General Pharmaceutical Council

Enforcement Action Summary – Improvement Notice

Pharmacy trading name: Acer Pharmacy

Pharmacy address:

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

Premises registration number:

9011740

Enforcement action taken:

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

Effective date:

13/11/2026

Premises standards failed:

1.1, 1.3, 1.6, 2.1, 3.1, 4.3

Summary:

Following information received from Lancashire Police, an inspection of the pharmacy on 2 October 2026 found system wide failures which presents a serious risk to patient safety. The risks are heightened by the nature of the services provided including the employment of team members without adequate checks being completed to ensure vulnerable people are adequately protected. And the pharmacy is unable to demonstrate how it mitigates the risk with its team members deliver medicines to people's chosen addresses. It is also unable to demonstrate how it has effective governance arrangements in place to provide services in a safe and effective manner including safe medicines management, keeping adequate records in line with legal requirements and providing pharmacy services from a suitable premises. The concerns identified fall below the standards expected and increase the risk to patient and public safety.

Improvements required:

No	Action	Compliance by
1	You must establish and operate an effective governance system for the overall operation of the pharmacy. The system must: • Assess and monitor quality and safety • Identify and mitigate risks • Maintain accurate records You must provide evidence of the effective governance systems, and how they are working to the GPhC upon request.	12 December 2026
2	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: 1. Information to help pharmacy team members identify and report concerns regarding suspected diversion. 2. 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 such as bisoprolol, levothyroxine, and nefopam and other medicines 3. 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. 4. 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. 5. 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 schedule 3 and 4 CDs, and any other medicines prone to diversion including bisoprolol, levothyroxine, and nefopam; how these audits shall be recorded and the frequency of these audits.	12 December 2026

	6. Records of the audits referenced in point 2 (5) above must be immediately available at the time the pharmacy is inspected. 7. 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.	
3	At the time of inspection, the pharmacy must immediately provide accurate and up-to-date CD registers which meet legal requirements.	12 December 2026
4	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: 1. The identity of who had checked each balance and the date they checked it. 2. Balances being consistently checked weekly. 3. The identity of the pharmacy team member who shall regularly monitor that running balances are consistently checked weekly. 4. How balance discrepancies shall be investigated. 5. Regular internal audits of the pharmacy's compliance with CD running balance procedures. This must include the identity of the auditor, and the frequency of these audits. 6. An up to date SOP which outlines point 4 (1-5) as above which has been read and signed by relevant staff members according to their roles and responsibilities.	12 December 2026
5	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.	12 December 2026
6	At the time of inspection, the pharmacy must immediately have available its written procedures and records for CD cabinet access. This must: 1. Identify who access is limited to e.g., pharmacist, nominated team members.	12 December 2026

	2. Include an audit trail identifying who has accessed each CD cabinet and when they accessed it. 3. Stipulate how each CD cabinet is secured when it is not being accessed.	
7	You must provide the pharmacy owner's recruitment and secondment policies and procedures that demonstrate: 1. The person responsible for each employment decision does so independently e.g., does not personally know the candidate. 2. Background checks on candidates e.g., references, DBS check, shall be completed to make sure they are suitable to have access to medication. 3. Where necessary, a risk assessment is undertaken regarding the employment of specific members of staff detailing how any identified risks are mitigated against in the interest of protecting the people using the pharmacy's services and ensuring medicine stock is adequately protected. 4. Formal records of recruitment regarding points 7(1) and 7(2) above shall be kept.	12 December 2026

Deadline for compliance:

12/12/2026

Outcome:

Ongoing