

Registered pharmacy inspection report

Pharmacy Name: Bin-Seenaa Pharmacy, 73 Edgware Road, LONDON,
W2 2HZ

Pharmacy reference: 1092477

Type of pharmacy: Community

Date of inspection: 20/03/2023

Pharmacy context

This is a pharmacy located on a busy main road in central London, close to Marble Arch. It mainly sells over-the-counter medicines, wellbeing products and dispenses private prescriptions for people visiting from the Middle East and the Gulf States. The pharmacy has a 100-hour NHS contract, but it only dispenses a small number of NHS prescriptions. The pharmacy is open extended hours seven days a week.

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	N/A	N/A	N/A
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 generally manages the risks associated with its services. And it has written instructions, so pharmacy team members understand their responsibilities and know how to complete daily tasks. Team members record and learn from mistakes they make to improve the safety of services. The pharmacy team protects people's private information, and it keeps the records it needs to by law.

Inspector's evidence

There was a folder containing standard operating procedures (SOPs) which covered the pharmacy's activities. The SOPs had been signed by members of staff to confirm they had read them. The superintendent pharmacist (SI) was in the process of updating the pharmacy's SOPs since they had not been updated for a while. The SI regularly worked as the responsible pharmacist (RP). A second pharmacist who was a pharmacist independent prescriber (PIP) also often worked as the RP. Both pharmacists had worked at the pharmacy for a number of years. The pharmacy also used locum pharmacists. The company director managed the business and worked from an office in the basement.

Team members did not wear uniforms or anything to indicate their role, so members of the public might not be able to easily identify them. The correct RP notice was displayed. The RP record was continuous and had been filled in correctly. Records of private prescriptions dispensed were recorded electronically on the pharmacy's computer system, and the entries examined complied with requirements and matched the number of physical private prescriptions. The pharmacy kept controlled drugs (CD) registers, but it supplied very few CDs which needed to be recorded. Specials' records were not present as none had been dispensed. The pharmacy kept records in the dispensary of any mistakes which were identified before the medicine was handed to a person (near misses). Pharmacy team members were made aware of their mistakes and any repeated or themed mistakes were discussed. They discussed why mistakes may have been made and agreed actions to be taken to prevent a recurrence and aid future learning. The pharmacy kept a limited amount of stock in the dispensary but look-a-like and sound-a-like (LASA) medications were still identified and separated to remind the team to take extra care when picking. The RP showed how she would record any dispensing mistakes where the medicines had been received by the person (dispensing errors).

The pharmacy had a current professional indemnity insurance certificate displayed. They had a complaints procedure but information about how to make a complaint was not displayed or included on the pharmacy's website, so people might not know how to provide feedback or make a complaint. The pharmacy team members had signed confidentiality agreements and confidential material was stored separately and disposed of safely. The pharmacy did not have a privacy notice on display and it did not have one listed on its website, so people using the pharmacy may not have known how their information was handled. The pharmacist had completed safeguarding training so she knew how to handle concerns about vulnerable people. But there was no information available about local safeguarding contacts so reporting of any concerns could be delayed.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services effectively. And they have the right qualifications for their roles. Team members are comfortable sharing ideas to help improve pharmacy services.

Inspector's evidence

At the time of the inspection there was the RP who was also the company's SI working with a single qualified dispensing assistant. The pharmacy footfall was very low, and the workload was easily manageable. The RP often worked over nine hours, but she felt this was not an issue since the pharmacy was not very busy and there were plenty of opportunities to take breaks. The pharmacy had other team members who worked regularly at the pharmacy to cover the pharmacy's extended opening hours; one was a qualified dispensing assistant and the other two were medicines-counters-assistants (MCA). Training certificates were available. Pharmacy team members kept their skills and knowledge up to date by completing ad hoc training. But they had not completed any recently. The pharmacy had an appraisal process in place for team members. The dispensing assistant was able to give examples of medication requests where he would decline a sale he felt was inappropriate or would refer to the pharmacist for more expert knowledge if needed.

