

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: 03/12/2024

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 which it receives from ADHD services registered with the CQC. Medicines are sent by post to people who have signed up to the pharmacy's medicine delivery service.

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	2.2	Good practice	The pharmacy provides relevant and regular training to each member of the team to ensure they are well-skilled for the services being provided.
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 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. The pharmacy carries out checks before providing services on behalf of other organisations. And it completes an individual risk assessment to ensure that all of the risks have been considered.

Inspector's evidence

There was an electronic set of standard operating procedures (SOPs) which were issued in 2023 and due to be reviewed in July 2025. Members of the pharmacy team had read the SOPs, and the electronic software recorded the date this was completed.

The pharmacy dispensed private prescriptions for prescribing services which were registered with CQC. Before providing services, the pharmacy completed an onboarding process for each organisation. The prescribing service completed a form to check the regulatory status of the prescribing service and a variety of governance processes. For example, whether prescribers were based in the UK, if there are any current regulatory investigations, and the types of policies and procedures in place. Upon receipt of the form, the pharmacist and superintendent pharmacist (SI) reviewed the information and completed a risk assessment for the provision of dispensing services. This helped them to identify whether there were any risks which had not been identified or managed by the prescribing service. Parts of the risk assessment identified a weakness in the identity checks of people using the prescribing service and they were currently reviewing the available options to implement additional controls.

The pharmacy had undertaken a variety of audits to assess how well its services were being provided by the pharmacy, and the nature of the prescribing conducted by the prescribing services. For example, they had recently completed an audit on the potential overprescribing of medicines. The pharmacy analysed 250 people's dispensing records over a period of three months in search of any unanticipated prescribing patterns. 24 prescriptions were identified as irregular, and upon further review they all had sound clinical reasons recorded for why they had been prescribed medicines earlier than expected. The pharmacy had also completed a service review about the timeliness for the delivery of medicines by its delivery provider. A small number of medicines had been delivered outside of the expected time frame and the pharmacy continued to monitor the provision of service by its courier.

The pharmacy kept electronic records of dispensing errors and their learning outcomes. Near miss incidents were also recorded on electronic software. The pharmacist completed a review of the incidents each month, and this was discussed with members of the pharmacy team. To help reduce the risk of a picking error, the team had tidied the stock within the controlled drug (CD) cupboards.

The roles and responsibilities for members of the pharmacy team were described within individual SOPs. The correct responsible pharmacist (RP) notice was on display. A complaints procedure was available on the pharmacy's website. The pharmacist would investigate any complaints and follow these up. A current certificate of professional indemnity insurance was available.

Records for the RP, private prescriptions and unlicensed specials appeared to be in order. CD registers

were electronic, with running balances recorded. There were regular audits of the balances against the stock. A separate register was available to record any returned CDs. The balance of two CD medicines were checked at random and found to be correct.

An information governance (IG) policy was available, and members of the pharmacy team had completed IG training. A privacy notice on the pharmacy's website described how the pharmacy handled and stored people's information. When questioned, a dispenser was able to describe how confidential information was separated into confidential waste bags and removed for destruction by a waste carrier. 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 enough members of the team to manage the pharmacy's workload. The pharmacy provides relevant and regular training to each member of the team to ensure they are well-skilled for the services being provided.

Inspector's evidence

There was usually a pharmacist and a dispenser on most days. The workload appeared to be well managed. The staffing level was maintained using team members from the adjacent pharmacy. All members of the pharmacy team were appropriately trained.

The pharmacist routinely provided 'learning at lunch' sessions each month which members of the team were invited to. For example, they had recently completed training about ADHD diagnosis. The team also had access to e-learning modules for safeguarding and data protection. Records of completed training were kept showing what each member of the team had done. The training appeared to be relevant to the individual, and the services provided.

When questioned, a dispenser explained how they would refer any clinical queries about medicines to the pharmacist. They felt well supported by the pharmacist. Appraisals were conducted once per year. There was a monthly team meeting which covered upcoming training, updates to the services, and learning from errors. A record of the meeting was kept. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the SI. There were no targets for professional based services.

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. Its website contains information to tell people about who provides its pharmacy services.

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.

The pharmacy's website provided information about the services it offered and its location. It contained details about who owned the pharmacy, who the superintendent pharmacist was, and the pharmacy's GPhC registration number.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are safe and effective. It gets its medicines from licensed sources, stores them appropriately, and complete regular checks, Medicines are delivered to people in an effective manner. The pharmacy completes additional checks of the prescribing interval, and query when they identify any potential concerns.

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, its opening hours, and how to contact the team, 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 team also completed checks of the last time medicines were prescribed to ensure the prescribing intervals were appropriate. The pharmacist had access to the clinical records for one of the prescribing services so they could check the person's history in the event of a query. For other services where they did not have access, the pharmacist emailed the prescriber with their query. An intervention log was kept showing the queries which had been raised and details of any actions taken. For example, a prescription for an incorrect formulation was referred back to the prescriber for amendment.

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 expiry dates of medicines were checked on a monthly basis. Records of completed date checks were kept. Short-dated stock was marked with a pen to remind team members to check the expiry date. Controlled drugs were stored appropriately in the CD cabinets. 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.