Baltic Medical Centre Limited

The Baltic Medical Centre

Inspection report

Unit 121, Meridian Place
Canary Wharf
London
E14 9FE
Tel: 020 7515 2714
Website: www.balticmedicalcentre.co.uk

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Overall summary

We previously carried out an announced comprehensive inspection of The Baltic Medical Centre on 22 March 2018 and found that it was not providing safe, effective, caring or well-led services and was in breach of Regulation 10: 'Dignity and respect', Regulation 12: 'Safe care and treatment' and Regulation 17: 'Good governance' of the Health and Social Care Act 2008.

In line with the Care Quality Commission's (CQC) enforcement processes we issued two warning notices in relation to the breaches of safe, effective, and well-led services which required The Baltic Medical Centre to comply with Regulation 12 and Regulation 17 by 29 June 2018. We also issued a requirement notice in relation to Regulation 10 and the provision of caring services. The full comprehensive report of the 22 March 2018 inspection can be found by selecting the 'all reports' link for The Baltic Medical Centre on our website at www.cqc.org.uk.

We carried out this focused 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 now meeting the requirements of the Health and Social Care Act 2008.

The previous inspection on 22 March 2018 identified areas where the provider had not complied with Regulation 10: 'Dignity and respect'. We found:

- There was a privacy screen in one of the treatment rooms, but there were no curtains or screens available in any of the other rooms for patients to maintain their dignity. The treatment rooms had slatted blinds in external windows which we saw had gaps in between, which did not ensure patients' privacy.

The inspection on 22 March 2018 identified areas where the provider had not complied with Regulation 12: 'Safe care and treatment'. We found:

- The service was not receiving medicines safety alert and there was no system to ensure alerts were acted upon.
- Medicines were found which were not licenced for use in the UK, some medicines were used for multiple patients with no opening date recorded, some medicines were for patient use but had been obtained through prescriptions for staff members.
- Blank prescriptions were not secure.
- There was no evidence of regular checks of the emergency medicines.
- Clinical specimens were kept in domestic refrigerator with no evidence of regular monitoring of the refrigerator temperature.
- There were no sterile non-latex gloves available.
- There were carpets in treatment rooms and the floor in the surgical room was not a single impervious surface.
- Some sinks in treatment rooms had plugs and overflows.

Summary of findings

- Sharps bins were unlabelled and one large sharps bin was placed on the floor.
- There were no signs or posters regarding sharps injuries and the 'safe use and disposal of sharps' policy did not state that, in the event of sharps injury, the wound should be bled.
- There was no evidence that the ear irrigator was cleaned.
- Not all staff had completed child safeguarding training to the appropriate level.
- Some staff members' disclosure and barring service (DBS) checks did not have any details of the outcome.
- There were no regular fire alarm tests or fire drills and no trained fire marshalls.

The inspection on 22 March 2018 also identified areas where the provider had not complied with Regulation 17: 'Good governance'. We found:

- The service did not have any clinical oversight of the treatment and care being provided by individual clinicians.
- Clinicians had not completed an appraisal by the service since 2016.
- The service did not carry out any quality improvement activity, such as clinical audits.
- Individual clinicians completed their own clinical audits, but there was no evidence of outcomes or learning being shared amongst staff.
- There was no evidence of analysis of significant events or complaints and no evidence that lessons learned were shared with all staff.
- The service's policies did not always include all relevant and necessary information.
- The service did not have an adequate system to verify patients' identities, including checking that adults attending with children had parental responsibility.
- Staff told us that regular staff meetings took place, however these were not minuted.

At this inspection on 5 July 2018 we found that the provider had taken action in relation to the provision of safe, effective, caring and well-led services and was now compliant with the Regulations.

Our key findings were:

- There was an effective system to record, share and act upon safety alerts.
- There were no unlicensed or open medicines in the cupboard.
- Blank prescriptions were kept securely.
- The service had medicines and equipment for use in an emergency and we saw evidence that these were checked regularly.
- Clinical specimens were stored appropriately.
- The service had appropriate flooring and sinks in treatment rooms.
- Sharps bins were labelled.
- There was evidence that the ear irrigator was regularly cleaned.
- All staff who worked at the service and interacted with patients had completed child safeguarding training to the appropriate level.
- Staff DBS checks had been completed and the documentation was stored in staff files.
- Fire safety arrangements kept patients safe.
- The service had completed clinical audits and the findings and recommendations were shared with staff.
- There were curtains or privacy screens available in all treatment rooms.
- The service had appointed the general practitioner as the clinical lead for the service and they had oversight of the clinicians.
- We saw completed appraisals for all clinicians.
- Significant events and complaints were analysed, appropriate actions were taken, and learning was communicated to staff.
- The service had updated their policies to include all relevant and necessary information.
- The service had updated the patient identification process around adults attending with a child under 16 years for appointments. However, the service did not ask for any other identification to verify the name, date of birth and contact details given by patients.
- Regular staff meetings took place and discussions were minuted.