Pharmacy (P) medicines were kept behind the counter and the dispensing assistant understood that P medicine sales should be supervised by the pharmacist. When asked about high-risk medicines, he knew about the risk of addiction with codeine containing medicines and would limit supplies to patients and refer to the RP for any repeat requests. The dispensing assistant explained that there were no longer as many requests as there were previously. The RP explained that the pharmacy did not sell codeine linctus. The pharmacy team were aware of the risks the risks associated with Phenergan Elixir.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, bright and secure. And it is suitable for the provision of healthcare services. It has a private consultation room so people accessing services have the opportunity to have confidential conversations.

Inspector's evidence

The pharmacy was situated in a retail unit on a main road. The premises were generally clean and tidy, and there was enough clear workspace to allow for safe dispensing. The floors and passageways were free from clutter and obstruction. Lighting was good throughout. Fixtures and fittings were suitable for their intended purpose. There were clearly defined dispensing and checking areas. The premises were secure from unauthorised access. The retail area near the entrance of the pharmacy was leased to a separate mobile phone retailer who operated during the pharmacy's opening hours. The ground floor of the premises had a small staff kitchen, a stock room, a toilet and a small storage room. There were two suitably equipped consultation rooms in the basement which was accessed via stairs from the retail areas. These rooms could be used for a private consultation. They were previously used by a CQC registered service but were no longer in use for this purpose. The basement also contained an office and a small stock room. The pharmacy was associated with a website <https://bin-seena-health-clinic.business.site>. It did not directly refer to the pharmacy but the pharmacy's contact details were on it.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. It obtains, stores and manages medicines appropriately, so they are suitable to supply. Team members have an understanding of higher risk medication which require extra caution. The team complete a range of checks which assist the pharmacy in providing its dispensing services safely.

Inspector's evidence

The pharmacy had step free access and a single non automated door from the street. It was open from 9am until 1am six days a week and 10am until 1am on Sundays. A number of team members were able to speak Arabic which was helpful given that many of the people using the pharmacy's services spoke Arabic. The pharmacy dispensed fewer than 200 NHS prescriptions each month and fewer than 20 private prescriptions each day. Most of the private prescriptions dispensed by the pharmacy were issued by one of two GMC registered doctors. The RP explained that the pharmacy did not have a partnership with these two doctors. The pharmacy also dispensed occasional walk-in prescriptions issued by other local private clinics or hospitals. Pharmacy team members signed the dispensed by and checked by boxes on dispensing labels for medicines that were dispensed in the pharmacy. This was to maintain an audit trail of the people involved in the dispensing process. And they used dispensing baskets throughout the dispensing process to avoid prescriptions being mixed up.

A small medical fridge was used for storing medicines and the temperature was monitored twice daily to check it was suitable for the storage of medicines. The pharmacy sourced medicines from licensed wholesalers. The pharmacy had a documented procedure for checking stock for short-dated and expired medicines. Short-dated items were highlighted using stickers and the team completed regular checks. The RP explained they would normally highlight a short-dated medicine, if it was within six months of expiry. A random check of the shelves found no expired items. Medication which was removed from the shelves was placed in designated bins and a waste contract was held with an authorised provider. The pharmacy kept a folder with drug alerts and recalls, which it received via email. These were checked and actioned by the RP. The pharmacy team were aware of the risk associated with the use of valproate in pregnancy and would highlight to the RP if a woman was prescribed valproate for the first time

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. The team uses its facilities and equipment to keep people's private information safe.

Inspector's evidence

The pharmacy had the equipment it needed to provide the services it offered. The pharmacy team had access to the internet for the most up-to-date information. For example, the electronic British National Formulary (BNF) and medicines compendium (eMC) websites. The pharmacy had a set of clean, well-maintained measures available for medicines preparation. Telephone calls could be taken out of the vicinity of the counter if needed. The pharmacy team had access to a sink if needed preparing medicines.

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.