

Registered pharmacy inspection report

Pharmacy Name: Broadway Pharmacy with Cure Clinics, 1c
Broadway, Fulwood, Preston, Lancashire, PR2 9TH

Pharmacy reference: 9012015

Type of pharmacy: Closed

Date of inspection: 22/05/2024

Pharmacy context

The pharmacy is located in a business address in Preston. The pharmacy premises is not open to the public. Its sole activity is dispensing private prescriptions. Medicines are sent by post to people who have signed up to the pharmacy's medicine delivery service. The pharmacy is currently in a transitional period between contractual arrangements, and at the time of inspection, there was minimal dispensing activity taking place.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy does not adequately assess the risks when working with third party clinical services. It does not always carry out the necessary checks or due diligence to make sure that the clinical services are operating safely and effectively. This means it cannot demonstrate that prescriptions provided by the clinical services are always safe and appropriate.
		1.6	Standard not met	The pharmacy does not always keep responsible pharmacist records to show when a pharmacist is present.
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 not all met

Summary findings

The pharmacy team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. Members of the team know how to record when things that go wrong. And they are given training so that they know how to keep private information safe. But the pharmacy does not always carry out the necessary checks when working with other clinical services to help make sure they are operating safely and effectively. It dispenses medicines against private prescriptions written by an unregulated clinical service. So, the pharmacy does not have the assurance that the correct systems are in place to govern the diagnosis and treatment of mental health conditions. And they do not keep adequate records to show when a pharmacist is present. These are required to ensure the pharmacy has a responsible person to oversee its activities are completed safely.

Inspector's evidence

The pharmacy dispensed private prescriptions issued by private clinics, which specialised in treating attention-deficit hyperactivity disorder (ADHD). One of the clinics was registered with the CQC. However, the other was not, and it appeared the clinic fell within the scope of CQC registration. So, there is a risk people may be treated for mental health conditions without full regulatory oversight and the correct systems being in place. Some of the consultations were provided remotely by UK registered prescribers.

There was an electronic set of standard operating procedures (SOPs). Members of the pharmacy team had read the SOPs, and the electronic software recorded the date this was completed. A historical risk assessment had been carried out for the previous prescribing service the pharmacy had contractual arrangements with. But since changing to new providers, the pharmacy had yet to complete a new risk assessment. The volume of dispensing was limited to 10 prescriptions for the new prescriber. But the pharmacy did not fully understand the context of the service, and they only had access to the prescription to conduct clinical checks. So, the pharmacy was not able to demonstrate that the prescribing organisation it worked with it had appropriate safety measures in place for the risks associated with the service.

The pharmacy kept electronic records of dispensing errors and their learning outcomes. Near miss incidents would also be recorded on electronic software. But few had been recorded and the pharmacist explained this was due to the low number of items dispensed. There were historical reviews of the records which identified learning. But these had not been completed since 2023.

The roles and responsibilities for members of the pharmacy team were described in individual SOPs. A complaints procedure was available on the pharmacy's website. The pharmacy manager would investigate any complaints. A current certificate of professional indemnity insurance was on display.

Records for unlicensed specials appeared to be in order. Electronic software was used to record supplies made against private prescriptions. But due to a technical error, the software had not updated the private prescription register. Following the inspection, the pharmacist confirmed the private prescription register had been corrected and was up to date. Registers for controlled drugs (CDs) were also available on the electronic software. There were regular audits of the CD registers against the stock. A separate register was available to record any returned CDs. A responsible pharmacist (RP) record was available. But the last entry was on 22nd April 2024, and a number of medicines had been

supplied since then. There was also evidence of obtaining CD medicines to supply against private prescriptions. So, the pharmacy is unable to show which pharmacist was responsible for these supplies and when they assumed responsibility of the pharmacy.

An information governance (IG) policy was available, and members of the pharmacy team completed annual IG training. Confidential information was separated into confidential waste bags, before being removed and destroyed by a waste contractor. A privacy notice on the pharmacy's website described how the pharmacy handled and stored people's information. Safeguarding procedures were included in the SOPs. All members of the team had completed safeguarding e-learning. The pharmacist had completed level 3 safeguarding training. Contact details for the local safeguarding board were available.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has sufficient arrangements to ensure there are enough staff to manage the pharmacy's workload. And the team members they use are appropriately trained for the jobs they do.

Inspector's evidence

Due to the low volume of dispensing, the pharmacy relied upon staffing cover from the company's pharmacy branch directly next door. The pharmacy branch employed multiple pharmacists and a large pharmacy support team which enabled the pharmacy branch to continue operating during this time. All members of the pharmacy team were appropriately trained or on accredited training programmes. The volume of work appeared to be managed. At the time of the inspection, there was no dispensing activity taking place.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. And it is maintained to a standard expected of a healthcare setting.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. The temperature was controlled by the use of electric heaters. Lighting was sufficient. Team members had access to a kitchenette area and WC facilities.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible. It gets its medicines from licensed sources, and they deliver them to people in an effective manner.

Inspector's evidence

The pharmacy premises were not open to the public. People were referred to the pharmacy by the third-party prescribing service, but they also had the option to take their prescription elsewhere. Information about the pharmacy was available via its website.

The pharmacy received prescriptions by post. Medicines were dispensed against the prescriptions, and baskets were used to separate individual patients' prescriptions to avoid items being mixed up. The pharmacist completed a legal check of the prescription during their final checks, to help ensure the prescription remained valid at the time of supply. The pharmacy also completed checks of the last time medicines were prescribed to ensure the prescribing intervals were appropriate.

Medicines were packaged and sent to people using a signed for courier service. The pharmacy had a process in the event of a failed delivery. This involved contacting the patient to check their delivery details, and checking the prescription to ensure it remained in date.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. The checks of the expiry dates for CD medicines were completed regularly during stock audits. But checks for other medicines had not been completed since 2023. A spot check did not find any out-of-date medicines. Controlled drugs were stored appropriately in the CD cabinets. CD denaturing kits were available for use. Patient returned medication was disposed of in designated bins. Drug alerts were received on electronic software. Details of any action taken, when and by whom were recorded on the software.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

Team members had access to the internet for general information. This included access to the BNF, BNFc, and Drug Tariff resources. All electrical equipment appeared to be in working order. The pharmacy also had counting triangles for counting loose tablets. Equipment was kept clean.

Computers were password protected. A cordless phone was available in the pharmacy which allowed the team members to move to a private area if the phone call warranted privacy.

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.