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

- Review the process for checking and recording patient identification.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was now providing safe care in accordance with the relevant Regulations:

- There was an effective system to record, share and act upon safety alerts.
- There were no unlicensed or open medicines in the cupboard.
- Blank prescriptions were kept securely.
- The service had medicines and equipment for use in an emergency and we saw evidence that these were checked regularly.
- Clinical specimens were stored appropriately.
- The service had appropriate flooring and sinks in treatment rooms.
- Sharps bins were labelled.
- There was evidence that the ear irrigator was regularly cleaned.
- All staff who worked at the service and interacted with patients had completed child safeguarding training to the appropriate level.
- Staff DBS checks had been completed and the documentation was in staff files.
- Fire safety arrangements kept patients safe.

Are services effective?

We found that this service was now providing effective care in accordance with the relevant Regulations:

- The service had completed clinical audits and the findings and recommendations were shared with staff.

Are services caring?

We found that this service was now providing caring services in accordance with the relevant Regulations:

- There were curtains or privacy screens available in all the treatment rooms for patients to use. The external windows in treatment rooms had been frosted so that they could not be seen through.

Are services well-led?

We found that this service was now providing well-led care in accordance with the relevant Regulations:

- The service had appointed the general practitioner as the clinical lead for the service and they had oversight of the clinicians.
- We saw completed appraisals for all clinicians.
- Significant events and complaints were analysed, appropriate actions were taken, and learning was communicated to staff.
- The service had updated their policies to include all relevant and necessary information.
- The service had updated the patient identification process around adults attending with a child under 16 years for appointments. However, the service did not ask for any other identification to verify the name, date of birth and contact details given by patients.
- Regular staff meetings took place and discussions were minuted.

The Baltic Medical Centre

Detailed findings

Background to this inspection

The Baltic Medical Centre is an independent health service based in Canary Wharf, London. The service provides consultations for male and female children and adults (in particular those who come from Eastern Europe), prescribes medicines, and makes referrals to specialists.

The service directly employs a practice manager, receptionists, and a nurse. A number of self-employed clinicians also work for the service on a contractual basis including one general practitioner, two general internal medicine specialists, one paediatrician, two gynaecologists, one surgeon, one cardiologist, one neurologist, one gastroenterologist, one psychologist, two physiotherapists, one orthopaedic specialist, and one sonographer.

The provider undertakes regulated activities from one location and is registered with the CQC to provide the following regulated activities: treatment of disease, disorder or injury; family planning; and diagnostic and screening procedures.

The service is open from Monday to Saturday, with appointments available from 9am to 7pm.

The practice manager for the service is also the registered manager. A registered manager is a person who is registered with the CQC 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.

We carried out this inspection to review in detail the actions taken by the provider following the previous inspection on 22 March 2018 and to check whether the provider was now compliant with the Regulations.

Our inspection team was led by a CQC lead inspector, who was supported by a GP specialist advisor.

During this inspection on 5 July 2018 we:

- Spoke with the practice manager and the general practitioner.
- Reviewed the service's policies, procedures and records.

Are services safe?

Our findings

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

At our previous inspection on 22 March 2018 we identified the arrangements for providing safe care did not comply with the Regulations. We found:

- The service was not signed up to receive any medicines safety alerts and we were not provided with any assurance that the service had a system to act upon medicines safety alerts.
- We found three boxes of medicines in a cupboard which were not licenced for use in the UK, and the practice manager told us that they had not been aware that these were in the cupboard and did not know where they had come from.
- We found medicines in a cupboard (including Piriton and calamine lotion) which were for patient use, but which had been obtained through individual prescriptions in staff members' names.
- We found three open medicinal creams in a cupboard which we were told were being used for multiple patients, and which did not have an opening date recorded.
- Blank prescriptions were not kept securely, but were out on tables in the consultation and treatment rooms.
- There was no evidence that the service was undertaking regular checks of the emergency medicines, although none of the emergency medicines we saw on the day of inspection were out of date.
- Clinical specimens were kept in a domestic refrigerator which only had one thermometer and did not have a maximum/minimum temperature range. There was no evidence that the service monitored the refrigerator temperature.
- There were no sterile non-latex gloves available for use during intrauterine device insertion or surgery for patients who were allergic to latex.
- There were carpets in all the treatment rooms, except for the surgical room, including in rooms where phlebotomy and intrauterine device insertion was being performed. The room where surgical procedures took place did not have carpet, but the floor was not one single impervious surface; it had stick on tiles with cracks and the flooring was damaged.
- Some sinks in treatment rooms had plugs and overflows.
- Sharps bins were unlabelled and one large sharps bin was placed on the floor.
- There were no signs or posters in treatment rooms advising what action to take in the event of a sharps injury.
- There was no evidence the ear irrigator was cleaned.
- Not all the clinical staff had the required level of child safeguarding training, as set out in The Intercollegiate Guideline "Safeguarding Children and Young People: roles and competences for health care staff" (2014). The nurse did not have level 2 child safeguarding training and we saw no evidence in staff files that one of the clinicians had completed any child safeguarding training.
- Disclosure and barring service (DBS) checks in two staff members' files did not have any details of the outcome of the check and there was no evidence to confirm a decision was made to continue employment following a risk assessment (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The service did not carry out any regular fire alarm tests or fire drills, and there were no trained fire marshalls.

