General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Acer Pharmacy, 12 St. Georges Lane, Thornton-Cleveleys, Lancashire, FY5 3LT

Pharmacy reference: 9011740

Type of pharmacy: Internet / distance selling

Date of inspection: 13/06/2022

Pharmacy context

This is a distance selling pharmacy which uses the website www.acerpharmacy.com. It is situated near to the town centre of Thornton-Cleveleys, on the Wyre coastline in Lancashire. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. The pharmacy mostly supplies medicines in multi-compartment compliance aids (MDS) to help people take the medicines at the right time. Although the pharmacy offered to deliver nationally, most prescriptions were for patients in the local area.

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 met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards not all met	3.1	Standard not met	The pharmacy's website allows people to select a prescription only medicine and quantity before starting a consultation. This appears transactional and means people may be less likely to get the most appropriate treatment for their needs. And some details on the website are missing, incorrect or misleading.
		3.4	Standard not met	The pharmacy does not have a level of security which is expected of a registered pharmacy premises.
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 written procedures to help its team work effectively. But the procedures are not always available for reference, which could cause some confusion. The pharmacy keeps the records it needs to by law. But records are not always made when things go wrong, which means the pharmacy team may not be able to identify learning so that it can improve. The pharmacy has not fully risk assessed its services to provide assurance that they are operating safely. And it has not taken enough care to ensure its insurance arrangements are adequate.

Inspector's evidence

The pharmacy's standard operating procedures (SOPs) were not available during the inspection but were provided subsequently. The superintendent (SI) confirmed members of the team had read the SOPs, but there were no records. So it was unclear whether members of the team fully understood their responsibilities. The pharmacy had not completed any documented risk assessments related to any of the services it provided. So it could not show it had considered and mitigated the associated risks.

A record was seen for a dispensing error which had been reported to the pharmacy. There were no records of near miss incidents. The pharmacist said if an error occurred, he would discuss it with the team. But that very few incidents had occurred due to the checks completed by the team prior to dispensing medicines into the multicompartment compliance aids.

Roles and responsibilities of the pharmacy team were described within individual SOPs. A responsible pharmacist (RP) notice was on display on the premises, but it was for the incorrect pharmacist. This was promptly corrected when highlighted to the RP. The pharmacy had a complaints procedure which was explained within the terms and conditions on the website. There were no examples of complaints which had been raised. The two pharmacists both said they had their own professional indemnity insurance cover. But there was no other professional indemnity insurance cover in place for the pharmacy's activities. The superintendent pharmacist agreed to obtain appropriate cover immediately, and a copy of the new policy was provided following the inspection.

Records for the RP, private prescriptions and emergency supplies appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded. Two balances were checked, and both were accurate. The pharmacy had some information governance (IG) procedures in place. But no written procedures were available, so members of the pharmacy team may not fully understand their responsibilities for keeping private information safe. Confidential waste was segregated and removed by a waste carrier. The pharmacy's privacy notice was displayed on its website. Safeguarding procedures were included in the SOPs and both pharmacists had completed level 2 safeguarding training. Contact details for the local safeguarding board were included in the SOP.

Principle 2 - Staffing ✔ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete training to help them keep their knowledge up to date. But this is not structured so learning needs may not always be identified or addressed.

Inspector's evidence

The pharmacy team included two pharmacists, one of whom was the superintendent (SI), a pharmacy technician, a dispenser and a delivery driver. All members of the team had completed the necessary training for their roles. The usual staffing level was a pharmacist, plus either the pharmacy technician or the dispenser, and a driver. The SI would work alongside the pharmacist on a Monday, Wednesday and Friday. The volume of work appeared to be manageable. Staffing levels were maintained by a staggered holiday system.

At the time of inspection there were two pharmacists, including the SI, and a pharmacy technician. However, the pharmacy technician finished their shift during the inspection. The pharmacy team were seen to be completing the work required of them and asking for help when it was required.

