

# Medelit Back Office

## Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

**This service is rated as** Choose a rating **overall.** (Previous inspection 10 January 2019 – unrated).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Medelit Back Office as part of our inspection programme and to follow up on breaches of regulations. The location was not rated following the previous inspection in line with CQC policy at the time of that inspection.

At the previous inspection of 10 January 2019, we found breaches of Regulation 12 of the Health and Social Care Act 2008, specifically in relation to emergency medicines and equipment, infection control and the receipt and management of medicines and equipment alerts. We asked the provider to make improvements. We checked these areas as part of this comprehensive inspection and found these issues had been resolved.

Medelit Back Office is an independent provider of medical services, specifically general practice and nursing services at people's homes, hotels or workplaces. This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides as some of its activities fall outside the scope of registration. The service is provided as a visiting service across London and Liverpool, but the office from which the service is operated is 74 Victoria Drive, London, SW19 6HL.

The Clinical Director is also 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. The premises is an office only, no clinical services are provided from the base address. The service is registered with the Care Quality Commission (CQC) to provide the regulated activity of treatment of disease, disorder or injury.

Due to the nature of the service we did not receive any completed comment cards from patients and were not able to speak with any patients who had used the service as part of this inspection.

## Our key findings were :

- The service had systems to manage risk so that safety incidents were less likely to happen. The service had not needed to report safeguarding concerns or investigate significant events, but systems were in place should they need to.
- Doctors undertaking home visits did not take emergency medicines or equipment with them, however we found appropriate risk assessments had been carried out and policies were in place to direct clinicians in case of an emergency to ensure people received timely, emergency care and treatment.
- The service did not provide infection control or clinical equipment to doctors utilising the service however appropriate risk assessments had been carried out and policies had been put in place to ensure clinicians were aware of the requirement to provide and carry specific personal protective equipment prior to accepting a call and to check it at regular intervals throughout the year.
- Care and treatment were delivered according to evidence based guidelines. There was limited evidence of clinical audit, however what had been carried out was appropriate given the nature of the service and the number of patients that had been seen.
- Staff had been trained in areas relevant to their role.
- Information about services was available and easy to understand. The complaints system was clear and was clearly advertised.
- Patients were able to access care when they needed it.
- The service had governance procedures in place supported by policies and protocols, and staff were aware of how to access and utilise them.

Although we found no breaches of the regulations, the areas where the provider **should** make improvements are:

- Review and consider the inclusion of a pulse oximeter in the list of mandatory items clinicians were to carry in their bag.
- Review and further consider opportunities to carry out quality monitoring activity, including clinical audits.

# Overall summary

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Chief Inspector of Primary Medical Services and Integrated  
Care

## Our inspection team

The inspection was carried out by a lead CQC inspector and a GP specialist adviser.

## Background to Medelit Back Office

Medelit Back Office is an independent provider of medical services. The service provides home and office visiting services in general practice and nurse led services. It also provides a range of other services such as physiotherapists, speech therapists, psychologists which fall outside of the CQC scope of registration. The service operates across London and Liverpool but the office for the service is based at 74 Victoria Drive, London, SW19 6HL.

The switchboard for the service is open from 8:30am until 5:30pm seven days per week, although home visits may be undertaken outside of these hours, by prior arrangement. The service does not provide continued care for long term conditions and does not prescribe high risk medicines which would require regular review.

The Clinical Director manages the service and triages all calls requesting a home visit. The service also employs (on a contract basis) two general practitioners, a nurse and a range of other clinicians who provide services not regulated by CQC.

During the inspection we used a number of methods to support our judgement of the services provided. For example, we interviewed staff, and reviewed documents relating to the service.

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?

## We rated safe as Good because:

### Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. It was the provider's policy to carry out Disclosure and Barring Service (DBS) checks on all staff. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service.

