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: 20/02/2024

Pharmacy context

This is a distance selling pharmacy which people access using it's 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 and private prescriptions. Medicines dispensed against NHS prescriptions are mostly supplied in multi-compartment compliance packs to help people take their medicines at the right time. The pharmacy offers medicine deliveries across the UK, but most of the prescriptions are dispensed for patients within the local area. A prescribing service is advertised on the website but is no longer being provided by the pharmacy.

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 team follows written procedures, and this helps them to maintain the safety and effectiveness of the pharmacy's services. Members of the team understand how to keep people's information safe. They discuss mistakes when they occur so that they can learn from them. But they do not keep a record of the mistakes to review them. So, they may miss some learning opportunities.

Inspector's evidence

There was a set of standard operating procedures (SOPs). Members of the pharmacy team had signed training records to show they had read and understood the SOPs. The pharmacist explained he had considered some of the risks, such as the pharmacy's current workload. To help address this risk, the pharmacy had stopped the sign-up of new patients who required medicines to be dispensed into multi-compartment compliance packs until they had improved the efficiency of their processes. But the pharmacy could not demonstrate all the risks had been identified or show how some of the risks were managed as there was no risk assessment documented.

The pharmacy kept an electronic record of any dispensing errors which had been reported. A near miss log was available to record any mistakes. The pharmacist would highlight mistakes to members of the team so they could discuss and learn from them. And the team shared the learning they had identified. But mistakes were not always documented, and the records were not reviewed. So, the pharmacy may miss opportunities to learn or reduce the chance of similar mistakes from happening again. Following a mistake, the pharmacy had moved sumatriptan and sildenafil away from one another.

Members of the pharmacy team understood their roles, and the tasks they could and could not do in the absence of the responsible pharmacist (RP). But these details were not documented on the roles and responsibilities matrix in the SOPs. Which meant that team members may not be fully aware of what specific jobs or processes they are responsible for. The correct RP notice was on display. The pharmacy had a complaints procedure which was advertised within the terms and conditions on the website. A copy of current professional indemnity insurance was available.

Records for private prescriptions and unlicensed specials appeared to be in order. RP records were kept, but they did not always record when the pharmacist has signed out so it may make it harder to identify when their responsibility had ended. Controlled drugs (CD) registers were kept with running balances recorded. Two random balances were checked, and both were inaccurate. After the inspection the pharmacist confirmed he had corrected these erroneous records. A separate register was available to record any patient returned CD medicines.

The pharmacy provided information about how they handled people's information on the website. When questioned, the dispenser explained how confidential waste was separated for removal by an authorised waste carrier. But written procedures about information governance were not available. 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. When questioned, a dispenser said she would report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✔ Standards met

Summary findings

There are enough team members 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 superintendent pharmacist (SI), six dispensers, and three delivery drivers. All 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 with members of the team covering absences between them.

The pharmacy had recently enrolled their delivery drivers on to a pharmacy driver training programme. Other members of the team received training on new procedures and were trained on process by the pharmacist. But ongoing learning was not usually provided. So, learning needs may not be addressed.

When questioned, a dispenser explained they would query a dose on a prescription with the pharmacist before contacting the prescriber. The dispenser felt well supported by the pharmacist and other members of the team. 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 felt comfortable reporting any concerns to the pharmacist or SI. But there was no formal appraisal programme, so opportunities to identify areas of personal development may be limited. There were no targets set by the pharmacy for professional services.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are suitable for the services provided but could be improved to enable a more efficient work environment. And the pharmacy website contains enough information to inform people about who is providing the service.

Inspector's evidence

This was a 'closed' pharmacy located in a business unit. Members of the public did not visit the premises as it provided its services from a distance. The pharmacy was cluttered, due to the limited shelving space. The floors were cluttered with boxes. A dispenser tidied the pharmacy during the inspection which improved the working environment. A plan was in-place to refit the pharmacy premises to improve the current workspace. The premises appeared to be in an adequate state of repair. The temperature was controlled using heaters and 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 provide advice when it supplies people 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 people are using their medicines safely.

Inspector's evidence

People used the pharmacy's website to find out information about the pharmacy and to access its services. The website contained information about how to contact the pharmacy team and about the services it provided.

Most medicines were dispensed in multi-compartment compliance packs. Before a person was started on a compliance pack, they were assessed by their GP or frailty team to consider whether it would be suitable for them to receive their medicines in this way. But it was not completed for every person, which would be useful in the event of a query or a concern. Electronic records were kept for each patient, containing details about their current medication, and any medication changes. 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 medicines being mixed up. 'Dispensed by' and 'checked by' boxes on dispensing labels were signed to provide an audit trail. But medication descriptions were not completed on compliance aids, which would help people identify their medicines easily.

The pharmacist contacted people by telephone to provide counselling advice. But people who were taking higher-risk medicines, such as warfarin, lithium, and methotrexate, did not normally receive additional advice to check whether they were up to date with their blood test monitoring or confirmation that they 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 and the need to supply valproate in its original pack. Educational material was supplied to people who received these medicines. The pharmacist said he had spoken to patients who met the criteria, and this had been recorded on their patient medical record (PMR).

The pharmacy used a delivery driver to deliver dispensed medicines to people in the local area. Deliveries were logged on to an electronic delivery device and a record of deliveries was kept. Unsuccessful deliveries were 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 to show they authority had been obtained which may make it harder to respond to any delivery queries.

Medicines were obtained from licensed wholesalers, and unlicensed medicines were sourced from a specials manufacturer. Stock was date checked on a 6-month basis. A date checking matrix was kept as a record of what had been checked. Short-dated stock was marked using a pen and liquid medication had the date of opening written on. There was a clean medicine fridge equipped with a thermometer. The minimum and maximum temperature was recorded daily, and records showed they had remained

in the required range for the last three months. CDs were stored in a CD cupboard and 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 no record was made, 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.