

1074874-EnforcementActionSummary-Loquat Pharma Ltd - Improvement Notice Met

Pharmacy trading name: Allied Pharmacy Oak House

Pharmacy address:

400 Alan Turing Way, Beswick, Manchester, M11 3BE

Premises registration number:

1074874

Enforcement action taken:

Issuing of an improvement notice - (Article 13 of the Pharmacy Order 2010)

Effective date:

17/04/2025

Premises standards failed:

4.3

Summary:

The pharmacy was inspected on 12 March 2025 following information received by the GPhC. Multiple issues were found which showed that the pharmacy did not meet the standards for registered pharmacies. The issues included the inadequate management of Controlled Drug medicines resulting in large discrepancies which could not be resolved. There was also a lack of safeguards regarding these medicines including the absence of regular checks and lack of controls around ordering these medicines from wholesalers. This increases the risk of diversion and the concerns identified fall below the standards expected which increase the risk to patient safety.

Improvements required:

1. At the time of inspection, the pharmacy must immediately have available its written policies, procedures and records that demonstrate how it minimises the risk of medicine diversion. This must include:
 - a. Information to help pharmacy team members identify and report concerns regarding suspected diversion.

- b. The identity of the pharmacy team members who are authorised to order and handle wholesale deliveries of schedule 2, 3 and 4 CDs, and any other medicines prone to diversion including Phenergan tablets, Phenergan elixir and diazepam 10mg tablets.
 - c. Written policies, procedures, and records for ordering medicines from the wholesaler via the telephone. This must cover the identity of the pharmacy team member(s) authorised to order medicines via the telephone, and records that shall be kept showing who placed these orders and when they placed them.
 - d. A designated area for storing medicines that are not subject to safe custody regulations but liable to diversion, so that they remain under the pharmacist's supervision.
 - e. Procedures for regularly auditing the pharmacy's stock purchases and supplies for medicines that are not subject to safe custody regulations, but liable to diversion. This must include Phenergan tablets, Phenergan elixir and diazepam 10mg tablets; how these audits shall be recorded and the frequency of these audits.
 - f. Records of the audits referenced in point 1e above must be immediately available at the time the pharmacy is inspected.
 - g. Records that confirm all pharmacy team members have completed training on the pharmacy's written procedures to minimise the risk of medicine diversion and understood them.
2. At the time of inspection, the pharmacy must immediately provide accurate and up-to-date CD registers.
3. At the time of inspection, the pharmacy must immediately have available its written procedures and records that demonstrate regular schedule 2 CD running balance checks are completed. This must include:
 - a. The identity of who had checked each balance and the date they checked it.
 - b. Balances being consistently checked weekly.
 - c. The identity of the pharmacy team member who shall regularly monitor that running balances are consistently checked weekly.
 - d. How balance discrepancies shall be investigated.
 - e. Regular internal independent audits of the pharmacy's compliance with CD running balance procedures. This must include the identity of the auditor e.g., Allied compliance manager, and the frequency of these audits.
4. At the time of inspection, the pharmacy must immediately have available its written procedures for handling CD concerns. This must include the pharmacy team reporting unresolved or significant discrepancies to the superintendent pharmacist team and CD accountable officer within two working days.
5. At the time of inspection, the pharmacy must immediately have available its written procedures and records for CD cabinet access. This must:
 - a. Identify who access is limited to e.g., pharmacist, nominated team members.
 - b. Include an audit trail identifying who has accessed each CD cabinet and when they accessed it.
 - c. Cover securing each CD cabinet when it is not being accessed.
 - d. Mitigate pharmacy team members using the same code to access each CD cabinet.
 - e. Mitigate the pharmacy's inability to change the access codes to each CD cabinet.

6. You must provide the pharmacy owner's recruitment and secondment policies and procedures that demonstrate:
- a. The person responsible for each employment decision does so independently e.g., does not personally know the candidate.
 - b. Background checks on candidates e.g., references, DBS check, shall be completed to make sure they are suitable to have access to medication.
 - c. Formal records of recruitment regarding points 6a and 6b above shall be kept.
 - d. Formal records of staff members seconded to work at an Allied Group Pharmacy shall be kept. This must include the dates and times they worked at the pharmacy they are seconded to.

Deadline for compliance:

14/05/2025

Outcome:

Met