

Fast Medica Ltd

FAST MEDICA LTD

Inspection report

2nd Floor, Hanwell Health Centre
20 Church Road
London
W7 1DR
Tel: 0203 917 2117
Website: www.fastmedica.co.uk

Date of inspection visit: 24 April 2019
Date of publication: 30/05/2019

Overall summary

We carried out an announced focused inspection of Fast Medica Ltd on 24 April 2019. This was to follow-up on two warning notices the Care Quality Commission served following an announced comprehensive inspection on 19 December 2018 when the provider was not providing safe, effective and well-led care in accordance with the relevant regulations.

The warning notices, issued on 18 January 2019, were served in relation to regulation 12: Safe care and treatment, and regulation 17: Good governance, of the Health and Social Care Act 2008. The deadline given to meet the requirements of the warning notices was 16 April 2019.

The inspection on 19 December 2018 highlighted several areas where the provider had not met the standards of regulations. We found:

- There was a lack of good governance and limited evidence of quality improvement activity to review the effectiveness and appropriateness of the care provided. There was a lack of effective clinical leadership.
- The service did not have reliable systems for appropriate and safe handling of medicines and ultrasound scans.

- The service was unable to provide evidence that the consultations of all clinicians were undertaken in line with accepted best practice in the UK or had a documented rationale for alternative treatment provided.
- Prescribing was not audited or reviewed to identify areas for quality improvement.
- There was insufficient quality monitoring of clinicians' performance.
- Appropriate recruitment checks were not always undertaken prior to employment.

The comprehensive report from the December 2018 inspection can be found by selecting the 'all reports' link for Fast Medica Ltd on our website at www.cqc.org.uk and should be read in conjunction with this report.

At the inspection on 24 April 2019, we found that actions had been taken to improve the provision of safe, effective and well-led care services in relation to the warning notices. Due to the focussed nature of this inspection, we have not rated the service. We will conduct a further comprehensive inspection within six months of publication of the report of the inspection undertaken in December 2018.

Our key findings were:

- The service had demonstrated improvements in all areas highlighted in the warning notices.

Summary of findings

- The service had appointed a clinical lead to ensure the delivery of safe and effective care.
- The service had reviewed and improved their clinical governance systems.
- The service had implemented reliable systems for appropriate and safe handling of medicines and the ultrasound scans.
- Service specific policies were reviewed and updated.
- The service was involved in quality improvement activity.
- The service had implemented systems to undertake quality monitoring of clinicians' performance including the handling of ultrasound scans.
- Consultation notes and the scan results were documented in the English language, which included complete, legible and accurate information in an accessible way.
- The service had developed a clinical risk management template to consider how they would manage the risk when consent to share information was not given.
- The service had taken steps to improve recruitment processes.
- The service had implemented a formal monitoring system to ensure that regular safety checks had been undertaken by the host who was responsible for managing the premises.
- We noted that the previous Care Quality Commission inspection report had not been shared on the service's website. However, the service informed us that it was shared on the service's website a day after the inspection and we noted it was shared on the website.

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

FAST MEDICA LTD

Detailed findings

Background to this inspection

Fast Medica Ltd is an independent clinic in the London Borough of Ealing and provides private primary medical services.

Fast Medica Ltd started in March 2018 and has two directors who run the service. The service uses a number of self-employed doctors. All doctors are on the General Medical Council (GMC) register and have indemnity insurance to cover their work. Medical consultations and diagnostic tests are provided by the clinic however no surgical procedures are carried out.

The service is run by two directors, supported by a practice manager and a head receptionist.

Services are provided from: Fast Medica Ltd, 2nd Floor, Hanwell Health Centre, 20 Church Road

London, W7 1DR. We visited this location as part of the inspection on 24 April 2019.

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser.

Online services can be accessed from the practice website: www.fastmedica.co.uk.

The service offers services for adults and children. Most of the patients seen at the service are from the Polish speaking community.

The service offers general practice services and gynaecology services including scans for babies. On

average they offer 30 general practitioner consultations per month, 105 gynaecologist consultations per month and 100 scans per month (a combination of scans for babies, non-pregnant women and other scans).

In addition, the service offers consultations with Cardiologist, Dermatologist, Sexual Health Practitioner, Respiratory Physician, Allergist, Diabetologist, Endocrinologist, Paediatrician, Urologist, Cryotherapy and Psychiatrist.

The service has core opening hours from 9am to 9pm Monday to Saturday and 9am to 3pm Sunday.

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder and injury, and surgical procedures. This service is registered with CQC under the Health and Social Care Act 2008 in respect of the services it provides.

How we inspected this service

Pre-inspection information was gathered and reviewed before the inspection. We spoke with the registered manager, a practice manager and three doctors. We looked at records related to patient assessments and the provision of care and treatment. We also reviewed documentation related to the management of the service.

We carried out an announced follow up focused inspection of Fast Medica Ltd on 24 April 2019. This inspection was carried out to review in detail the actions taken by the provider in relation to the two warning notices issued by the Care Quality Commission on 18 January 2019 and to confirm that the provider was now meeting legal requirements.

Are services safe?

Our findings

When we inspected the practice in December 2018, we found that this service was not providing safe care in accordance with the relevant regulations. Specifically, we found:

- The service did not have reliable systems for appropriate and safe handling of medicines.
- Prescribing was not audited or reviewed to identify areas for quality improvement.
- Information needed to deliver safe care and treatment was not always available to the relevant staff in a timely manner.
- They had not always undertaken appropriate recruitment checks prior to employment.
- There was no documented fire evacuation plan specific to the service. The provider did not carry out a risk assessment to identify how staff could support patients with mobility problems to vacate the premises.
- The service did not have any formal monitoring system in place to ensure that regular safety checks had been undertaken by the host who was responsible for managing the premises.

At this inspection in April 2019, we found improvements had been made.

Safety systems and processes

The service had systems to keep people safe and safeguarded from abuse.

- There was a recruitment policy in place to carry out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. We found that the records of Disclosure and Barring Service (DBS) checks, qualifications and registration with the appropriate professional body were available on the day of inspection. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The service had developed a health questionnaire and a health declaration statement as part of health checks during the recruitment process. The service had not recruited any new staff since the previous inspection.

However, they had asked all existing staff to complete relevant health checks to ensure satisfactory information was collected about any physical or mental health conditions.

- The service had ensured two recent references were collected for all existing staff to evidence satisfactory conduct in previous employment.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with the NHS GP (for patients who do consent to share information with their GP) to enable them to deliver safe care and treatment. The service had reviewed contents of the registration form to ensure that the patients must actively need to opt out by ticking the box if they did not wish to share information with their GP.

Safe and appropriate use of medicines

The service had implemented reliable systems for appropriate and safe handling of medicines.

- The service had taken steps to address the concerns raised during the previous inspection.
- The service had carried out medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service informed us they did not prescribe or store any controlled drugs. The service had updated its medicines policy to reflect this.
- The service had a policy not to prescribe proactively any high risk medicines which required regular monitoring and advised the patients to contact their NHS GP or other private consultants. The service had implemented regular audits to check and monitor whether medicines were prescribed in line with legal requirements and current national guidance.
- The service had a documented antibiotic prescribing protocol to support good antimicrobial stewardship in

Are services safe?

line with local and national guidance. Processes were in place to check and monitor whether the doctors were following this antibiotic prescribing protocol appropriately.

- The service had a documented repeat prescribing policy. The provider informed us repeat prescriptions were issued for up to two months. Patients were advised to attend a follow up appointment with the service as required, without which the doctors would not prescribe further medicines.

Track record on safety and incidents

The service had a good safety record.

- The service was renting space in shared premises and developed a formal monitoring system to ensure that regular safety checks had been undertaken by the host who was responsible for managing the premises.
- The service had up to date fire risk assessment in place and the host was carrying out regular fire safety checks.
- The service had developed a fire evacuation plan specific to the service. We noted the fire evacuation plan had not included satisfactory information or they did not carry out a documented risk assessment to identify how staff could support patients with mobility problems to vacate the premises. However, a week after the inspection, the service had shared a documented fire evacuation plan including how to support patients with mobility problems during a fire incident.

Are services effective?

(for example, treatment is effective)

Our findings

When we inspected the practice in December 2018, we found that this service was not providing effective services in accordance with the relevant regulations. Specifically, we found:

- The service was unable to provide evidence that the consultations of all clinicians were undertaken in line with accepted best practice in the UK or had a documented rationale for alternative treatment provided.
- The service did not have effective systems for appropriate and safe handling of ultrasound scans.
- The limited information was available in the consultation notes. Most of the scan results were documented in the Polish language or mixed notes were documented in both English and Polish languages.
- The service was not actively involved in quality improvement activity.

At this inspection in April 2019, we found improvements had been made.

Effective needs assessment, care and treatment

The service had systems to keep clinicians up to date with current evidence based practice.

- We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).
- The service had advised all the doctors to provide a documented rationale for alternative treatment provided when it had not been prescribed in accordance with national UK guidelines.
- We reviewed 22 examples of medical records which demonstrated that patients' needs were fully assessed and they received care and treatment supported by clear clinical pathways and protocols. The outcomes of each assessment were clearly recorded, and the clinical notes had included appropriate information in an accessible way. Consultation notes and the scan results were documented in the English language.
- The provider had reviewed a protocol for safe handling of ultrasound scans and included appropriate information to ensure the effective management and handling of ultrasound scans. The service had carried

out a medical notes audit to check the quality of clinical records and assessments to ensure the British Medical Ultrasound Society (BMUS) guidelines were followed correctly.

- The service had developed a clinical risk management template to consider how they would manage the risk (when consent to share information was not given) if a significant abnormality was detected during the baby scans.

Monitoring care and treatment

The service was involved in quality improvement activity.

We saw the service had implemented an effective system to assess and monitor the quality and appropriateness of the care provided.

- The service had carried out clinical audits to ensure effective monitoring and assessment of the quality of the service.
- There was evidence of quality improvement activity to review the effectiveness and appropriateness of the care provided. For example, the service had carried out audits of clinical records to monitor the appropriateness of the care provided which included to ensure treatment options were discussed and decisions documented in the English language. The service had reviewed the template after the initial audit and a follow up audit was planned in the future.
- The service had carried out prescribing audits to monitor the individual prescribing decisions.
- The service was not responsible for managing patients with long-term conditions and they were referred to their NHS GP or other private consultants with their consent.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. Patients were required to attend a periodic check with the service, without which the doctor would not prescribe further medicines.
- The doctor advised patients what to do if their condition got worse and where to seek further help and support.

Coordinating patient care and information sharing

- Before providing treatment, the doctor at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines

Are services effective?

(for example, treatment is effective)

history. The service informed us they would signpost patients to more suitable sources of treatment where this information was not available to ensure safe care and treatment.

- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- When a patient contacted the service, they were asked if the details of their consultation could be shared with their NHS GP. If the patient did not agree to the service sharing information with their GP, then in case of an emergency the provider discussed this again with the patient to seek their consent. We saw an example of consultation notes having been shared with the GP with the appropriate patient consent. The service had developed a protocol for following up on patients who have been referred back to their NHS GP.
- The service had developed a clinical risk management template to consider how they would manage the risk when consent to share information was not given.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

Are services well-led?

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

Our findings

When we inspected the practice in December 2018, we found that this service was not providing well-led care in accordance with the relevant regulations. Specifically, we found:

- There was a lack of effective clinical leadership.
- There was a lack of good governance and limited evidence of quality improvement activity to review the effectiveness and appropriateness of the care provided.
- There was insufficient quality monitoring of clinicians' performance.
- Some policies and protocols did not include sufficient information.

At this inspection in April 2019, we found improvements had been made.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- The service had appointed one of the doctors (also the director) the clinical lead (from 4 January 2019) to ensure the delivery of high-quality, sustainable care.
- The registered manager and the doctors we spoke with were knowledgeable about issues and priorities relating to the quality and future of services.

Governance arrangements

The service had reviewed and amended their clinical governance systems. At this inspection, we found improvements had been made.

- Structures, processes and systems to support good governance and management were clearly implemented. For example, the service had carried out audits to ensure safe prescribing guidelines were followed. They had developed a documented repeat prescribing policy. They had carried out prescribing audit to monitor the quality of prescribing.
- The service had carried out clinical notes audit to monitor that the clinicians had maintained an accurate, complete and contemporaneous record in respect of each service user. This included a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.
- Staff were clear on their roles and accountabilities.

- The service had reviewed and updated policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service held regular clinical governance meetings.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- The service had taken steps and implemented appropriate systems to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service identified, assessed and managed clinical and environmental risks related to the service provided.
- There were systems in place to monitor the overall performance of the service.
- The service had taken steps to monitor and review clinical activity effectively. The service had implemented systems to undertake quality monitoring of clinicians' performance including the handling of ultrasound scans. Individual prescribing and diagnostic decisions were reviewed by the service to assure themselves that treatment was given appropriately. There was evidence of regular clinical supervision and support. The doctors we spoke with on the day of the inspection confirmed this.
- Clinical audits had been carried out to monitor and improve quality.
- The service held regular staff team meetings and peer support meetings.
- The service had developed a Medical Advisory Committee (MAC) to review the performance of all practitioners.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Patient assessments, treatments and medications were clearly recorded in an accessible way. We reviewed assessment records where a diagnosis was made. We found that the assessments included clear information and recommendations. The doctors were able to access notes from all previous consultations.

Are services well-led?

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

- Care and treatment records were complete, legible and accurate, and securely kept.