

Registered pharmacy inspection report

Pharmacy Name: Batoul Clinic & Pharmacy, 58 Maddox Street,
Mayfair, London, W1S 1AY

Pharmacy reference: 9012101

Type of pharmacy: Community

Date of inspection: 17/10/2023

Pharmacy context

This pharmacy is situated in a busy shopping district in central London. It first opened in June 2023. It sells over the counter medicines and wellbeing products, and it dispenses occasional private prescriptions. The pharmacy offers some non-surgical cosmetic treatments including toxins and dermal filler injections, as well as intravenous vitamin infusions. It does not provide any NHS services.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy does not have documented policies and procedures explaining some of its systems and processes.
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 not all met

Summary findings

The pharmacy does not have documented policies and procedures explaining its systems and processes. This means it cannot clearly demonstrate it is operating safely, and the team might not always work effectively. It generally keeps the records it needs to by law. Team members keep people's personal information safe, and they understand their role in protecting vulnerable people.

Inspector's evidence

The superintendent (SI) worked as the regular responsible pharmacist (RP). She was the sole director of the company which owned the pharmacy. An RP notice wasn't displayed in the pharmacy identifying the pharmacist on duty, but this was rectified when it was pointed out. The pharmacy had professional indemnity insurance for the services provided. And the SI had separate personal insurance for the non-surgical cosmetic treatments that she provided.

Standard operating procedures (SOPs) were being developed. The procedures available only covered basic dispensing activities. They had not been fully adopted and team members had not signed the SOPs relevant to their roles. The SOPs did not cover activities such as sales of medicines, the RP regulations, controlled drugs (CDs) or other services.

The pharmacy only dispensed occasional prescriptions. The SI said there hadn't been any errors or dispensing incidents since the pharmacy opened. SOPs outlined how incidents should be managed and recorded to promote learning and improvement.

The SI was an independent prescriber. She prescribed and administered non-surgical cosmetic treatments and intravenous (IV) nutrition therapy at the pharmacy. She occasionally prescribed other prescription only medicines (POMs). For example, prescription skin care products or when someone who was visiting the UK and had run out of their medication. She described how she had considered some of the risks associated with prescribing. For example, she did not treat or prescribe certain medications or for people under 18 as she did not feel this was appropriate. However, the pharmacy did not have a documented risk assessment associated with the prescribing services identifying risks and explaining how they were managed. When administering IV therapy, the SI followed specific treatment protocols issued by the same company who had provided her training, and she could refer to their service manual. But there was no written service specification with inclusion and exclusion criteria for the other prescribing services.

The pharmacy used a patient medication record (PMR) system to record prescription supplies. The RP log was integrated in to the PMR and appeared to be suitably maintained, although the RP had occasionally forgotten to record the time they had ended their shift. This could make it harder to confirm who was responsible if there was a query or concern. The private prescription register was incorporated into the PMR. Most of the records contained the right information, but a few entries were incomplete as they did not include the prescriber's address. The pharmacy had not supplied any CDs or unlicensed medicines, so these records had not been set up as yet.

The pharmacy was registered with the Information Commissioner's Office. The pharmacy did not

promote its privacy policy although the SI said she would add this to the website which was under development. Confidential information was stored out of sight. The SI had explained the principles of data protection and confidentiality to team members, but they had not signed a confidentiality agreement confirming they understood their obligations. The pharmacist had completed safeguarding training and understood how to support vulnerable people. She described how she considered potential issues with body dysmorphia when assessing if people were suitable for non-surgical cosmetic treatments. And she said she would not prescribe high-risk medicines such as CDs because of the potential for misuse.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services. Team members work under supervision, and they complete appropriate training so they can develop the skills necessary for their roles. The pharmacy does not have documented staff policies, so team members may not know what is expected of them.

Inspector's evidence

The SI was working alone in the pharmacy. She usually worked with another team member, but they were unexpectedly unavailable that day. The pharmacy was not very busy, and the workload was easily manageable. Two part-time team members had recently been employed to provide support. One team member had some previous experience of working in a pharmacy, but neither of them had completed any pharmacy related training. The SI subsequently confirmed that she had enrolled both team members onto an accredited training course enabling them to help in the dispensary and work on the medicines counter. The SI described how the team member would only work under her supervision. For example, if she was providing a treatment in the consultation room, they were not permitted to sell any medicines. The pharmacy had not developed any staff management policies and procedures, such as a staff handbook or whistleblowing policy, so team members might not know how to seek support or raise a concern.

The SI described how she had completed aesthetics training to level seven, so she felt competent to provide the treatments available. As part of her training to be able to administer IV infusions, she had completed a phlebotomy course. She had emails confirming some of the additional training she had completed, and she provided her IV training certificates. But she hadn't collated her training records, so she could not easily demonstrate her competence to provide the services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment for the delivery of healthcare services. It has consultation rooms, so people can receive services and speak to the pharmacist in private.

Inspector's evidence

The pharmacy was situated in a traditional retail premises. It was arranged over two floors. The retail area was on the ground floor. It was fitted with shelving units, and it had a small seating area. There was a small open plan dispensary at the back of the retail area. Space in the dispensary was limited which impacted on general organisation and it was cluttered in places.

Stairs from the retail area led to the basement where there were staff rest areas, additional storage space and two consultation rooms. Only one consultation room was in use as the basement was still being refurbished and it was evident works were ongoing. The room was spacious and suitably equipped with cupboard and a treatment bed. The pharmacy was generally clean. Lighting was adequate and air conditioning controlled the room temperature. There was a small sink in the dispensary, and a staff toilet with handwashing facilities.

The pharmacy was developing a website (batoulclinic.com) but it was still under construction. The SI explained this was intended to promote the services available and the pharmacy did not intend offering any online services.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy delivers its services safely. It obtains medicines from recognised suppliers and stores them securely. But it cannot clearly demonstrate that it manages fridge medicines appropriately, to make sure they are fit for use. And the prescriber's consultation notes do not always contain enough information to explain their decisions or show why medicines are prescribed.

Inspector's evidence

The pharmacy was open extended hours over seven days. There were steps at the entrance, so the pharmacy was not easily accessible to people with mobility difficulties. The SI explained how they could signpost people to other pharmacies nearby with suitable facilities for people with disabilities, or if other services were required. The pharmacy promoted its services using external signs and on social media. The SI was observed speaking Arabic when explaining how to use a medication. She said this was sometimes useful as the pharmacy often had customers who were Arabic speaking. People could contact the pharmacy by telephone or email.

The pharmacist usually dispensed and checked prescription medicines. Dispensed medicines were appropriately labelled, and patient leaflets were supplied. The SI was aware of the risks of valproate and isotretinoin to people in the at-risk group and the requirements for a Pregnancy Prevention Programme. The pharmacy had not stocked or supplied any valproate products. Isotretinoin was occasionally dispensed, and the SI said the prescribing doctor usually indicated on the prescription that the person had signed a consent form acknowledging the risks.

The SI completed standardised consultation forms when prescribing and administering non-surgical cosmetic treatments which included the person's details and their signed consent. It included a record of the date, the assessment, and what was administered. A similar process was followed for the IV nutrition therapy although the form requested more detailed healthcare information. The SI rarely prescribed other medicines. A couple for examples of prescriptions were seen which had associated consultation notes, but these were very basic, and they did not always fully explain the reason for prescribing.

Medicines were sourced from licensed wholesalers. The SI obtained botulinum toxins and dermal fillers on prescription from non-surgical cosmetic treatments from registered pharmacies. The same company who provided the IV nutrition training was an aesthetics wholesaler and a UK registered pharmacy. It specialised in manufacturing IV vitamins, and it supplied the pharmacy with the IV component products. The pharmacy had a small stock holding. Pharmacy (P) medicines were stored behind the counter. POMs were stored in an orderly manner in the dispensary drawers. A random check of stock found no expired items. A fridge in the basement was used to store medicines. Some stock medicines were mixed with dispensed medicines, and the fridge also contained staff food and drinks which risked contamination. The fridge temperature was within the recommended range. The SI said she checked the fridge temperature periodically, but minimum and maximum temperatures were not monitored and recorded on a daily basis. Sharps, clinical waste and obsolete medicines were segregated in designated bins. The pharmacy had a contract with an authorised waste contractor. The pharmacy had a small CD cabinet, but it did not have any CDs requiring safe custody. The SI said she sometimes

received notification of medicine and device alerts from suppliers. But the pharmacy did not have a proper system in place to make sure these were received and actioned promptly. The SI immediately subscribed to the MHRA alert system to make sure these were monitored.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And the team uses equipment in a way that keeps people's information safe.

Inspector's evidence

Computer screens were not visible to the public and electrical equipment appeared to be in working order. The PMR system was password protected. Internet access was available so the team could access appropriate reference sources. The SI reported an issue with the telephone line which meant internet access was sometimes a problem. The matter had been reported and she anticipated it would be resolved shortly, and she was able to use her personal mobile phone in the meantime. The team could also seek advice and professional support from the pharmacy's insurance provider. Basic equipment for dispensing purposes was available including cartons and a measure. And syringes, needles, and personal protective equipment was available for provision of non-cosmetic procedures.

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.