

Finnar Limited

Safeer Pharmacy

Inspection report

194 Edgware Road
London
W2 2DS
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Overall summary

This inspection was a focused inspection to follow up on concerns identified previously at inspections conducted on the 10 May 2018 and 11 October 2018.

At the inspection on 10 May 2018 we found the practice was not meeting the regulations for providing safe, effective and well-led care. There were breaches in relation to the following regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Regulation 17 Good governance and Regulation 18 Staffing. Following the inspection, enforcement action was taken in respect of these regulations.

The inspection on 11 October 2018, was carried out to consider whether the provider had made sufficient improvements to meet the regulations in breach. At the inspection, we found insufficient evidence of improvement with continuing breaches of Regulation 17 Good governance and Regulation 18 Staffing. Following the inspection, we took further enforcement action and decided to begin the process of preventing the provider from operating the service. This inspection on 21 March 2019 was carried out to further assess whether any improvement had been made since the previous inspections. At the inspection, we found insufficient evidence of improvement with continuing breaches of Regulation 17 and 18.

Our key findings were:

- There were continuing shortfalls in safety systems and processes. Including those for safeguarding, recruitment, indemnity arrangements, medical emergencies, prescribing, identity checks and the safety netting of abnormal test results.
- We identified additional concerns in relation to assessing and triaging walk-in patients.
- There were continuing shortfalls in relation to effective needs assessment, staff training, the monitoring of clinical practice and parental consent to care and treatment.
- There had been no improvement in leadership or governance arrangements.
- Systems were in place to gather feedback from patients.
- The arrangements in respect of the duty of candour had improved.

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

Safer Pharmacy

Detailed findings

Background to this inspection

Safer Pharmacy is situated at 194 Edgware Road, London, W2 2DS. It is a high street pharmacy with an on-call private doctor service. The on-call service is available throughout the pharmacies opening hours; Monday, Tuesday, Thursday, Friday and Sunday 10am -12pm and 10am to 1pm Wednesday and Saturday.

Most people who use the service are visitors from Middle Eastern countries. The doctors see adults, and children over 12 years of age for minor conditions. The doctors work on a locum basis. If a person walks in to the pharmacy requesting to see a doctor, pharmacy staff phone a locum doctor who attends the medical clinic and provides a private consultation. Services provided include care and treatment for minor ailments, phlebotomy and wound management.

The service is registered with the Care Quality Commission for the regulated activities of treatment of disease, disorder or injury and surgical procedures.

The inspection team was led by a CQC inspector and included a GP specialist advisor.

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

At our inspection on 10 May 2018, we found the service was not meeting the regulations for providing safe services.

- There were no effective systems and processes in place to keep patients safe and safeguarded from abuse. The provider could not demonstrate that locum doctors had undertaken safeguarding training relevant to their role or basic life support training to respond to medical emergencies.
- There was no policy or system in place to report, investigate and learn from incidents or significant events.
- We observed the service premises to be clean however infection prevention and control standards were not monitored.
- The provider did not carry out recruitment checks for locum staff.
- There was no business continuity plan for major incidents such as power failure or building damage.

We found the provider had not made sufficient improvement to meet the regulations when we undertook follow-up inspections on 11 October 2018 and 21 March 2019.

Safety systems and processes

The provider did not have effective systems to safeguard children and vulnerable adults from abuse.

- At the inspection on 11 October 2018, we found that the registered manager was not able to provide evidence of safeguarding training for themselves or the two locum doctors. The registered manager assumed the doctors had completed the appropriate training. Neither the registered manager or the locum doctor we interviewed could demonstrate an adequate knowledge of how they would identify and deal with a safeguarding concern. At this inspection, we found the registered manager, and the locum doctor present at the inspection, had completed safeguarding vulnerable adults training and safeguarding children training to level 3 and there was a process for reporting safeguarding concerns to local authorities. However, the registered manager could not provide evidence of safeguarding training for the second locum doctor.
- At this inspection on 11 October 2018, we found there was an up-to-date Disclosure and Barring Services

certificate for one locum doctor however there was no DBS certificate for a second locum doctor despite it stating in policy documentation that an enhanced disclosure must be obtained prior to employment. (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). At this inspection, we found no DBS certificate for one of the locum doctors or evidence of any recruitment checks despite this doctor having carried out four patient consultations since the October 2018 inspection.

