

# 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:** 09/05/2023

## Pharmacy context

This is a distance selling pharmacy which people access using the website [www.acerpharmacy.com](http://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 and private prescriptions. The pharmacy mostly supplies medicines in multi-compartment compliance aids (MDS) to help people take the medicines at the right time. It offers 'over-the-counter' medicines and a private consultation service through its website, but few had been requested. The pharmacy offered deliveries across the UK, but most of the prescriptions that had been dispensed were for patients within the local area.

## 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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. Members of the team understand how to keep private information safe. They discuss things that go wrong so that they can learn from them, but they do not keep records of this. So they may miss some learning opportunities.

### Inspector's evidence

There was a set of standard operating procedures (SOPs). A pharmacy technician confirmed she had read the SOPs. But members of the team had not signed the training sheets. So it was not clear whether they fully understood what was expected of them. When questioned, the pharmacist said he had considered the risks associated with the pharmacy's services but that the risk assessments had not been documented. So the pharmacy could not demonstrate the risks that had been identified or how they were being managed.

The pharmacy offered a prescribing service through its website and prescriptions were issued by a pharmacist independent prescriber (PIP). The pharmacy had received very few enquiries about the service because they were not advertising it. And for the enquiries that had been received, the PIP had decided not to prescribe a medicine after reviewing the consultation. The service utilised software which is used in general practice to help identify a potential diagnosis. This involved asking the person different questions using an algorithm. This meant the service invited enquiries for a very wide range of conditions. The PIP explained that he would signpost people to other healthcare services if he did not feel the enquiry was within his scope of practice. The pharmacy did not have any risk assessments or written procedures to show how it managed the risks associated with this service.

The pharmacy had a process to record and investigate any dispensing errors that occurred. But there were no records kept of near miss incidents. The pharmacist admitted that he did not record near miss incidents, but said there had been very few. He explained that when an incident occurred, he always discussed it with the team and highlighted any potential learning points.

Roles and responsibilities of the pharmacy team were described within individual SOPs. A responsible pharmacist (RP) notice was on display. The pharmacy had a complaints procedure which was explained within the terms and conditions on the website. An email confirmation of current professional indemnity insurance was available.

Records for private prescriptions appeared to be in order. RP records were kept, but they did not always state when the pharmacist finished their tenure. So the pharmacy may not always be able to show when a pharmacist was present. The pharmacy's controlled drugs (CDs) registers were not available to view as the superintendent (SI) had taken them home in order to complete any outstanding entries from the bank holiday period. Following the inspection, the pharmacist confirmed the CD registers had been returned to the pharmacy and that they were up to date.

The pharmacy website explained how the pharmacy handled people's information. When questioned, the technician was able to explain how confidential waste was segregated for removal by a waste carrier. But the pharmacy did not have written procedures for information governance. And members of the team had not completed data protection training. So they may not fully understand what is

expected of them. Safeguarding procedures were included in the SOPs and the pharmacist 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. But members of the team do not complete ongoing training. So they may not always keep their skills and knowledge up to date.

### Inspector's evidence

The pharmacy team included two pharmacists, one of whom was the SI and the other was a PIP, a pharmacy technician, two dispensers, one of whom was in training, and two delivery drivers. A new starter had begun working at the pharmacy within the last two weeks and was currently working under the direct supervision of the technician. All other members of the team had completed the necessary training for their roles. Team members worked full time and the volume of work appeared to be manageable. Staffing levels were maintained by a staggered holiday system.

Members of the pharmacy team had access to learning modules on a training platform. But they had not yet started to use them. The pharmacy team were seen to be completing the work required of them and asking for help when it was required. Members of the team said that they felt comfortable reporting any concerns to the pharmacist or SI. There were no targets set by the pharmacy for professional services

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are generally suitable for the services provided. And the pharmacy's website contains enough information to inform people about who is providing the service.

### Inspector's evidence

This was a 'closed' pharmacy located on the first floor of a building and members of the public did not visit the premises. It was generally clean, but the floorspace was cluttered with boxes which may present a tripping hazard to staff. The premises appeared to be in an adequate state of repair. And the size of the dispensary was sufficient for the workload. The temperature was controlled using heaters. Lighting was sufficient. Team members had access to a kitchenette and WC facilities.

The pharmacy had a website which provided information about its services. Details of who owned the pharmacy and the SI were displayed at the bottom of each page.

## 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 does not always have assurance that the patients are using their medicines safely.

### Inspector's evidence

People used the pharmacy's website to find out information about the pharmacy and access its services. The website contained information about how to contact the pharmacy team and about the services it provided. Most people who used the pharmacy had found out about it from a leaflet or by word of mouth.

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 receive their medicines in this way, and this was recorded. 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 and patient information leaflets (PILs) were routinely supplied. 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 signed to provide an audit trail.

The pharmacist explained that he would contact patients by telephone to provide counselling. But patients who were taking high-risk medicines (such as warfarin, lithium and methotrexate) did not normally receive counselling to check whether they were up to date with their monitoring or were using the medicines correctly. So members of the pharmacy team could not provide assurance that these medicines were always being used safely. The pharmacist was 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 device. 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. Stock was date checked on a 3-month cycle. A date checking matrix was supposed to be completed as a record of what had been checked, but it had not been signed in the past 6 months. A pharmacy technician admitted she had not signed the record after she had completed the task. A spot check did not find any medicines which had expired. The box of short-dated stock was marked using a pen and liquid medication had the date of opening written on.

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. Patient returned medication was disposed of in designated bins. Drug alerts were received by email from the MHRA. The pharmacist explained he would check whether the alert was relevant and check for any affected stock. But details about this were not recorded, so the pharmacy was not able to show what action they had taken.



## 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 pharmacy team 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 members of the team 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.