Members of the pharmacy team were provided with e-learning training packages that they completed in their own time. This was an informal arrangement and no records were kept. The pharmacist said he provided regular feedback to the team, but this was not recorded. The team used a WhatsApp group to remain in contact on days when people were not working. There were no targets set by the pharmacy for professional services.

Principle 3 - Premises **Standards not all met**

Summary findings

The pharmacy premises are generally suitable for the services provided. But the security arrangements are not adequate for a registered pharmacy. And the pharmacy's website allowed people to select a medicine before a consultation took place. This appears transactional and means people may be less likely to get the most appropriate treatment for their needs.

Inspector's evidence

The pharmacy was a distance selling pharmacy located on the first floor of a building and members of the public did not visit the premises. It was generally clean but was cluttered with boxes which may present a tripping hazard to staff. The premises appeared to be in an adequate state of repair. The size of the dispensary was sufficient for the workload. The temperature was controlled by the use of heaters. Lighting was sufficient. The staff had access to a kitchenette and WC facilities. But the pharmacy's security arrangements were not of a level expected for a registered pharmacy.

The pharmacy had a website which provided information about its services. But some information on the website had not been updated and was still showing the previous SI. Two different pharmacists were listed as SI in the terms and conditions. The pharmacy had not yet sold any over the counter medicines or prescribed any medicines via its website. The layout of the website allowed a prescription only medicine to be selected before a consultation. The consultation involved an online questionnaire. It was notable that if any answers would prevent a prescription from being appropriate, this was immediately obvious from the website response. This could encourage people to deliberately provide false answers in order to get the medicines they wanted.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easy for people to access. And it generally manages them effectively. It obtains its stock medicines from recognised sources. But it does not always give people advice when it supplies them with higher-risk medicines. And it doesn't check whether people are being properly monitored. So the pharmacy team may not always have assurance that the patients are using their medicines safely.

Inspector's evidence

The pharmacy website could be used to access its services and also contained information about how to contact the pharmacy and the services it provided. Most people who used the pharmacy were referred by a leaflet or word of mouth and usually contacted the pharmacy by telephone to access services.

Most medicines were dispensed in MDS trays. Before a person was started on a compliance aid the pharmacist assessed whether the person would be suitable to have their medicines dispensed in this way. Electronic records were kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery. Disposable equipment was used to provide the service, but the compliance aids were not always labelled with medication descriptions so people may not be able to easily identify individual medicines. Patient information leaflets (PILs) were not routinely supplied, so people may not have access to important information about how to take their medicines safely. The pharmacy team used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. Dispensed by and checked by boxes on dispensing labels were supposed to be signed to provide an audit trail. But a number of MDS trays were found on which the dispensing labels had not been signed by the dispenser.

Patients taking high-risk medicines (such as warfarin, lithium and methotrexate) were not normally counselled to check whether they were being monitored or using the medicines correctly. So members of the pharmacy team cannot be sure these medicines are being used safely. The pharmacists were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist said he would speak to any patients prescribed valproate, to check the supply was suitable, but that there were currently no patients meeting the risk criteria.

The pharmacy used a delivery driver to deliver dispensed medicines to people in the local area. Deliveries were logged onto an electronic delivery software system. A record of deliveries was kept as an audit trail. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. The delivery driver could deliver to an alternative address if the patient had given authority. But details about the consent were not recorded.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Members of the pharmacy team had yet to complete any expiry date checks on stock because all stock had been obtained within the previous 6 months. A random sample of stock was checked and no out-of-date medicines were found. Liquid medication had the date of opening written on. Controlled drugs were stored in a safe.

There was a clean medicines fridge equipped with a thermometer. The minimum and maximum

temperature was being recorded daily and records showed they had remained in the required range for the last 3 months. There had been an issue with the fridge earlier that day and a new fridge was ordered prior to the inspection. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the MHRA. The SI said he would check whether the alert was relevant and check for affected stock, but details about this were not recorded. So the pharmacy cannot demonstrate the action taken in response to any drug alerts.

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

The staff 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. There was a selection of liquid measures with British Standard and Crown marks. The pharmacy also had counting triangles for counting loose tablets. Equipment was kept clean. Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the staff 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.