- At this inspection on 11 October 2018, we were told that both the male and female pharmacists carried out chaperoning duties. The male pharmacist we interviewed was able to demonstrate adequately the role of a chaperone. The male pharmacist told us they had received a DBS check however they were not able to provide evidence of a DBS certificate as it was not kept onsite. The female pharmacist was not available on the inspection day therefore we could not interview them. The registered manager provided evidence of a DBS check for the female pharmacist which they sourced during the inspection by email. However it was from 2010 which was prior to their employment with the provider. The female pharmacist worked part-time for the pharmacy and therefore a female chaperone was not always available. The locum doctor we spoke to described rescheduling the consultation if the female chaperone was not available. At this inspection, the registered manager told us new policy was that only the female pharmacist carried out chaperoning duties. There was evidence of an up-to-date DBS check and the female pharmacist had a basic understanding of the role in that they knew where to stand during an intimate examination. However, they had not completed any formal chaperone training and it was also not clear who would carry out chaperoning duties if the female pharmacist was not on duty as they worked part-time for the provider. The registered manager told us that the female pharmacist lived nearby and could therefore be called in to the clinic at short notice.
- At the inspection on 11 October 2018, we found there was no Infection Prevention and Control (IPC) training in place for staff and audits had not been carried out to monitor IPC standards. At this inspection, we found that

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the provider had carried out an IPC audit and infection control training had been completed for some staff. However, there was no evidence of infection control training for one locum doctor or the locum nurse.

- At the inspection on 11 October 2018, we found the provider had not ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Portable appliance tests (PAT) and medical equipment calibration tests had not been carried out. At this inspection, we found that the provider had rectified these shortfalls with evidence of up-to-date tests in place.

Risks to patients

There were ineffective systems to assess, monitor and manage risks to patient's safety.

- At the inspection on 11 October 2018, we found a locum handbook was in place. However, it was not fully tailored to service provided and there was no evidence that the locum doctors had read it or understood its content. The locum doctor we spoke to confirmed that they had not read the handbook. At this inspection, we found the locum handbook had not been reviewed and there was no documented evidence that locum staff had read the contents.
- At the inspection on 11 October 2018, we found the registered manager and the locum doctors had not completed basic life support training. The registered manager assumed the doctors had completed training however, there was no assurances that this was the case. There were no protocols for the management of sepsis and the registered manager confirmed that staff were not trained in recognising the signs of sepsis. The locum doctor told us that they had received sepsis training abroad, however they could not provide evidence of this. At this inspection, we found the registered manager and the locum doctor present at the inspection had completed basic life support training. However, there was no evidence of basic life support training for the second locum doctor or the locum nurse. National Institute for Health and Care excellence (NICE) guidance for sepsis management were now available via the providers' computer system.
- At the inspection on 11 October 2018, we found no business continuity plan in place for major incidents

such as power failure or building damage. At this inspection, we found the provider had implemented a business continuity plan which was available in the clinic for reference.

- At the inspection on 11 October 2018, the registered manager was unable to demonstrate that appropriate indemnity arrangements were in place for locum staff. The regular locum doctor had indemnity insurance that covered obstetrics and gynaecology and the second locum doctor had indemnity insurance that covered anaesthetics, neither doctor had indemnity to cover work as a GP. At this inspection, we found that appropriate indemnity arrangements were in place for one locum doctor however there was no evidence of indemnity cover for the second locum despite them having carried out four consultations since the October 2018 inspection.
- At this inspection we identified additional concerns in relation to patient screening. We were told that when a walk-in patient entered the clinic they were greeted by the registered manager or pharmacist in the pharmacy area of the service. The pharmacist or registered manager would then assess the patient to establish whether they were suitable to be seen at the clinic and by who (locum GP or the specialist locum doctor) or signposted for urgent treatment. If the patient was suitable for a consultation at the clinic a doctor would be contacted to check availability. However, there was no policy or protocol for assessing / triaging patients and the registered manager and pharmacist were not clinically trained to triage patients.