At this inspection on 5 July 2018 we reviewed the requirements contained in the warning notices issued to the provider, and found the service had made improvements to the provision of safe care. Specifically:

- The service had implemented a 'safety alert policy', which detailed the system for receiving, logging, acting upon and sharing any alerts received from the Medicines and Healthcare Products Regulatory Agency (MHRA). The system to receive and act upon alerts was effective, and we saw evidence of received alerts being communicated to the relevant clinicians. In May 2018 the service had received an alert advising that specific blood glucose test strips may give false readings; we saw that the alert was discussed at a staff meeting, recorded as a significant event, patients' glucose tests were sent to the laboratory for testing and new test strips were purchased.
- We checked the medicines cupboard and did not find any medicines not licensed for use in the UK or any

open medicines. Medicines for patient use had been obtained from the pharmacy in the name of 'The Baltic Medical Centre', rather than in individual staff members' names.

- Blank prescriptions were kept securely in a locked box in one of the treatment rooms.
- The service had appropriate medicines and equipment for use in an emergency and we saw evidence that these were checked regularly.
- Clinical specimens were no longer kept in a domestic refrigerator, but were stored in a secure cool cupboard as advised by the laboratory. The service had purchased a medical refrigerator in which to keep one type of medicine for use in an emergency and we saw evidence of regular checks of the refrigerator temperature.
- Sterile non-latex gloves were available and the stock level was monitored.
- All the treatment rooms and the surgical room had appropriate flooring of one impervious surface and sinks no longer had plugs and overflows.
- We saw that sharps bins were labelled appropriately and the large sharps bin was placed on a raised surface in a treatment room in which children were not seen. There were posters in treatment rooms clearly advising what steps to take in the event of a sharps injury.
- There was evidence that the ear irrigator was regularly cleaned.
- All staff who worked at the service and interacted with patients had completed child safeguarding training to the appropriate level.
- We saw the two staff members who previously had missing DBS outcomes now had the full documentation from their enhanced DBS checks in their staff files.
- Fire safety arrangements kept patients safe. A fire risk assessment had been completed in June 2018 and the one identified hazard had been actioned by the service. We saw evidence of weekly fire alarm tests and regular fire drills. The practice manager and nurse had completed fire marshall training.

Are services effective?

(for example, treatment is effective)

Our findings

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

At our previous inspection on 22 March 2018 we identified the arrangements for providing effective care did not comply with the Regulations. We found:

- The service did not carry out any quality improvement activity, such as clinical audits, in order to review the effectiveness and appropriateness of the clinical care being provided by the clinicians.
- Individual clinicians completed their own clinical audits. However, there was no evidence of outcomes or learning from these individual audits being shared with other staff members.

At this inspection on 5 July 2018 we reviewed the requirements contained in the warning notices issued to the provider, and found the service had made improvements to the provision of effective care. Specifically:

- The GP had carried out an antibiotic prescribing audit, which reviewed a total of 114 prescriptions issued between 24 March 2018 and 2 June 2018. The audit identified instances where broad spectrum antibiotics had been prescribed which was not advised in the service's policy, but the majority of these were clinically justified. Learning was shared regarding prescribing broad spectrum antibiotics only when there is a clear indication or failure of first choice treatment and we were told the service intends to complete a second cycle of this audit later in 2018.
- One of the internal medicines specialists had carried out an audit regarding Helicobacter pylori (H. pylori) infection testing, which reviewed treatment of this infection between 1 June 2017 and 25 April 2018. The audit found that this infection had been managed and treated appropriately by the clinicians. However, the GP who is the clinical lead for the service subsequently attended an update course which advised that the treatment duration for this infection had changed; this learning and the audit findings were shared with the relevant clinicians.
- The paediatrician had carried out an audit looking at the management and testing of allergies in children aged between one and 18 years between 1 May 2017 and 30 April 2018. Recommendations for improvement were made as a result of the audit findings, including an enhanced choice of diagnostics and testing, recording additional information around lifestyle and ensuring allergy indicator is visible in patient records, providing information leaflets to patients and proactively arranging follow-up consultations. We saw evidence that the audit findings and recommended changes were shared with clinicians at a staff meeting.
- One of the gynaecologists had carried out an audit regarding patients seen for infertility problems between September 2017 and June 2018. The learning from this audit included a recommendation to increase viral testing of patients during management of infertility problems; this learning and the audit findings were shared with the relevant clinicians.

Are services caring?

Our findings

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

At our previous inspection on 22 March 2018 we identified the arrangements for providing caring services did not comply with the Regulations. We found:

- There was a privacy screen in one of the treatment rooms, but there were no curtains or screens available in any of the other rooms for patients to maintain their dignity. The treatment rooms had slatted blinds in external windows which we saw had gaps in between, which did not ensure patients' privacy.

At this inspection on 5 July 2018 we reviewed the requirement notice issued to the provider, and found the service had made improvements to the provision of caring services. Specifically:

- There were curtains or privacy screens available in all the treatment rooms for patients to use. The external windows in treatment rooms had been frosted so that they could not be seen through.

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 this service was now providing well-led care in accordance with the relevant Regulations.

At our previous inspection on 22 March 2018 we identified the arrangements for providing well-led care did not comply with the Regulations. We found:

- The provider did not have any clinical oversight of the clinicians in terms of how they were treating patients and what they were prescribing.
- Clinicians had not had an appraisal by the service since 2016.
- There was a system for recording significant events and complaints. However, there was no evidence of analysis of significant events or complaints and no evidence that any lessons learned were shared with all staff.
- The service had policies in place which were available to all staff. However, the policies did not always include all relevant and necessary information. For example:

  - the 'medication policy' and 'antibiotic prescribing policy' did not include specific guidance to prescribers, such as repeat prescribing, long-term conditions, or controlled drugs;

  - the 'safe use and disposal of sharps policy' did not state that, in the event of a sharps injury, the wound should be bled;

  - the 'collection of microbiological specimens policy' did not include any information regarding refrigerator temperature;

  - the 'infections with specific alert organisms' policy did not include any contact details for Public Health England or the Health Protection Team;

  - the 'whistleblowing policy' did not include any external bodies or contacts that staff could escalate the matter to;

  - the 'chaperone policy' did not state that the chaperone must keep sight of the patient and that the chaperone must record in the patient's notes that a chaperone was provided.

- The service did not have an adequate system to verify patients' identities, including checking that adults attending with children had parental responsibility.
- Staff told us that staff meetings were held on a weekly basis. However, these meetings were not minuted and we did not see any evidence that operational developments, significant events or complaints were discussed.

At this inspection on 5 July 2018 we reviewed the requirements contained in the warning notices issued to the provider, and found the service had made improvements to the provision of well-led care. Specifically:

- The service had appointed the GP as the clinical lead for the service in April 2018, and we saw their job description which detailed their responsibilities in coordinating and overseeing the clinicians. We saw that they had been involved in completing and reviewing clinical audits, creating policies and pathways, reviewing and acting upon significant events and safety alerts, and sharing learning with staff.
- The GP had appraisals through their professional body and, as the clinical lead for the service, they had completed appraisals in May and June 2018 for all clinicians, which identified a personal development plan and any training needs.
- There was a system for recording significant events and complaints and we saw these were analysed, appropriate actions were taken or changes made, and learning was communicated to staff by email and in staff meetings.
- The service had updated their policies to include all relevant and necessary information. For example:

  - the 'medication policy' and 'antibiotic prescribing policy' included guidance in relation to repeat prescribing, long-term conditions and controlled drugs, and recommended antiobiotic treatment;

  - the 'safe use and disposal of sharps policy' stated that, in the event of a sharps injury, the wound should be bled;

  - the 'collection of microbiological specimens policy' stated that specimens should not be kept in the refrigerator but in a secure cool place;

- the 'infections with specific alert organisms' policy had a copy of the form to be completed and contact details for the local Public Health England team in the event of a notifiable disease;

- the 'whistleblowing policy' included a flow chart detailing how staff could escalate the matter;

- the 'chaperone policy' stated that the chaperone must keep sight of the patient and a record of the chaperone's presence should be recorded in the patient's notes.

- The service had updated the patient identification process; an adult attending with a child under 16 years must sign a consent form and state their relation to the child. The 'patient identification policy' also now specifies that if a child is attending an appointment the clinician should closely observe the interaction between the child and adult, and record and escalate anything of concern. However, the service did not ask for any other identification to verify the name, date of birth and contact details given by patients.

- We reviewed the minutes of staff meetings and saw discussion of staff changes, training, significant events and complaints, staff concerns around processes, the General Data Protection Regulation, and safety alerts.