### Risks to patients

#### There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- At the inspection of 10 January 2019, we found the provider had not considered the risks of doctors carrying out home visits not carrying medicines to deal with routine medical emergencies. At this inspection we found the provider had carried out a risk assessment which detailed the actions to be taken in the event of an emergency and mitigated the associated risks.
- For example, the service's triage process excluded any cases where emergency care was likely to be needed such as neurological symptoms, chest pain, high temperatures, vomiting etc as well as the patient's medical and travel history. If the call passed this initial triage, a further triage was carried out by the allocated clinician for them to confirm if a home visit was appropriate. If there was any indication of a serious illness or injury or any other concerns, callers were directed to the appropriate service such as A&E.
- All clinicians underwent annual basic life support training and we saw evidence of this. Clinicians were advised to call emergency services in the case of any deterioration of the patient's condition. They were also provided with support from the office to locate the nearest GP practice, pharmacy and/or location of a defibrillator in case this was needed and the office could call emergency services and direct them to the patient's location. The service did not operate in remote areas where there was unlikely to be a GP practice or pharmacy in close proximity. Office support was always available during visits, even those which took place outside of normal opening hours, which only occurred by prior arrangement.
- The provider had a doctor's and nurse's bag contents list which set out the mandatory items they must carry in their bags. On accepting the call, the doctor or nurse received the checklist which they had to check and confirm they had the items. They were also required to carry out an audit twice a year of the content of their bag, which they had to complete, sign and return to the office online. This contained an undertaking that all equipment was cleaned and checked before every visit,

# Are services safe?

equipment was calibrated in line with manufacturer's recommendation and that the doctor or nurse undertook to check and carry personal protective equipment (PPE) with them.

- This list of mandatory items did not include a pulse oximeter (a medical device that indirectly monitors the oxygen saturation of a patient's blood and changes in blood volume in the skin). The provider undertook to review and consider the need for this to be included.
- No medicines were administered to patients unless the medicine was labelled with the patient's name and this matched their ID.
- The provider had balanced the risk associated with clinicians not carrying emergency medicines against the practicality of them being able to ensure that these medicines were safely stored and managed, given that the service was a mobile service. They had concluded the measures they had put in place were appropriate to manage the risk.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place. The service had its own indemnity cover in place as did each of the clinicians working for the service.

## 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 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 staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading. All records were stored in a cloud-based storage system.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

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

- The provider did not hold or provide any medicines including vaccines, controlled drugs, emergency medicines. The service kept prescription stationery securely and monitored its use.
- Repeat prescriptions were only provided on written evidence from the patient's regular doctor and this had to state when the prescription was last given as well as confirming the patient's identification details.
- Staff prescribed and/or administered to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.
- The service did not see children under two years old. There were effective protocols for verifying the identity of patients including children. Where the patient was a child either their parent had to be present or a third-party with written consent from the child's parent for them to be seen. Proof of identification was required from the parent or third-party as well as the child's birth certificate.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

### The service learned and made improvements when things went wrong.

- The service had not had any significant events. However, it did have a system for recording and acting on them. 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 provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. At the previous inspection we found the provider relied on

## Are services safe?

staff receiving NICE and MHRA alerts from their NHS roles. At this inspection we found the service had an effective mechanism in place to disseminate alerts to all members of the team. All clinicians were signed up using their Medelit email address to receive alerts from

NICE and MHRA and some were additionally sent to them by the medical director if they were particularly important. Clinicians signed an undertaking to confirm they would check their alerts.

# Are services effective?

**We rated effective as Good because:**

## **Effective needs assessment, care and treatment**

**The provider 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 provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Due to the nature of the service it did not have many repeat patients.
- Staff assessed and managed patients' pain where appropriate.

## **Monitoring care and treatment**

**The service was involved in some quality improvement activity.**

- The service had seen a small number of patients over the previous year. As such the service had not carried out extensive quality improvement activity such as two-cycle clinical audits.
- They had carried out a prescribing audit looking at a random sample of 10 cases where clinicians had issued prescriptions. They reviewed the appropriateness of the prescription in each case and found they had been appropriate in each case.
- The provider was aware that should their activity increase as planned, they would need to continually review the quality of the service provided and adapt their quality monitoring processes.
- The provider benchmarked the care and treatment it provided against other similar services where this information was available.

## **Effective staffing**

**Staff had the skills, knowledge and experience to carry out their roles.**

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Annual staff appraisals were carried out.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff. Up to date records of skills, qualifications and training were maintained.

## **Coordinating patient care and information sharing**

**Staff worked together, and worked well with other organisations, to deliver effective care and treatment.**

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, where ongoing care was required, clinicians could write letters for patients to give to their GP or contact their GP directly where this was requested by the patient.
- Patients were advised this service was not a substitute for a long-term care provider although clinicians could work in collaboration with patients' GP to ensure their needs were met.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted 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.
- The provider had risk assessed the treatments they offered. They did not prescribe medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.



## Are services effective?

- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

### **Supporting patients to live healthier lives**

#### **Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.**

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, patients were advised about smoking cessation and weight management where relevant.

- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

### **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.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

# Are services caring?

## **We rated caring as Good because:**

### **Kindness, respect and compassion**

#### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received, however due to the nature of the service, they received very few responses. Feedback was requested via a link to a patient satisfaction survey which was emailed to patients after each consultation. Feedback was also sought verbally during the post-visit telephone call which took place the day after the initial consultation. Patients were provided with other ways to give feedback such as by social media or on well-known internet search engines. Feedback which was received from patients was positive about the way staff treat people.
- On booking patients were provided with a photograph of the clinician and their profile by email so they knew who to expect.
- The provider contacted all patients the day after their consultation to check on their welfare and answer any queries they may have.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.

- The service gave patients timely support and information.

### **Involvement in decisions about care and treatment**

#### **Staff helped patients to be involved in decisions about care and treatment.**

- Interpretation services were available for patients who did not have English as a first language. Clinical staff spoke a number of languages between them. Any language support needs were discussed with patients on booking.

### **Privacy and Dignity**

#### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff ensured patients privacy was protected and were aware to consider this at every visit.
- The two doctors who carried out visits were both male. Patients were informed about this on booking. If a chaperone was required, this could be arranged if the patient was unable to provide their own.

# Are services responsive to people's needs?

**We rated responsive as Good because:**

## **Responding to and meeting people's needs**

**The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.**

- The provider understood the needs of their patients and improved services in response to those needs. For example, on request appointments could be provided outside of the normal operating hours. Appointment lengths were not prescribed and doctors and nurses stayed with their patient for as long as was necessary to ensure they received the care and treatment they needed.
- The service did not take blood or urine samples itself, however it could if the patient required, arrange for a third-party provider to attend the patient's location to take samples, carry out the tests and send the patient the results. In that case, the clinician asked the patient to share the results with them and/or their own GP.

## **Timely access to the service**

**Patients were able to access care and treatment from the service within an appropriate timescale for their needs.**

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Due to the nature of the service the provider did not see patients with the urgent care needs. They were advised to contact emergency services or their own GP depending on their symptoms.

## **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.**

- Information about how to make a complaint or raise concerns was available.
- The service had not received any complaints, however their complaints policy stated patients would be informed of any further action that may be available to them should they not be satisfied with the response to their complaint.

# Are services well-led?

## We rated well-led as Good because:

### Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders were accessible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

### Vision and strategy

#### The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

### Culture

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

- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff could raise concerns and were encouraged to do so.
- Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training.
- There were positive relationships between staff and teams.

## 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. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place for major incidents.

## Appropriate and accurate information

### The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

## Are services well-led?

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

### **Engagement with patients, the public, staff and external partners**

#### **The service involved patients, the public, staff and external partners to support high-quality sustainable services.**

- The service encouraged views and concerns from patients and staff and external partners and acted on them to shape services and culture. For example, the

service held regular team meetings where staff could discuss all matters relating to the operation of the service and where any new issues could be discussed and learning shared.

### **Continuous improvement and innovation**

#### **There were systems and processes for learning, continuous improvement and innovation.**

- There was a focus on continuous learning and improvement.
- Leaders and managers reviewed individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work.