

Phoenix Medical Clinic

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.

Overall summary

We carried out an announced comprehensive inspection of Phoenix Medical Clinic on 16 January 2018. Breaches of legal requirements were found. After the comprehensive inspection, the service wrote to us to say what they would do to meet legal requirements in relation to Regulation 17 Good Governance, as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this focused inspection on 31 May 2019 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Phoenix Medical Clinic on our website at www.cqc.org.uk

Phoenix Medical Clinic is registered with the CQC to provide the following regulated activities:

- Diagnostic and screening procedures
- Surgical procedures
- Treatment of disease, disorder and injury
- Family Planning

The clinic manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were :

We found the provider had taken appropriate actions and met legal requirement.

- There were systems in place to manage the risks arising from Legionella bacteria.
- A system to assess the risks arising from not having certain recommended emergency equipment and medicines was evident.
- There were arrangements in place for the management of the cold chain used to ensure the safety of medicines that needed refrigeration.
- A system was in place which ensured records related to the care and treatment of patients were complete, legible and accurate so they were accessible to external organisations to deliver patient care and treatment.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

Background to Phoenix Medical Clinic

Phoenix Medical Clinic situated at 798a, St Albans road, Watford, Hertfordshire, is an independent provider of GP and Dental services owned by Phoenix Medical Clinic Ltd.

The provider also offers a range of specialist services and treatments such as facial aesthetics, and ultrasound to people on both a walk-in and pre-bookable appointment basis. The service does not offer NHS treatment.

The medical services include:

- Gynaecology
- Internal medicine defined as, dealing with the prevention, diagnosis, and treatment of adult diseases
- Treatment for ear, nose and throat conditions
- Orthopaedics
- Psychiatry
- Diagnostic tests
- A range of dental care including extractions

The clinic provides two regular GPs, four regular dentists, two gynaecologists, a general surgeon and an ultrasound technician. A clinic manager and one clinic administrator manage the clinic.

How we inspected this 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?

Safety systems and processes

During our inspection in January 2018 we found:

- The clinic did not have a risk assessment to manage the risk of Legionella on the premises.

During our inspection in May 2019 we found:

- The practice had appropriate systems to manage the risks arising from Legionella bacterium. Following a Legionella risk assessment carried out in January 2018 documented checks were in place for each room in the clinic. This included temperature checks and periodic flushes for water sources that were infrequently used. The practice undertook a legionella antibacterial test each year on their water system.

Risks to patients

During our inspection in January 2018 we found:

- There was no system in place to ensure records relating to the care and treatment of patients were complete, legible and accurate so they were accessible to external organisations to deliver patient care and treatment.

During our inspection in May 2019:

- The clinic manager told us the clinic record keeping was in line with the GMC guidance 'Good Medical Practice'. As some of the records were written in the Polish language we were unable to check them during this focused inspection.
- We found there was an emergency and ambulance handover policy and procedure which included a proforma for patient transfer information to be completed in the English language.
- We found there was a separate protocol for routine communication with other concerned external health professionals such as a hospital consultant or GP which again was completed in the English language. We were shown examples of external communications which were all written in the English language and contained the relevant clinical and other information together with the reason for the communication.

Safe and appropriate use of medicines

During our inspection in January 2018 we found:

- The clinic did not hold emergency equipment and medicines in line with national guidance.
- The clinic did not carry appropriate medical oxygen for use in a medical emergency nor the required masks for children and adults. Although there was a defibrillator for use in an emergency, some other emergency equipment and medicines recommended by national guidance were not available.
- There was no arrangement in place for the management of the cold chain. There was no process to check and record medicine refrigerator temperatures daily to ensure medicines were stored appropriately. There was no evidence of a cold chain policy (cold chain is the maintenance of refrigerated temperatures for vaccines).
- While the clinic had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05 Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices, we noted some deviations; for example, although appropriate personal protective equipment was available, it was not always fully employed. The clinic did not have access to lint free drying cloths.

During our inspection in May 2019 we found:

- Emergency equipment and medicines as recommended by national guidance were available and checked monthly. The practice had risk assessed the consequence of not stocking certain medicines and had identified measures to manage without these medicines in the event of an emergency.
- There was a cold chain policy and we saw evidence of daily temperature checks to ensure medicines were stored within safe temperature limits.
- Equipment to aid the decontamination process were available and were deployed as recommended by HTM01-05 Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices.