Dispensaire Francais-Societe Francaise de Bienfaisance French Clinic and French Benevolent Society

Dispensaire Francais

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 19 September 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations

Are services responsive?

We found that this service was providing responsive 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.

The service has a 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.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards which were all positive about the standard of care received at the service.

Our key findings were:

- Policies and procedures were in place to support the delivery of safe care.
- The provider had a clear vision to deliver high quality care for patients.

Summary of findings

- There were systems and processes in place for reporting and recording significant events and sharing lessons to make sure action could be taken to improve safety in the service.
- The service had clearly defined systems, processes and practices to minimise risks to patient safety; however, on the day of the inspection some of the processes had not been fully put into place. After the inspection we were provided with evidence to show that some of these processes had been implemented.
- The service had adequate arrangements to respond to emergencies.
- Staff were aware of and used current evidence based guidance relevant to their area of expertise to provide effective care.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was an effective system in place for obtaining patients' consent.
- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.
- Staff had received role specific training. However, the service had not implemented all of the required training for staff.

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

- Review systems for undertaking quality improvement for patients.
- Introduce a comprehensive system of infection prevention and control practices to ensure practices are fully embedded.
- Introduce an effective system to ensure prescription security.
- Develop a system to check patients' age and identity upon presentation.
- Maintain a comprehensive list of the required staff training.

Dispensaire Francais

Detailed findings

Background to this inspection

The registered provider, Dispensaire Francais is a registered charity of medical and social support for French and French speaking individuals based in the UK. The organisation does not replace patients' NHS GP; their main function is to support the French speaking community to navigate the healthcare system in the UK and in some cases facilitate their return to France for treatment. The service does not provide on-going medical treatment. We carried out the inspection in relation to medical treatment only. This included, the provision of gynaecology, the taking of blood samples, providing medical advice and prescribing medicines.

Services are provided to both adults and children on low income. Patients were either charged a small registration and consultation fee or were provided services for free depending on their financial means.

Medical support is provided by 27 French speaking health professionals all on a volunteer basis. The service is staffed by four employees: a receptionist, a nurse practitioner, a manager and an assistant manager.

Services are provided at 184 Hammersmith Road, London, W6 7DJ. The service's website is http://www.df-sfb.org.uk/en/. The provider is the owner of the property. The building has seven consulting rooms, two of which are leased to other healthcare professionals. The provider occupies three consulting rooms, one psychology room, one speech therapy room and a patient reception area. The building has four toilets, which are accessible to people with a disability.

Dispensaire Francais is CQC registered to provide the regulated activities of Treatment of disease, disorder or injury and Diagnostic and screening procedures.

Clinical specialities include general medicine, gynaecology, dermatology, ear, nose and throat, rheumatology, physiotherapy, osteopathy, psychomotricity, psychology and speech therapy. At Dispensaire Francais speech therapy and psychology treatments provided are exempt by law from CQC regulation. Therefore, we carried out the inspection in relation to medical treatment only. This included, the analysis and reporting of the examinations that are carried out; for example, gynaecological examinations. All clinical staff are registered with professional bodies. The service sees approximately 2,000 patients per year.

The services' opening times are: Monday to Thursdsday, 9am-5pm and Friday, 9am-4pm. The service is closed on Saturday and Sunday. When closed, the services' answer phone message directed people to the NHS 111 service and 999 service in the event of an emergency.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

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

Safety systems and processes

Processes and procedures within the service were sufficient to ensure patients were kept safe.

- Records completed by the provider confirmed each clinician was up to date with revalidation. (Revalidation is the process by which all licensed doctors are required to demonstrate on a regular basis that they are up-to-date and fit to practise in their chosen field and able to provide a good level of care).
- Appropriate recruitment checks were undertaken prior to employment. These included proof of identification, two references, proof of qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS) check.
- Staff who acted as chaperones were trained for the role. The service was advertised in the reception area.
- All staff had received up-to-date safeguarding training for children and adults at a level appropriate to their role. Staff knew how to identify and report concerns.
- The premises was cleaned daily. A formal cleaning schedule was in place at the time the inspection. Single use supplies were used.
- However, the service had not implemented an overarching infection prevention and control (IPC) procedure. The nurse practitioner had undertaken IPC training and was the IPC lead. The provided employed a cleaner who visited the premises daily.
- Records showed a risk assessment process for legionella with appropriate processes in place to prevent contamination.
- Portable appliance testing was carried out annually by an external service.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety. However, there were areas where the service should improve.

- The service did not stock Glucogel one of the required emergency medicines. We raised this with the provider and were forwarded evidence of the provider purchashing the required medicine, immediately after the inspection.
- There was an induction programme for staff tailored to their role. However, this did not include all training required of staff for their roles. Staff had not received training in the Mental Capacity Act 2005 and Information Governance. Following the inspection, the provider forwarded evidence of two members of permanent staff having completed training in the Mental Capacity Act 2005 and a booking being made for the nurse practitioner to attend the training externally. In addition, we received an updated version of the service's induction programme, which contained the requirement for GPs working at the service to have training in the Mental Capacity Act 2005 and Information Governance.
- There was an effective approach to managing staff absences and for responding to sickness, holidays and busy periods.
- Resuscitation equipment was readily available and clinical staff were suitably trained in emergency procedures. Annual basic life support training was undertaken by all staff.
- Emergency equipment including oxygen and a defibrillator was available and maintained appropriately.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Staff knew how to identify and manage patients with severe infections, including sepsis. There was an 'Anaphylaxis Management Flow Chart' in the reception area.
- Staff had access to information relating to the steps the service would take in any particular event. This included emergency contact numbers.
- Adult and child safeguarding information was displayed in the service's reception area with contact numbers.
- Appropriate indemnity arrangements were in place to cover potential liabilities that may arise.

Information to deliver safe care and treatment

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

Are services safe?

- All patients were required to complete a registration form prior to their first appointment. This included the patient's personal details, medical history, GP details and a signature. Patients' identification and age was not verified by the provider. Clinicians would not carry out an examination on patients who they believed to be below 13 years old without one of their parents or a guardian present. During the inspection, we were informed that such an instance had never occurred. Clinicians delivered treatment to children in line with the General Medical Council's guidance.
- There was no formal arrangement in place to receive and comply with patient safety alerts, for example, those issued through the Medicines and Healthcare products Regulatory Authority (MHRA). Immediately following the inspection, the provider provided evidence of policy created to address this area. During the inspection, all clinicians demonstrated an awareness of the most recent safety alerts.
- The service had systems for sharing information with other agencies to enable them to deliver safe care and treatment.
- Clinicians shared information in a timely manner and in line with protocols.

Safe and appropriate use of medicines

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

- There were effective systems for managing medicines, including prescribing and storing of medicines. Appropriate checks were undertaken for emergency medicines and emergency equipment to minimise risks. Although, the provider had not assured themselves that they had the full list of emergency medicines. Following the inspection, the provider forwarded evidence that they had purchased the required medicine.
- The provider did not stock any medicines that were required to be stored in a refrigerator.
- The service occasionally provided private prescriptions for licensed medicines, in line with evidence based guidance and standards. The service did not prescribe high risk medicines or controlled drugs that required close monitoring.
- Prescription stationery was securely stored. However, the service did not keep a log of prescription serial numbers to assure themselves that all prescriptions could be accounted for.

Track record on safety

- The provider monitored and reviewed activity in order to understand risks and provide a clear and current picture to identify safety improvements.
- There were risk assessments in relation to safety issues within the premises such as health and safety and fire safety.

Lessons learned and improvements made

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- Staff understood their duty to raise concerns and report incidents and near misses. There were adequate systems for reviewing and investigating when things went wrong. The service had not identified any significant events within the last twelve months.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

- We spoke with two doctors and reviewed five records. From the evidence we saw, the service carried out conventional medical assessments and treatment in line with relevant and current evidence based guidance and standards.
- All the records reviewed were clear, accurate and contained adequate information regarding assessments. Doctors advised patients what to do if their condition got worse and where to seek further help and support treatments.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

- The provider had evidence of some quality improvement activity to monitor the medical services provided. An audit was conducted to determine the benefit of carrying out gynaecology consultations. The result, showed that the consultations were for a specific condition or procedure rather than solely for information, which assured the provider that the consultations were required.

Effective staffing

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, the provider had not assured themselves that staff were appropriately trained for the role. There was no evidence that staff had received training in Information Governance or the Mental Capacity Act 2005. We also found that neither training was included in the services induction programme for newly appointed staff.
- Staff had undertaken First Aid training which included Basic Life Support.
- There was an induction log in each staff file, signed off when completed. There was also evidence that staff had role specific training which ensured they were competent in their role. Staff had access to and made use of e-learning training modules, in-house training and external training.
- An appraisal system was in use to ensure competency was demonstrated and reviewed.
- The service conducted a commitee meeting every four months. Minutes of the meeting showed that the clinicians carried out case reviews.

Coordinating patient care and information sharing

- Where patients' consent was provided, all necessary information needed to deliver their ongoing care was shared with other services and patients received copies of referral letters.
- Referral letters contained the necessary information.
- Patients were provided with a list of private clinicians and relevant NHS services to support their needs.

Supporting patients to live healthier lives

- Consultations, included advice on smoking, weight loss, and general lifestyle improvements. Healthy living information leaflets were displayed in the reception area.
- Patients were directed to relevant services as appropriate. This included patients at risk of developing a long-term condition.
- The service's website provided information to educate patients on the health system in the UK and medical support. Information on the website was provided in both French and English.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Written consent was obtained for all consultations and treatment and this was in line with General Medical Council (GMC) guidance.
- Patient consent forms were completed fully and signed appropriately.

Are services caring?

Our findings

We found that this service was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. We observed staff were respectful and courteous to patients.
- The service gave patients timely support and information. We reviewed an incident when a patient who had become unwell was accompanied to the local hospital's accident and emergency department to support them to communicate their condition.
- All of the seven patient Care Quality Commission comment cards we received were wholly positive about the service experienced.
- Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting area provided privacy.
- Consultation room doors were closed during consultations; conversations taking place in the room could not be overheard. We observed treatment rooms to be spacious, clean and private.

Involvement in decisions about care and treatment

The service had facilities in place to assist patients with specific needs to be involved in decisions about their care.

- The service's website provided patients with information about the range of services available.
- There was evidence in the treatment plans of patients' involvement in decisions about their care.

Privacy and Dignity

The service respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Patient records were stored securely.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that the service was providing responsive care in accordance with all the relevant regulations.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs and expectations.

- The facilities and premises were appropriate for the services delivered. Although, the lift did not go beyond the first floor, we were told that if a patient with mobility issues attended the service, a room downstairs would be converted into a consultation room.
- Where required, the service supported patients to undergo treatment in France.
- The provider's website contained comprehensive information regarding the treatment offered at the service.

Timely access to the service

- Consultations were available by appointment only, between Monday and Friday.
- Feedback from patients showed that they felt the appointment system was easy to use.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- The complaint policy and procedures were in line with recognised guidance.
- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The service had received one complaint in 2017, which we found to have been appropriately managed. The provider took action to improve processes to prevent the incident occuring again.

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 the service was providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability;

Leaders had the skills and capacity to deliver the service and provide high quality care.

- Leadership was provided by the organisation's 18 trustees and directors, four of whom were medical directors. Day to day management of the service was provided by the manager and supported by the assistant manager.
- The provider had the experience, capability and integrity to deliver the strategy of the service and address risks.
- The provider was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.
- Senior staff were visible and approachable. They worked closely together and with staff to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The service had a clear vision to deliver high quality and accessible care and treatment.

- There was a mission statement and staff were aware of this.
- The service aimed to 'help patients achieve better health and well-being' by focussing on a holistic treatment approach.

Culture

The service had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the service.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding.
- The provider had established policies, procedures and activities to ensure safety and assure themselves that they were operating as intended.
- There were arrangements in place to identify and manage risks. We saw evidence of environmental risk assessments and the provider's health and safety policy.

Managing risks, issues and performance

There was evidence of processes for managing most risks, issues and performance.

- There were systems to identify, understand, monitor and address health and safety risks; however, some risk systems were not fully developed such as those for infection control and safety alerts. The provider submitted evidence that immediately following the inspection they developed a safety alert policy.
- The provider had effective oversight of risks relating to the premises.
- The service implemented service developments and where necessary efficiency changes were made.

Appropriate and accurate information

- The service had systems in place which ensured patients' data remained confidential and secured at all times. However, staff had not undertaken training in information governance.

Engagement with patients, the public, staff and external partners

- The service's website included their quarterly newsletter which was available to download.
- We saw evidence of the provider attempting to liaise with a refugee service to develop partnership working for the benefit of French speaking refugees.
- The provider organised an in-house conference on, "The care and running of Child & Adolescent Mental Health Services and Safeguarding for children in the UK" to share information and ideas.

Are services well-led?

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

- The provider conducted a patient survey every three months to seek patients' feedback about their service delivery against specific criteria. We looked at three surveys, the results showed that patients were very satisfied with the care they received.

Continuous improvement and innovation

- The service supported staff learning through its induction and training programme for staff.
- The provider had introduced case review as part of their quarterly committee meetings in an attempt to encourage the participation of the GPs and improve patient outcomes.
- The provider informed us that they had put in motion plans to move to a computerised system of record keeping by October 2018, to facilitate auditing and easier access to patient records.