

# Registered pharmacy inspection report

**Pharmacy Name:** Ritecare Pharmacy, Unit 106 Compass Network  
Centre, Compass Industrial Park, Speke, Liverpool, Merseyside, L24  
1YA

**Pharmacy reference:** 9010595

**Type of pharmacy:** Internet / distance selling

**Date of inspection:** 24/08/2020

## Pharmacy context

This pharmacy offers services to people through its website [www.ritecarepharmacy.co.uk](http://www.ritecarepharmacy.co.uk). The pharmacy dispenses NHS prescriptions, many of which are supplied in multi-compartment compliance aid packs to help people take their medicines at the right time. The website also allows people to buy pharmacy only (P) medicines through a third-party supplier - (Weldricks pharmacy). Conditions on registration are in place on this pharmacy premises that prevent some services being provided. These conditions were imposed after failings were identified on a previous inspection and they remain in force at the time of this inspection.

## 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 has written procedures to help make sure the team provide services effectively. Members of the pharmacy team are clear about their roles and responsibilities. They know how to protect private information. And they record some things that go wrong. But details of review are not documented, so they may miss some opportunities to improve.

### Inspector's evidence

The pharmacy had a large NHS business of around 10,000 prescription items each month that was provided via its own website. There were up to date Standard Operating Procedures (SOPs) for the services provided, with signature sheets showing that the pharmacy team had read and accepted the SOPs that were relevant to their role. Roles and responsibilities of staff were set out in the SOPs. The correct responsible pharmacist (RP) notice was conspicuously displayed.

Dispensing errors were recorded and reported to the National Reporting and Learning System (NRLS). Near miss errors were reported on a near miss log and because of some near miss errors with amlodipine and amitriptyline, the stock had been separated. The RP said near miss records were reviewed for trends and patterns, but these reviews were not documented. The superintendent (SI) said that any complaints raised would be escalated to him if necessary. He said he would always try to resolve complaints in accordance with the complaints SOP. The pharmacy website included a section on complaints and comments.

Covid-19 information posters were displayed. Strict social distancing measures were in place, with each team member having their own designated workstation situated at least two metres apart. Individual Covid-19 risk assessments had been completed for each team member. The SI explained that no team members had contracted or been suspected of contracting Covid-19 in the workplace, and said that he was aware that he was legally obliged to report to the Health and Safety Executive (HSE) if necessary, in future.

The pharmacy had professional indemnity insurance in place. The CD register, responsible pharmacist (RP) record, unlicensed specials record, and private prescription record were in order. No private prescription records had been entered into the record since the last inspection, and the SI said that the pharmacy was no longer associated with any online prescribing service. Running balances in the CD register were kept and audited regularly.

There was no information governance (IG) policy available. The SI said he had completed the NHS IG toolkit each year but had not provided training to the pharmacy team. An SOP was available which contained some information about how the pharmacy team should not share information with others. Members of the pharmacy team had signed confidentiality agreements. A privacy notice was available on the website. When questioned, a dispenser was able to correctly describe how confidential waste was segregated to be removed by a waste carrier.

Both pharmacists had completed level 2 safeguarding training. A dispenser said she would initially report any concerns to the pharmacist. A safeguarding policy was in place and there were local contact details for seeking advice or raising a concern.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. Team members feel able to act on their own initiative and use their professional judgement. They get the basic training they need for the jobs they do. But they do not get any formal ongoing training so their skills and knowledge may not always be up to date.

### Inspector's evidence

The pharmacy team included two pharmacists – one of whom was the SI, three dispensers and a delivery driver. The pharmacy team were appropriately trained. The normal staffing level was the SI, a second pharmacist, three or four dispensers and the delivery driver. The workload appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system.

A dispenser said she had not completed any additional training since finishing her dispensing course. And the pharmacy did not provide her with any further learning material. When questioned, she explained how she would speak to the pharmacist and contact the prescriber if she had a concern about a prescription, such as a change in dose.

A dispenser said she felt a good level of support from the RP and the SI. She said she felt able to ask for help if she needed it. There was no appraisal programme, but a dispenser said she received informal feedback about her work from the pharmacist. The pharmacy team had a regular monthly meetings and informal discussions to run through any ideas or concerns they had. Staff were aware of the steps they should take to report any concerns.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and tidy. The premises generally provides a professional environment for people to receive healthcare.