Information to deliver safe care and treatment

- At the inspection on 11 October 2018, we found no policy to routinely check patient's identity and there were no examples from recent patient records that ID had been sourced prior to treatment. The registered manager told us that whether ID was requested depended on the type of prescription needed, however, there was no clear policy on this. At this inspection, we found no improvement in this respect. There was no system or policy for ID checks and no evidence of ID checks from the consultation records we reviewed.

Safe and appropriate use of medicines

- At the inspection on 11 October 2018, we found no prescribing policy in place. The locum doctor we spoke

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to told us they use the British National Formulary (BNF) for information on antibiotic prescribing however they were not able to demonstrate awareness of local microbial guidance or how to access it. At this inspection, we found that the provider had introduced a prescribing policy. However, the policy was general and did not detail the parameters for safe prescribing. The locum doctor present at the inspection told us that BNF and NICE guidance were followed for antibiotic prescribing however there was no awareness of local guidance.

Lessons learned and improvements made

- At the inspection on 11 October 2018, we found the manager and the locum doctor we interviewed could not demonstrate a clear understanding of what constitutes a serious incident or significant event. We identified a significant event that had occurred at the clinic which had not been documented. At this inspection, we found that the registered manager and the locum doctor present at the inspection, understood what constitutes an incident or significant event and there was a reporting procedure and policy in place. There had been no incidents reported since our inspection in October 2018 in order for us to assess whether incidents were investigated and learned from.

Are services effective?

(for example, treatment is effective)

Our findings

At our inspection on 10 May 2018, we found the service was not meeting the regulations for providing effective services.

- The provider could not demonstrate how care was given in line with current evidence based guidance.
- There was no evidence of quality improvement activity including clinical audit.
- The provider could not demonstrate that locum staff or the registered manager had the skills, knowledge and experience to carry out their roles.
- There was no effective system for managing blood test results.
- The provider did not have systems in place to ensure consent was sought appropriately.

We found the provider had not made sufficient improvement to meet the regulations when we undertook follow-up inspections on 11 October 2018 and 21 March 2019.

Effective needs assessment, care and treatment

At the inspection on 11 October 2018, the registered manager showed us a folder of National Institute for Health and Care Excellence (NICE) guidelines available in the consultation room. However, we found the guidelines were not comprehensive and not always up-to-date. For example, antibiotic prescribing and asthma management guidance was out-of-date. There was no NICE guidance for important topics such as identifying and managing sepsis. The locum doctors were not able to access guidance on a computer to check for any recent updates. The locum doctor we spoke to told us that would get information from the registered manager for evidence based guidelines. At this inspection, we found up-to-date NICE guidance was now available via a link on the providers' computer system. However, there was no clinical oversight to ensure guidance was followed. We also identified from a patient note review concerns relating to a four-year-old patient where the diagnosis did not fully match the treatment prescribed. A second consultation where we identified concerns, involved a request for medicine to be prescribed for a relative who was not in the country, but living abroad. It was recorded on the consultation notes that the medicine had been prescribed.

Monitoring care and treatment

At the inspection on 11 October 2018, the provider could not demonstrate any quality improvement activity. The effectiveness and appropriateness of the clinical care provided was not monitored. The registered manager was not a clinician and therefore not qualified to monitor the clinical effectiveness of the locum doctors and the provider had not employed a clinician to oversee effective clinical governance. There was no ongoing oversight of clinical outcomes or clinical audit. At this inspection, we found the provider had carried out audits in relation to health and safety. However, there was no improvement in the monitoring of clinical practice. Prescribing decisions were not monitored and we found evidence from a notes review of antibiotics prescribed that were not first-line. (First-line therapy is the one accepted as best treatment).

