

Registered pharmacy inspection report

Pharmacy Name: Ritecare Pharmacy, 17 Compass Network Centre,
Speke, Liverpool, Merseyside, L24 1YA

Pharmacy reference: 9012278

Type of pharmacy: Internet / distance selling

Date of inspection: 13/08/2024

Pharmacy context

This pharmacy offers services to people through its website www.ritecarepharmacy.co.uk. The pharmacy dispenses NHS prescriptions, many of which are supplied in multi-compartment compliance packs to help people take their medicines at the right time. The pharmacy has operated for a number of years and has recently relocated to new premises.

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	1.2	Good practice	The pharmacy records, reviews, and shares adverse dispensing incidents with the pharmacy team members, to identify learning points which are then incorporated into day to day practice to help manage future risk.
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 manages the risks associated with its services and protects peoples' information. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. They record their mistakes so that they can learn from them. And act to help reduce the risk of the same sort of mistakes from happening again. The pharmacy keeps the records required by law.

Inspector's evidence

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 displayed.

Dispensing errors were recorded and were reviewed by the superintendent (SI) pharmacist. 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 explained that near miss records were reviewed for trends and patterns as part of a monthly patient safety review, with copies of previous reviews available. Once the review had taken place, the findings were shared with the pharmacy team to help improve reflection and learning. The accuracy checking pharmacy technicians (ACPT) maintained their own near miss logs, with the information fed into the monthly patient safety review. The ACPT explained that all of the prescriptions she accuracy checked had received a clinical check from a pharmacist. Prescriptions were annotated with the pharmacists' initials, indicating a clinical check had taken place. She said if she found a prescription had not received a clinical check, it was immediately passed back to a pharmacist.

The pharmacy website included a section on complaints and comments. And a record of previous complaints, including how the pharmacy had dealt with them, was available. When questioned, a dispenser explained she tried to resolve complaints in accordance with the complaints SOP and referred to the pharmacist if needed. The pharmacy had professional indemnity insurance in place. The controlled drug (CD) register, responsible pharmacist (RP) record, unlicensed specials record, and private prescription record were in order. Running balances in the CD register were kept and audited regularly. A balance check of a random CD was carried out and found to be correct.

There was an information governance (IG) policy 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 separated and removed by a waste carrier. The pharmacist and ACPT had completed level 3 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. And they receive the training they need for the jobs they do.

Inspector's evidence

The pharmacy team included a pharmacist, an accuracy checking pharmacy technician (ACPT), eight dispensers and a delivery driver. The pharmacy team were appropriately trained. The normal staffing level was the SI, a second pharmacist, two ACPTs, eight dispensers and four delivery drivers. The workload appeared to be managed. Staffing levels were maintained by full and part-time staff and a staggered holiday system.

Detailed training records for all team members were available. A dispenser said she had completed several different training modules since finishing her dispensing course, and her training record confirmed this. 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 and was able to ask for help if she needed it. An appraisal programme was in place, with all staff receiving a review with the SI each year. A dispenser said she also received informal feedback about her work from the pharmacist. The pharmacy team had a regular team 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 provides a suitable 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. This contained details about services, ownership, location, and contact details. Details of the superintendent were also displayed.

The pharmacy premises were clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload, and a sink was available. The temperature was controlled using electric heaters and a mobile air conditioning unit. Lighting was sufficient. The pharmacy team had access to a kitchenette area, including a separate staff fridge, kettle, and WC facilities.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible, and they are managed effectively, 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 if they couldn't provide a requested service. A care home delivery service was provided. Deliveries were separated after a final accuracy check, with an online tracking app used by the delivery drivers, to provide an audit trail for supply locally. The pharmacy used a 'tracked and signed for' delivery courier for all other prescription deliveries.

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 packs (MDS). Medication administration record (MAR) charts were provided to help the care home manage the supply of medicines. 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. A dispenser said that patient information leaflets (PIL) 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. She provided assurance that going forward PILs will be sent with each medicine supply.

A dispenser said details about blood test results for patients who were taking higher risk medicines (such as warfarin, lithium and methotrexate) were sometimes provided by the care home. If they were missing, the pharmacy contacted 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. Team members 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 he 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 special manufacturers. Stock was stored tidily. Date checking was carried out and a record was kept. 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. Patient returned CDs were recorded and disposed of appropriately using denaturing kits. Drug alerts were received by email. 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 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 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.