

## Bin-Seena Health Limited

# Bin Seena Health Limited

### Inspection report

Bin Seena Pharmacy  
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### Overall summary

We carried out an announced focused inspection on 28 February 2019 to ask the service the following key questions; Are services safe and well-led?

We previously carried out an announced comprehensive inspection at Bin Seena Health Limited on 19 December 2018 and 16 January 2019. As a result of our findings during that visit the provider was served warning notices for breaches of regulation 12 (Safe care and treatment) and regulation 17 (Good governance).

The full comprehensive inspection report from that visit was published on 12 March 2019 and can be read by selecting the 'all reports' link for Bin Seena Health Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At our inspection on 28 February 2019 we found that the provider had taken action and was now compliant with the regulations.

#### **Our findings were:**

##### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

##### **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Bin Seena is a community pharmacy on Edgware Road in London which offers private consultations with a doctor. The service is currently available to adults only.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner including the prescribing of medicines. Our inspection focused solely on the doctors consultation service. The pharmacy's dispensing and related services are exempt from CQC regulation and are regulated separately by the General Pharmaceutical Council.

One of the pharmacists is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

#### **Our key findings were:**

- The provider had improved the quality of record keeping. The doctors were recording consultations in line with professional standards.

# Summary of findings

- The service had improved the arrangements in place for the management of medicines, particularly the safe prescribing of medicines.
- There was evidence of improved oversight and more opportunities for clinical review and monitoring although quality improvement activity was not yet embedded.

There were areas where the provider could make improvements and **should**:

- Review the information it records for relevant patient consultations in relation to 'safety netting'.
- Review and implement appropriate quality improvement and monitoring activity.

**Dr Rosie Benneyworth BS BM BMedSci MRCGP**

Chief Inspector of General Practice

# Bin Seena Health Limited

## Detailed findings

### Background to this inspection

Bin Seena is a community pharmacy on Edgware Road in London which, in addition, to offering a range of pharmacy related services (such as prescription dispensing) offers private consultations with a doctor by arrangement. The doctors consultation service is available to local residents, commuters and the sizeable number of tourists and temporary residents staying in this area, primarily from the Middle East and Gulf States.

The service is open from 9am until 1am seven days a week. The doctors consultation service is open to adults only and runs by arrangement. The service sees around 100 patients per month on average with all consultations conducted in person and on the premises. Two doctors are currently

contracted to provide the service. One is a qualified GP (on the GMC GP register) and the other is a specialist (on the GMC specialist register). Both of these doctors are male. Several members of the staff and both the doctors are able to speak Arabic.

We carried out this inspection of Bin-Seena Health Limited on 28 February 2019. Our inspection team was led by a CQC lead inspector and a GP specialist adviser.

During the inspection we interviewed one of the doctors who delivered the service. We also reviewed 15 patient records covering consultations conducted by both of the doctors who work at the service. We needed to do this to understand how the service assessed and documented patients' needs and any treatment required.

# Are services safe?

## Our findings

We found that this service was providing safe care in accordance with the relevant regulations.

### **Information to deliver safe care and treatment**

The service had improved the arrangements in place for recording and managing information.

- On attending the service, patients were asked to confirm their contact details and date of birth. Patients requesting a repeat prescription (for example, if they had run out of a medicine while staying in the UK) were asked to provide evidence of their original prescription.
- The doctor present told us they recorded their consultation records electronically and stored this on an encrypted drive. The encrypted drive was stored securely on the pharmacy premises.

### **Safe and appropriate use of medicines**

The service had improved the systems in place to ensure safe prescribing.

- A high proportion of consultations were requests for prescriptions for medicines that had originally been prescribed by a physician in the patient's home country. We reviewed 15 recent consultations which had generated private prescriptions.
- The doctors had improved the quality of information they recorded in relation to their prescribing. For example, they were now recording any associated diagnostic tests (such as blood pressure monitoring).
- The provider provided the doctors with private prescription stationary. This was not removed from the premises. The provider kept a record of private prescriptions issued.
- The service was not yet auditing the quality of prescribing, for example it had not reviewed its prescribing of antibiotics to check if this was in line with guidelines.

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

## Our findings

We found that this service was providing well-led services in accordance with the relevant regulations.

### Governance arrangements

Governance of clinical quality was improving. The doctors on the doctors to provide safe and effective clinical care without further oversight.

- The doctors were clearer on their roles and accountabilities. The doctor told us they understood they were the responsible clinician for any clinical advice, treatment and prescribing they provided to patients.
- There were more opportunities for review or discussion. The two doctors did not typically attend the pharmacy at the same time but now contacted each other by telephone to confer on cases.
- We were told that the service was seeking to introduce more clinical monitoring for example through peer review of record keeping.

### Appropriate and accurate information

The service was recording appropriate and accurate information.

- The service was maintaining accurate and contemporaneous clinical records. We reviewed 15 patient records during our visit covering both of the contracted doctors' consultations.
- All of the records reviewed included information about the reason for the consultation; patients' presenting symptoms; relevant medical history; the consultation and associated test results (if relevant). The doctor who had carried out the consultation was identifiable on the record. The quality of record keeping had improved since our previous inspection.
- The information recorded specifically in relation to 'safety netting' (that is, the advice given to patients about what to do should their symptoms not improve or worsen) tended to be sparse and this remains an area for improvement.