### Inspector's evidence

The pharmacy premises were not open to the public. People accessed its services via the pharmacy website [www.ritecarepharmacy.co.uk](http://www.ritecarepharmacy.co.uk). This contained details about the ownership, location, and contact details. Details of the superintendent were also displayed. A current MHRA logo was displayed. People could purchase pharmacy medicines via a 3rd-party supplier, 'Weldricks' and a second MHRA logo was displayed for this service but there was no further information displayed about who supplied these products, which may cause confusion.

Detailed Covid-19 cleaning schedules were displayed. A deep clean of the premises was carried out each week, with team members responsible for ensuring their designated work areas were cleaned daily. The pharmacy premises were clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. A sink was available within the dispensary. The temperature was controlled by the use of electric heaters. Lighting was sufficient. The pharmacy team had access to a kitchenette area, including a separate staff fridge and WC facilities.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible to most people and they are managed, so people receive their medicines safely. The pharmacy takes extra care when supplying some higher-risk medicines to help make sure they are being used safely. It sources medicines safely and carries out some checks to help make sure that medicines are in good condition prior to supply.

### Inspector's evidence

The pharmacy services could be accessed via the telephone, website and e-mail. The pharmacy team were clear about what services were offered and where to signpost to a service. A care home delivery service was provided. Deliveries were segregated after their accuracy check and a sheet was used for the delivery driver to sign, as an audit trail of supply. But it did not identify deliveries for specific patients. So, the pharmacy may not be able to show if a delivery had been safely made.

A dispenser provided a detailed explanation of how the care home service was carried out. Most of the medicines were supplied in multi-compartment compliance aids (MDS). Medicines administration record (MAR) charts were provided to help the care home manage administration. A photograph of each individual medicine was included on the MAR chart so that they could be easily identified. Initials were included on the MDS labels to provide an audit trail. The SI said that patient information leaflets were sent every two to three months or when new medicines were prescribed. This meant patients may not always have the most up-to-date information about their medicines.

The RP said details about blood test results for patients who were taking high-risk medicines (such as warfarin, lithium and methotrexate) were sometimes provided by the care home. If they were missing, the pharmacy would contact the care home to confirm they had been completed, but details of the latest results had not been recorded so there was no evidence to show whether they had been checked. The staff were 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 RP said she would speak to any patients who were at risk to make them aware of the pregnancy prevention programme, and this would be recorded on their PMR. The pharmacy team said they were not aware of any current patients who met the risk criteria.

Medicines were obtained from licensed wholesalers and specials were ordered from specials manufacturers. Stock was stored tidily. Date checking was carried out and a record was kept. There were no out-of-date medicines present amongst the stock. The date of opening was written on stock bottles of medicines with limited shelf life once opened. There was a clean medicines fridge, equipped with a thermometer. The minimum and maximum temperature was being recorded daily. Patient returned medication was disposed of in designated bins. There was a CD cabinet in use that had been bolted to the wall. Patient returned CDs were destroyed using denaturing kits that were available. Patient returned CDs were recorded prior to being denatured and were disposed of appropriately.

The pharmacy was not yet meeting the safety features of the falsified medicine directive (FMD), which was now a legal requirement. The SI said the equipment had been ordered from their PMR supplier, and they were signed up to SecureMed. But the pharmacy team had yet to commence routine safety checks of medicines. Drug alerts were received by email from the MHRA. Alerts were printed, action taken was written on, then they were initialled and signed before being filed in a folder.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide.

### Inspector's evidence

The staff 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 were no stickers attached to indicate they had been PAT tested.

The delivery driver wore personal protective equipment (PPE) when carrying out their role, which included a face mask and gloves. The pharmacy team had access to alcohol hand gel, face masks and gloves. None of the pharmacy team wore PPE, and team members spoken to said that PPE was used if they were unable to maintain the two metre social distancing rule.

There was a selection of liquid measures with British Standard and Crown marks. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept clean by the pharmacy team. Computers were password protected. A cordless phone was available which allowed the staff 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.