

Registered pharmacy inspection report

Pharmacy name: Acer Pharmacy

Address: 12 St. Georges Lane, Thornton-Cleveleys, Lancashire, FY5 3LT

Pharmacy reference: 9011740

Type of pharmacy: Internet / distance selling

Date of inspection: 03/07/2025

Pharmacy context and inspection background

This is a distance selling pharmacy which people access using its 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 not being provided by the pharmacy.

This was a full intelligence-led inspection of the pharmacy following information received by the GPhC. The pharmacy was last inspected in February 2024 and all standards were met.

Overall outcome: Standards not all met

Required Action: Improvement Action Plan

Follow this link to [find out what the inspections possible outcomes mean](#)

Standards not met

Standard 1.1

- The pharmacy provides its services at a distance, but it does not have written risk assessments for all the services it provides. So it cannot demonstrate all the risks have been considered and that it takes appropriate action to mitigate against them to help provide services safely and effectively.
- The pharmacy delivers all medication to people's addresses, as the pharmacy's NHS contract does not permit people to collect it from the pharmacy. Sometimes, medicines are delivered to alternative locations or posted through the letterbox. But this does not match the pharmacy's written procedures, and it cannot show it has considered the risks with this practice. So the pharmacy is unable to show this is a safe practice.
- The pharmacy dispenses medicines into multi-compartment compliance packs from electronic prescriptions which have been issued as a batch prescription for up to six months at a time. But the pharmacy has not considered the risks of providing this service at a distance, such as managing points of contact with vulnerable people. So the pharmacy cannot demonstrate how it checks people are taking their medicines safely.

Standard 3.1

- The pharmacy premises are untidy. It is cluttered with stock in areas where dispensing activity takes place along with medicine tote boxes on the floor. It has loose, and disregarded tablets spread throughout the pharmacy. And some medicines are stored on the floor. This creates tripping hazards for members of the team and increases the risk of medicines becoming damaged. This may also increase the risk of errors occurring. So the pharmacy is not able to demonstrate that its premises enables services to be provided safely and effectively.

Standard 4.2

- The pharmacy routinely dispenses medicines into multi-compartment compliance packs from electronic prescriptions which are issued on the day the person is due their medicines. But if the prescription is delayed, people do not receive all of their medicines on time. And the pharmacy cannot show it has considered the safety and effectiveness of providing the service in this manner to people who are vulnerable.

Standard 4.3

- The pharmacy decants some of its medicines into suitably labelled containers to aid the delivery of its pharmacy services. But a number of the containers are not labelled in the correct manner. This may increase the risk of a dispensing error, or dispensing medicines which are not fit for purpose.
- The pharmacy has fridges for medicines which Require cold storage conditions. But the temperature of one of the fridges is not in the required range, and members of the team do not take action to rectify this issue. So the pharmacy is not able to demonstrate its fridge medicines are stored correctly to ensure they remain fit for purpose.

Standards that were met with areas for improvement

Standard 1.6

- The pharmacy has records for its high-risk medicines. But it does not keep a running balance to enable its team members to audit its stock appropriately. So the pharmacy may not always be able to demonstrate its records are accurate and correct for the medicine stock that it has available.

Principle 1: The governance arrangements safeguard the health, safety and wellbeing of patients and the public

Summary outcome: Standards not all met

Table 1: Inspection outcomes for standards under principle 1

Standard	Outcome of individual standard	Area for improvement/ Area of good or excellent practice
1.1 - The risks associated with providing pharmacy services are identified and managed	Not met	
1.2 - The safety and quality of pharmacy services are regularly reviewed and monitored	Met	
1.3 - Pharmacy services are provided by staff with clearly defined roles and clear lines of accountability	Met	
1.4 - Feedback and concerns about the pharmacy, services and staff can be raised by individuals and organisations, and these are taken into account and action taken where appropriate	Met	
1.5 - Appropriate indemnity or insurance arrangements are in place for the pharmacy services provided	Met	
1.6 - All necessary records for the safe provision of pharmacy services are kept and maintained	Met	Area for improvement
1.7 - Information is managed to protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services	Met	
1.8 - Children and vulnerable adults are safeguarded	Met	

Principle 2: Staff are empowered and competent to safeguard the health, safety and wellbeing of patients and the public

Summary outcome: **Standards met**

Table 2: Inspection outcomes for standards under principle 2

Standard	Outcome of individual standard	Area for improvement/ Area of good or excellent practice
2.1 - There are enough staff, suitably qualified and skilled, for the safe and effective provision of the pharmacy services provided	Met	
2.2 - Staff have the appropriate skills, qualifications and competence for their role and the tasks they carry out, or are working under the supervision of another person while they are in training	Met	
2.3 - Staff can comply with their own professional and legal obligations and are empowered to exercise their professional judgement in the best interests of patients and the public	Met	
2.4 - There is a culture of openness, honesty and learning	Met	
2.5 - Staff are empowered to provide feedback and raise concerns about meeting these standards and other aspects of pharmacy services	Met	
2.6 - Incentives or targets do not compromise the health, safety or wellbeing of patients and the public, or the professional judgement of staff	Met	

Principle 3: The environment and condition of the premises from which pharmacy services are provided, and any associated premises, safeguard the health, safety and wellbeing of patients and the public

Summary outcome: Standards not all met

Table 3: Inspection outcomes for standards under principle 3

Standard	Outcome of individual standard	Area for improvement/ Area of good or excellent practice
3.1 - Premises are safe, clean, properly maintained and suitable for the pharmacy services provided	Not met	
3.2 - Premises protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services	Met	
3.3 - Premises are maintained to a level of hygiene appropriate to the pharmacy services provided	Met	
3.4 - Premises are secure and safeguarded from unauthorized access	Met	
3.5 - Pharmacy services are provided in an environment that is appropriate for the provision of healthcare	Met	

Principle 4: The way in which pharmacy services, including management of medicines and medical devices, are delivered safeguards the health, safety and wellbeing of patients and the public

Summary outcome: Standards not all met

Table 4: Inspection outcomes for standards under principle 4

Standard	Outcome of individual standard	Area for improvement/ Area of good or excellent practice
4.1 - The pharmacy services provided are accessible to patients and the public	Met	
4.2 - Pharmacy services are managed and delivered safely and effectively	Not met	
4.3 - Medicines and medical devices are: obtained from a reputable source; safe and fit for purpose; stored securely; safeguarded from unauthorized access; supplied to the patient safely; and disposed of safely and securely	Not met	
4.4 - Concerns are raised when medicines or medical devices are not fit for purpose	Met	

Principle 5: The equipment and facilities used in the provision of pharmacy services safeguard the health, safety and wellbeing of patients and the public

Summary outcome: **Standards met**

Table 5: Inspection outcomes for standards under principle 5

Standard	Outcome of individual standard	Area for improvement/ Area of good or excellent practice
5.1 - Equipment and facilities needed to provide pharmacy services are readily available	Met	
5.2 - Equipment and facilities are: obtained from a reputable source; safe and fit for purpose; stored securely; safeguarded from unauthorized access; and appropriately maintained	Met	
5.3 - Equipment and facilities are used in a way that protects the privacy and dignity of the patients and the public who receive pharmacy services	Met	

What do the summary outcomes 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.