Effective staffing

At the inspection on 11 October 2018, the provider could not demonstrate that locum staff or the registered manager had the skills, knowledge and experience to carry out their roles. At this inspection, we found little improvement in this respect;

- At the inspection on 11 October 2018, we found the registered manager had implemented a locum handbook. However, although the handbook appeared comprehensive it did not cover all the necessary areas to ensure locum staff worked safely at the service. At this inspection, we found the locum handbook had not been reviewed.
- At the inspection on 11 October 2018, the registered manager could not demonstrate training for themselves or locum staff in basic life support, safeguarding, infection prevention and control and fire safety. At this inspection, we found improvements in staff training however there remained gaps in training. The registered manager, and locum doctor present at the inspection, had completed training in basic life support, fire safety, infection control, safeguarding children and adults and information governance. The locum doctor had also completed training in the Mental Capacity Act 2005. However, there was no evidence of training in any of the aforementioned topics for the second locum doctor or the locum nurse apart from safeguarding training for the nurse.
- At the inspection on 11 October 2018, the registered manager could not demonstrate that locum doctors

Are services effective?

(for example, treatment is effective)

were providing care and treatment within the scope of their training. One locum doctor worked as a consultant in obstetrics and gynaecology and was on the specialist register at the General Medical Council (GMC) however, they were not on the GP register. The second locum doctor worked as a specialist anaesthetist and was not on either the specialist or GP register. At this inspection, we found the locum doctor present at the inspection was on the specialist register for endocrinology and diabetes and general (internal) medicine but not on the GP register. They told us that they had not carried out any consultations since they were employed by the provider and told us they would be only consulting for their specialist area. We checked the GMC register for the second locum doctor and found they were on the GP register with a licence to practice.

Coordinating patient care and information sharing

At the inspection on 11 October 2018, we found the registered manager had recently reviewed the policy for managing test results. The manager told us that test results were emailed to him by the laboratory and a copy was then sent to the locum doctor and the patient. The locum doctor we spoke to confirmed that he received test results from the registered manager and abnormal results would be immediately acted on. However, it was not clear what safety netting was in place when abnormal results were received and the patient had returned to their home country. At this inspection, this was still not clear. Immediately following the inspection, the provider sent us by email a pathology results policy which detailed the

procedure for dealing with abnormal test results. However, the policy did not state what safety netting was in place for those patients who had returned to their home country. The registered manager told us that the clinic had a contract with a laboratory however there was no evidence of a service-level agreement (SLA) in place.

Consent to care and treatment

At the inspection on 11 October 2018, we found a lack of systems in place to ensure consent was sought appropriately. There was no system in place to ensure that adults accompanying child patients had the authority to do so and that consent to care and treatment was authorised by the child's parent or guardian. The locum doctor we interviewed did not have an awareness of the Mental Capacity Act 2005 and guidance and how this applies to adults and children 16 years and above. There was no awareness of Gillick competences or Fraser guidelines. The registered manager told us that they did not check parental responsibility as it was policy not to see children 12 years and under. At this inspection, we found that the locum doctor present at the inspection had completed training in the Mental Capacity Act 2005 and were aware of Gillick and Fraser. However, there was no evidence of training for the second locum doctor or the locum nurse. There was no improvement in respect of checking parental responsibility. From a notes review we identified a consultation for a four-year-old child where there was no documentation of who accompanied the child or who the child's parent or guardian was.

Are services well-led?

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

Our findings

At our inspection on 10 May 2018, we found the service was not meeting the regulations for providing well-led services.

- The provider could not demonstrate that the registered manager had the skills, knowledge and experience to run the service to ensure patients received safe and effective care.
- There was a vision to expand the service provided however the vision was not formalised and there was no strategy or supporting business plans to deliver it.
- There were no effective systems in place to support good governance management.
- There were no systems in place to gather patient feedback.
- The provider did not have systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

We found the provider had not made the sufficient improvement to meet the regulations when we undertook follow-up inspections on 11 October 2018 and 21 March 2019.

Leadership capacity and capability;

At the inspection on 11 October 2018, we found the provider had not employed a suitably qualified person to provide leadership and oversight of the clinical aspects of the service provided. The registered manager employed by the provider was responsible for overseeing all aspects of the GP consultation service however they did not have a clinical background and therefore were unable to provide effective clinical governance and oversight of clinical practice. At this inspection, we found no improvement in this respect. The registered manager told us that a clinical lead was now in post. However, they were abroad until 30 March 2019 and therefore not available for interview on the day of the inspection. When we sought further clarification on the leadership arrangements it transpired that the clinical lead had not taken up post or signed a contract with the provider and would not do so until their return.

Vision and strategy

At the inspection on 11 October 2018, we found there was a vision to expand the service provided, however the vision

was not formalised and there was no strategy or supporting business plans to deliver it. There was a lack of effective governance and leadership to realistically achieve this. At this inspection, we found no improvement in this respect.

Culture

At the inspection on 11 October 2018, we found staff did not have the knowledge to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Information on the duty of candour had been incorporated into policy documentation however the registered manager and the locum doctor we spoke to could not demonstrate an adequate understanding of the duty of candour. At this inspection, we found that the registered manager, and the locum doctor present at the inspection, were clear on the principles of a duty of candour and understood their obligations in relation to it.

Governance arrangements

At the inspection on 11 October 2018, we found that governance arrangements were ineffective. There was no clinical governance in place and governance over the non-clinical aspects of the service needed improving. At this inspection, we found some improvement for example policies had been introduced for managing incidents / significant events and managing patient safety alerts. However, other policies were still not adequate. For example, the prescribing policy was general and lacked detail on the parameters for safe prescribing and the policy for managing pathology results did not detail the handling of abnormal results for those patients who had returned to their home country. There was no policy for triaging walk-in patients and the recruitment policy was not effective as there were no recruitment checks carried out for a locum doctor who had consulted at the clinic on four occasions since the October 2018 inspection.

Managing risks, issues and performance

At this inspection, we found no improvement in managing risks, issues and performance.

There was no improvement in clinical risk management, risks associated with ineffective recruitment procedures and incomplete staff training.

Appropriate and accurate information

Are services well-led?

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

At the inspection on 11 October 2018, we found that the provider had introduced a pro-forma to record consultations in a standard format. At this inspection, we found that five consultations had taken place since October 2018. Each consultation was recorded on a pro-forma, however the notes were handwritten and in some cases difficult to decipher.

Engagement with patients, the public, staff and external partners

The provider had a suggestion box in the clinic waiting area to capture feedback from patients.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered provider did not have effective systems or processes to enable the registered person to assess, monitor and improve the quality and safety of the services provided in carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). In particular:</p> <ul style="list-style-type: none">• There was no quality improvement activity including clinical audit to monitor the effectiveness and appropriateness of care provided.• There was no clinical governance in place to monitor the clinical practice of the locum doctors and nurse. <p>The registered provider did not have effective systems or processes to enable the registered person to assess, monitor, and mitigate the risks relating to health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• Relevant recruitment information, including references, DBS checks and indemnity arrangements for the clinical staff who worked in a locum capacity had not in all cases been obtained.• There was no effective system to monitor the training requirements of locum staff.• There was no effective system for the reconciliation of pathology results.

Enforcement actions

- There was no effective system to ensure a reasonable assessment was made of parental responsibility to consent to care and treatment.
- There was no effective system to ensure identity checks were carried out prior to treatment.
- There were no effective procedures for triaging / assessing walk-in patients to ensure the care they received was appropriate.

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

The registered manager employed by the registered provider did not receive such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out their duties they are employed to perform. In particular:

- The registered manager was unable to provide assurances that they had effective oversight of locum staff recruitment and training.
- The registered manager was unable to demonstrate effective clinical leadership, clinical governance and managerial oversight of the service.

This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions