Trust's error recording system (RADAR). And it reviewed them each week and again every month, using the pharmacy's patient safety review procedures. It reviewed them to analyse what had gone wrong. And any trends that may be developing. The system required team members to identify the type of mistake. And the reasons for it. Mistakes were also reviewed with trust pharmacists. The team had been made aware of the risk of confusing look-alike sound-alike medicines (LASAs) It had done this to reduce the risk of selecting the wrong medicine. The team recognised that preventing such mistakes required on going monitoring and intervention. It was clear that the team discussed what had gone wrong. And it acted in response to its mistakes. Team members agreed that near misses should lead them to identify the steps they could introduce to their own procedures to help them learn and improve.

The pharmacy had up-to-date standard operating procedures (SOPs) for its team members to follow. It used Boots SOPs alongside trust SOPs which they had for its additional, specialised dispensing related tasks. And staff could access SOPs on their smart phones through the Boots MyHub application. SOPs were regularly reviewed. And updated. And team members were in the process of reading recently updated SOPs. After they had read an SOP, they were required to complete a quiz to test their understanding. The pharmacy manager could also see when a team member had completed the quiz. This helped him to manage the team's compliance with any new or updated procedures. Team members understood their roles and responsibilities. And they followed the appropriate procedures for assembling and labelling medicines. And they accessed, used and updated the pharmacy's electronic records competently. Pharmacy Assistants (PA) worked with pharmacists to get prescriptions ready for people. And they consulted them when they needed their advice and expertise. Pharmacists also consulted pharmacists at the trust for advice when they needed their specialist knowledge. The RP

placed her RP notice on display showing her name and registration number as required by law.

People gave feedback directly to team members with their views on the quality of the pharmacy's services. People were also supplied with a barcode to scan which took them to a web page where they could give additional feedback. The pharmacy had a complaints procedure to follow. And the team knew how to provide people with details of where they should register a complaint if they needed to. This included details for the superintendent's (SIs) office. If necessary, they could also obtain details of the local NHS complaints procedure online. But the team usually dealt with any concerns at the time. The pharmacy manager described how from time-to-time the team may need to call someone to provide necessary counselling. And occasionally they may have to call several times to get hold of the person. But in response to feedback from someone they now limit the number of times they called someone to twice then they would send a text. And if there was still no response, they referred to the prescriber. So that the prescriber was aware and could contact the patient if necessary. The team was observed handling people's queries well. And the PAs were observed assisting one another when needed. The pharmacy had professional indemnity and public liability arrangements so it could provide insurance protection for the pharmacy's services and its customers.

The pharmacy kept its records in the way it was meant to, including its RP records, its records for private prescriptions. And its CD register. The pharmacy kept a record of its CD running balances. And a random sample of CD stock checked by the inspector matched the running balance total in the CD register. It had a controlled drug (CD) destruction register. So that it could account for the receipt and destruction of patient-returned CD medicines. Although it had not yet had any. The pharmacy did not generally have cause to make any emergency supplies. And so, it did not have any records to show. The team clearly understood that it must ensure that all the pharmacy's essential records were complete and up to date.

The pharmacy's team members understood the need to protect people's confidentiality. And they had completed appropriate training. They discarded confidential paper waste into separate waste bags. And a licensed waste contractor collected the bags regularly for safe destruction. The pharmacy was closed to the public and it had a coded keypad entry system to ensure that only authorised individuals entered the pharmacy. And so, it could keep people's personal information, including their prescription details, out of view. The pharmacy had a safeguarding policy. Team members had completed appropriate training. And they knew to report any concerns to the pharmacy manager. The team had access to details for the relevant safeguarding authorities. And it could also access up-to-date details online. But the pharmacy had not yet had to make any safeguarding referrals.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has put suitable measures in place to ensure it manages its workload safely and effectively. And its team members support one another. Team members are comfortable about providing feedback to one another so they can maintain the quality of the pharmacy's services. And they have the right skills and training for their roles.

Inspector's evidence

The pharmacy had been open for approximately six months. The responsible pharmacist (RP) was one of three regular RPs. And she had worked at the pharmacy since it opened. As had the pharmacy manager. Other team members present included the accredited checking technician (ACT) and three PAs. The PA role provided the team member with dispensing training. And the ACT had been supervised closely by pharmacists to ensure that he had the knowledge and skills to accurately check the trust's prescriptions safely. The pharmacy was on top of its workload. The pharmacy manager described how the pharmacy was building the service gradually. It was a new service and managers had decided to provide the service for one trust only to begin with, until team members had developed their knowledge and understanding of the medicines prescribed. And the needs of the trust's patients. This was because many of the medicines prescribed at the trust's clinics which were not commonly dispensed in community pharmacies. The pharmacy team had been trained by specialist pharmacists at the trust. And trust pharmacists were in regular contact with the pharmacy. And they supported them whenever they had a query. And they provided additional training when needed. The pharmacy manager described how the pharmacy team was now ready to expand the service to other trusts. And as of the following week it would be providing its services to two further hospitals.

Team members described feeling supported in their work. And they worked effectively with one another. They felt able to raise concerns with their line managers. And they discussed issues as they worked. They described how, as a team, they had reviewed the way in which they managed the prescription workflow. They did this to ensure that they could be as efficient as they could. So, they could deliver people's medicines to them in a timely manner. The pharmacy manager varied each team member's tasks. He did this to provide variety and maintain interest and concentration. And to ensure that each team member could carry out each of the pharmacy's tasks competently. The RP made day-to-day professional decisions in the interest of people. And while she sometimes felt the pressures of a busy workload, she did not feel under pressure to meet any business targets. The team discussed issues as they worked. And they kept their knowledge up to date through regular online e-learning training modules. Since opening, team members have had two one-to-one reviews of their work performance. They have also had developmental goal meetings. The pharmacy manager also discussed performance when the pharmacy received its monthly key performance indicator (KPI) reports from head office. In addition, the team had weekly 'huddle' meetings where the pharmacy manager updated them on work priorities and any learnings. And the team could also raise any issues and ask questions.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a suitable environment for people to receive its services. And they provide an adequate amount of space for those services. The pharmacy is sufficiently clean and secure. The team keeps its workspace and storage areas appropriately tidy and organised.

Inspector's evidence

The pharmacy was on the second floor of a large shopping centre branch of Boots. The branch already had a traditional Boots community pharmacy which was open to the public. But this pharmacy ran separately to it. And people could not enter it. The pharmacy had a spacious dispensary with enough space for the robot. And its five separate chutes and dispensing workstations. It also had work benches on all sides with several separate workstations for administration tasks, procurement, calling patients and accuracy checking prescriptions. Staff could generally work with few interruptions, due to there being no members of the public present.

The pharmacy had the workspace and storage space it needed for its current workload. And it had capacity for the planned workload increase. It had storage areas above and below its work benches. It also had a run of pull-out drawers and shelves for storing medicines and completed prescriptions for collection. The pharmacy stored its dispensed items and prescriptions methodically. And it stored its medicines in a tidy, organised way. And prescription information was kept confidentially. The team cleaned the pharmacy's work surfaces and contact points regularly. And it kept the premises tidy and organised. Staff worked steadily to put stock away and store prescription orders appropriately. The team locked the pharmacy's doors to prevent unauthorised access. And the pharmacy had staff facilities.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and makes them accessible to the people who use them. It supports the team's fellow healthcare professionals with suitable advice and medicines information. And it ensures that it supplies its medicines with the information that people need to take their medicines properly. The pharmacy team gets its medicines and medical devices from appropriate sources. And team members make the necessary checks to ensure they are safe to use and protect people's health and wellbeing.

Inspector's evidence

The pharmacy's principal activity was to provide services to GSTT outpatient clinics. This included chemotherapy, haematology, neurology, rheumatology, dermatology and cardiac clinics. It received prescriptions from the trust's clinicians. And after dispensing them it delivered people's medicines to them within a 48-to-72-hour timeframe. The pharmacy used the Boots' own delivery service for people living within the pharmacy's catchment area. It also used other delivery services such as Royal Mail track and trace or FedEx, depending on the nature of the medicines supplied. The pharmacy called people to provide them with counselling. And information about their medicines. And team members also called or texted people to let them know when their medicines would be delivered. The pharmacy had written guidelines to help team members deliver services safely and efficiently. And it worked closely with the trust's pharmacy team to ensure that it could fulfil people's prescriptions and manage medicines shortages. The team worked hard to ensure that people's medicines were dispensed and supplied in good time. And in general, it supplied them within the appropriate timeframe, depending on when the prescription had been received. And the availability of the medicine prescribed. Prescriptions were generated electronically by prescribers. And on receipt at the pharmacy the system alerted the team to its arrival. And so, the team could see the number of prescriptions waiting to be dispensed at any time. The number of prescriptions waiting in the queue varied throughout the day but generally peaked during and after clinic times.

The pharmacy team signed its dispensing labels to show who had assembled the items and who had completed the final accuracy check. The pharmacy kept all its items in their original containers. And it dispensed most of them as complete packs. It also checked the expiry dates of its medicines regularly. The pharmacy had procedures for counselling patients on high-risk medicines, including chemotherapy medicines, anti-coagulant therapy. And medicines for rheumatology and dermatology. It provided additional counselling to ensure people understood how to take their medicines properly and safely. The team member questioned was also aware of the risks to women taking valproates who could become pregnant. Although the pharmacy had not dispensed valproate prescriptions for anyone in the at-risk group, it had stocks of the information leaflets and cards to help advise them. And described how they only dispensed full packs complete with their warning cards. They also knew not to stick the dispensing label over the manufacturer's warnings on the packaging.

The pharmacy obtained its medicines and medical devices from suppliers holding the appropriate licences. And the team stored its medicines, appropriately. And stock on the shelves was tidy and organised. The pharmacy checked the expiry dates of its stocks, regularly. And it kept records so that team members knew what had been checked. And when. This meant that the team could monitor the pharmacy's entire stock for expiry dates effectively. When the team identified any short-dated items it

highlighted them. And a random sample of stock checked by the inspector was in date. The pharmacy had suitably designated bins for unwanted medicines, which were sealed when full and taken away for destruction by the company's licensed waste contractor. The team also used the appropriate waste bins for any hazardous waste such as cytotoxic medicines. The team stored its CD and fridge items appropriately. And it monitored its fridge temperatures to ensure that the medication inside it was kept within the correct temperature range.

The pharmacy received alerts and recalls directly from its internal email and alert systems. And from the hospital's medicine's alerts system. It recorded details of all the alerts and recalls with details of the action taken, who by and when. And when necessary, it let the hospital's clinicians know of any relevant stock affected by a recall. The team had recently had to quarantine and return stock affected by a recent recall.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. And it keeps them clean. The team uses its facilities and equipment to keep people's private information safe.

Inspector's evidence

The pharmacy had the appropriate equipment for counting tablets and capsules and for measuring liquids. And its equipment was clean. Team members had access to a range of up-to-date reference sources, including access to the internet to provide it with up-to-date clinical information. And they also had good communication systems for speaking to clinicians and the trust's specialist pharmacists. The pharmacy's computers were password protected to prevent unauthorised access. And team members logged in to the computer at their workstation with their personal log in details. This was to maintain an accurate audit trail when accessing people's records. And to ensure that they had the appropriate level of access to records for their job roles. The pharmacy had cordless telephones to enable the team to hold private conversations with people.

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.