

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: 20/05/2024

Pharmacy context

This pharmacy is situated in a busy shopping district of central London. It sells over-the-counter medicines, wellbeing, and skin care 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 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

Overall, the pharmacy manages the risks associated with its services. It has some written procedures so it can demonstrate how it provides its services safely. But it does not have written policies or detailed records for some elements of its prescribing services. This means it could find it harder to justify its actions if there was a query or concern. Members of the pharmacy team keep people's private information safe, and they know how to safeguard people who may be vulnerable.

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 was displayed identifying the pharmacist on duty. The print was small, so it may not be easy for everyone to read. The pharmacy had professional indemnity insurance for the services it provided, and the SI had separate personal insurance for the non-surgical cosmetic treatments that she provided.

The pharmacy had standard operating procedures (SOPs) based on templates. The SI had adapted them, so they reflected most of the pharmacy's core activities. Team members had read and signed SOPs relevant to their role to confirm their understanding. An SOP explained the activities which should not be undertaken if the pharmacist was absent, so team members knew what to do if this happened. The pharmacy had a template for recording near miss errors. The pharmacy did not have a separate template for recording dispensing incidents and a quantity error which had been identified after the person had left the pharmacy had been recorded on the near miss template. The action taken following the incident had been documented. No near miss errors had been recorded. The SI explained the volume of dispensing was very low which may account for the lack of recording. She self-checked when dispensing prescriptions and was not working under pressure. The pharmacy's complaints procedure was displayed in the pharmacy.

The SI was an independent prescriber. She mainly prescribed and administered non-surgical cosmetic treatments and intravenous (IV) nutrition therapy at the pharmacy. When administering IV therapy, she followed specific treatment protocols issued by the same company who had provided her training, and she could refer to their service manual. Consultations and administration of IV nutrition and non-surgical cosmetic treatments were recorded, and people signed the notes to confirm they consented to treatment.

The SI occasionally prescribed other prescription only medicines (POMs). For example, prescription skin care treatments, medicines to treat minor ailments or if someone who was visiting the UK had run out of their medication. The pharmacy had a risk assessment for the prescribing services which explained how some risks were managed. The SI was clear about the limitations of the services. But the scope of practice was not documented in a service specification or included in the risk assessment. The SI was intending to develop treatment plans for common conditions which she felt competent to treat, such as skin conditions, and eye or ear infections. The SI had not considered how or when to inform people's usual doctor of any medicines prescribed if this was clinically appropriate. For example, if ongoing monitoring was required. But she agreed to update the risks assessment, so this was made clear. The pharmacy had not completed any audits as yet due to the low volume of prescribing.

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. The private prescription register was also incorporated into the PMR. Records generally contained the right information. The pharmacy had only supplied a single schedule 2 controlled drug (CD) and this transaction had been appropriately recorded.

The pharmacy was registered with the Information Commissioner's Office. A privacy policy displayed was displayed in the pharmacy. Confidential information was stored in the dispensary. The SI had explained the principles of data protection and confidentiality to team members, but there wasn't an SOP or confidentiality agreement for staff to sign. The SI had completed safeguarding training and understood how to support vulnerable people. She described how she would not prescribe high-risk medicines such as CDs because of the potential for misuse. The pharmacy did not display a chaperone policy so people might not be aware this was an option. The SI said she would offer people a chaperone if one was available, and she always checked people were comfortable before commencing a consultation.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's staffing profile is sufficient for its current workload. It provides team members with appropriate supervision and training so they can develop the skills necessary for their roles.

Inspector's evidence

The SI was working alone in the pharmacy. A pharmacy undergraduate on work experience arrived towards the end of the inspection. The pharmacy was not very busy, and the workload was easily manageable.

The pharmacy employed two other part-time team members. One was completing training to work on the counter and help in the dispensary. The other team member only undertook housekeeping and administrative tasks and had not completed any specific pharmacy training. The pharmacy did not have any formal training records or staff management policies. The SI said she had included whistleblowing information with the SOPs, so team members were informed how to seek support or raise a concern externally.

The SI had completed aesthetics training to level seven, and 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 was able to produce some of her certificates confirming the training she had completed.

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. Bench space in the dispensary was limited but it was reasonably well organised.

Stairs from the retail area led to the basement where there was additional storage space and three consultation rooms. The rooms were spacious and suitably equipped with cupboards and treatment beds. 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's website (batoulclinic.com) was still under construction.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally manages and delivers its services safely. It gets its medicines and devices from appropriate sources, and it manages them appropriately. The pharmacy does not keep detailed consultation notes for all of its prescribing services. This means it cannot always show what checks are completed or 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. Team members could signpost people to other pharmacies nearby with suitable facilities, or if other services were required. The pharmacy promoted its services using external signs and social media. 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. She was aware of the requirement to supply valproate containing medicines in original packs.

All consultations with the prescriber were conducted in person. The SI completed standardised consultation form when prescribing and administering non-surgical cosmetic treatments which recorded the person's details, their signed consent, the date, the assessment, and what was administered. A similar process was followed for the IV nutrition therapy. The SI very occasionally prescribed other medicines. A detailed template used to record consultation notes was available, but this wasn't used effectively to document relevant information. The SI could explain her prescribing decisions for each prescription when asked, but her written notes were incomplete. The lack of recording meant she could not easily demonstrate what steps she had taken, but she agreed to use the template moving forward to record consultations, and make sure she also captured identity checks and people's consent.

Medicines were sourced from licensed wholesalers and suppliers based in the UK. The SI obtained botulinum toxins and dermal fillers from UK registered pharmacies. The same company who provided the IV nutrition training supplied the pharmacy with the IV nutrition component products. The pharmacy had a small stock holding. Pharmacy (P) medicines were stored behind the counter, and all sales of P medicines were referred to the pharmacist. Some homeopathic medicines which did not have a UK licence were available for selection, but the SI agreed to remove these. POMs were stored in an orderly manner in the dispensary drawers. A random check of stock found no expired items. Date checking was recorded. A fridge in the basement was used to store medicines requiring cold storage. The fridge temperature was within the recommended range. And the maximum and minimum temperatures were monitored and recorded daily to make sure the fridge was suitable for the storage of medicines. Waste medicines and sharps were separated in designated bins. The pharmacy had a contract with an authorised waste contractor. There was pharmacy a small CD cabinet, but the pharmacy did not have any CD stock requiring safe custody.

The pharmacy had subscribed to receive MHRA alerts, and some recent alerts had been printed and placed in a folder to show they had been actioned. However, the SI was not aware of the recent reclassification of codeine linctus. She said that the pharmacy didn't usually supply this without a prescription, but she agreed to review the process to make sure alerts were not overlooked and actioned promptly

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. 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-surgical cosmetic treatments.

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.