

United Marketing Boutique Ltd

# My Medyck Dental and Medical Centre

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 12 June 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?.

### **Our findings were:**

#### **Are services safe?**

We found that this service was not providing safe care in accordance with the relevant regulations.

#### **Are services effective?**

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

#### **Are services caring?**

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

#### **Are services responsive?**

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

#### **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

### **Background**

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

My Medyck Dental and Medical Centre is registered with the Care Quality Commission to provide diagnostic and screening procedures and treatment of disease, disorder or injury (TDDI).

My Medyck Dental and Medical Centre provides primary healthcare services primarily for the East European community living in the West/ North West London area. The service offers private consultations with a Cardiologist, GP, Paediatrician, Psychiatrist and a Urologist.

The service is registered to see both children and adults.

The service is located in a rented private building on the ground floor. The service has access to a waiting area and private consultation rooms. At the time of our inspection the clinic staff present comprised of the provider who is the owner of the business, a GP, an assistant practice manager and front office administrative staff. Administrative staff including the assistant practice

# Summary of findings

manager are responsible for both the medical and dental service. We were told that the service also employs call centre staff working from Poland to assist with administrative duties.

The clinics opening times are from 9am- 8pm Monday – Saturday and 9am-6pm on Sundays. Late evening appointments are available from 8am-9pm on Saturdays.

When the clinic is closed all calls were directed to the owner of the business who forwarded clinical queries to the appropriate clinical staff.

Since 2014 to 2017 the service has conducted 48500 consultations across the dental and medical service. The provider explained that the service retained 50% of their customers and attracted a further 50%.

The cost of the service for patients is advertised on the clinics website and leaflets at the practice.

The owner of the service is the CQC 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.

We obtained feedback about the service from 48 Care Quality Commission patient comment cards. This feedback was for both the medical and dental services.

Forty-six comment cards highlighted positive feedback relating to the conduct and care provided by staff at the clinic. However, two comment cards were not so positive, highlighting concerns with the quality of care provided and the prices charged. It was not clear if this related to the medical or dental service.

We also spoke to two patients. They both reported being pleased with the services offered at the clinic.

We identified regulations that were not being met and the provider must:

- Ensure care and treatment is provided in a safe way to patients .

You can see full details of the regulations not being met at the end of this report.

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

- Review and improve the use of the manual bell used for emergencies.
- Review and improve the policy on training for the doctors and decide on how the doctors training was updated and the consequences of not undertaking training when required.
- Review the process of clinical quality improvement to ensure it is shared with the clinical team, and reflects the range of specialisms offered.

# 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 not providing safe care in accordance with the relevant regulations. However, prior to the publication of this report the provider made improvements and addressed most of our concerns.

The service had failed to assess the risks of not having some medicines for use in emergencies and equipment to manage children's emergencies. Following our initial report, the provider sent us evidence that they now had Hydrocortisone injection or steroids and provided evidence they had a nebulizer or a space for paediatric emergencies. However the provider had still not formally risk assessed the need for, or provide; Atropine used in emergency box while fitting contraception coils.

There was a policy in place for reporting and recording significant events.

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

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### **Are services effective?**

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

The service assessed needs and delivered care in line with current evidence based guidance.

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### **Are services caring?**

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

Information for patients about the services available was easy to understand and accessible.

Most patient feedback showed a high satisfaction with the service provided, with praise for the staff.

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### **Are services responsive to people's needs?**

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

The service understood its population and provided services to meet their needs.

Information about how to complain was available and easy to understand.

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### **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

The service had many policies and procedures to govern activity.

The service proactively sought feedback from staff and patients, which it acted on.

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# Are services safe?

## Our findings

**We found that this service was not providing safe services in accordance with the relevant regulations. However, prior to publishing this report, the provider made improvements and addressed most of our concerns.**

### Safety systems and processes

We saw that the service had a policy to report and investigate incidents. We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw information relating to an incident of an error in prescribing. This was shared with the team and action taken to ensure all prescribing was checked and within recommended guidelines.

The service had a chaperone policy in place. There were notices displayed in the clinic to advise patients that a chaperone was available if required. We saw that all staff had had a DBS check completed. (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 carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required.

We viewed the doctor's files and saw current information relating to proof of professional registration with the General Medical Council (GMC) the medical professionals' regulatory body with a licence to practice, professional indemnity insurance, references, DBS check, performers list, proof of identity and evidence of annual appraisal. However, we saw that two doctors working at the practice had indemnity insurance from Poland. The provider had sought advice from the GMC relating to this. Action had been taken to ensure these doctors were covered by UK indemnity insurance that was provided as a subsidiary by the provider whilst the doctors were deciding about their indemnity.

The service had a current responsible officer. (All doctors working in the United Kingdom are required to have a

responsible officer in place and required to follow a process of appraisal and revalidation to ensure their fitness to practice) and they were following the appraisal and revalidation processes. The provider told us they had regular meetings with their responsible officer and that the responsible officer visited the clinic once yearly.

### Risks to patients

The service had some arrangements in place to respond to emergencies and major incidents. However, improvements were required.

All staff had received annual basic life support training and there were emergency medicines available in the treatment room. However, we saw the record also included information that one doctor's training was overdue. The service advised that this doctor had not worked for them for over a year and they were updating their records to ensure he was not included as current staff.

There was a manual bell located in clinical rooms which alerted staff to any emergency. However, it was not clear if this was effective in an emergency either involving staff or the patient.

The clinic had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. However, the clinic did not have a spacer or nebulizer for use on children in a medical emergency. Prior to publishing this report, the provider sent us evidence to confirm they now had a spacer or nebulizer for paediatric medical emergencies.

Most emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

The service had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health including a legionella risk assessment.

# Are services safe?

All medical equipment such as scales and blood pressure machines had not been calibrated. The provider sent us information after our inspection confirming that they had a new service company that was now contracted and had attended the service to calibrate equipment.

The provider understood the need to manage emergencies and to recognise those in need of urgent medical attention. The GP knew how to identify and manage patients with severe infections, for example, sepsis. The service had a policy specific for dealing with sepsis and we saw posters displayed in the clinic for non-clinical staff to use.

## **Infection control**

We observed the premises to be clean and tidy. There was an infection control protocol in place and the doctors and all other staff had received up to date training. Infection control audits were undertaken on a regular basis with action being taken when required.

## **Information to deliver safe care and treatment**

The doctors had the information they needed to deliver safe care and treatment to patients. Each patient had individual hand-written records. We viewed three sets of patient records and saw that information needed to deliver safe care and treatment was available. The doctors had a system for sharing information with other agencies to enable them to deliver safe care and treatment which patients consented to prior to their appointment.

## **Safe and appropriate use of medicines**

We checked emergency medicines and found they were stored safely. However, we found that the service did not

have Hydrocortisone injection or steroids (used to treat certain types of allergies and inflammatory conditions) and Atropine needed to ensure safety of coil insertion procedures which were undertaken at the clinic. We asked the service the reasons for not keeping this. They sent us information that stated; as a service they could decide not to keep any of the emergency medicine. However, they had not risk assessed the reasons for not keeping these medicines. Prior to publishing this report, the provider sent us evidence to confirm they had Hydrocortisone injection or steroids for emergency use. They also advised they had decided not to keep Atropine because they rarely performed coil insertion procedure. They told us that if it was assessed that a patient presented a high risk, the procedure was not carried out. However, we were not provided with a formally documented risk assessment.

The service used blank prescription sheets and these were completed and authorised by the doctors only. The prescriptions were securely kept in a lockable cabinet.

## **Lessons learned and improvements made**

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems and protocols in place for knowing about notifiable safety incidents and explained their responsibility and awareness of notifiable incidents.

When there were unexpected or unintended safety incidents the service gave affected people reasonable support, truthful information and a verbal and written apology.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### Effective needs assessment, care and treatment

The GP providing care at the service told us they had access to guidelines from a variety of sources including NICE and used this information to deliver care and treatment that met peoples' needs. All doctors working at the service had either already been revalidated or were undergoing validation.

### Monitoring care and treatment

The service was aware of the need to undertake audit and evaluate care. We saw that the provider completed audits relating to the safe keeping of prescriptions and infection control. The GP had also completed a one cycle audit relating to the management of acute tonsillitis. The audit had found that they had complied 100% with prescribing guidelines. However, the second cycle of the audit had not yet been completed. When we spoke to the provider it appeared due to their non-clinical role they were not aware of need to have two cycle clinical audits.

### Effective staffing

The doctors working at the service had the skills, knowledge and experience to deliver effective care and treatment.

The service had an induction programme for newly appointed members of staff that covered such topics as infection prevention and control, fire safety, health and safety and confidentiality.

The learning needs of non-clinical staff were identified through a system of appraisals, meetings and reviews of practice development needs. Non-clinical staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included one-to-one meetings, appraisals, coaching and mentoring. All non-clinical staff had had an appraisal within the last 12 months.

Staff received training that included: fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. However, at the time of our inspection there was no evidence that all doctors working

at the service had renewed their child protection level 3 training even though their roles had direct access to children. During our discussions with the provider and the practice manager we were told the doctors completed training but did not always provide certificates to the provider. We saw evidence of how the provider had followed up with the doctors to provide updated training records. The provider sent us records to confirm that the outstanding child protection level 3 training had been completed within 48 hours of our inspection. We were also sent evidence to demonstrate that the GP had received this training on time though they were not available at the time our inspection. We concluded that the provider needed to review their policy on training for the doctors working for them and decide on how the doctors training was updated and the consequences of not undertaking training when required.

The doctors provided the service with confirmation of their yearly appraisal that was carried out by a clinical officer.

### Coordinating patient care and information sharing

Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the patient record system and intranet system used by the clinic. This included medical records, investigation and test results. The service had an agreement with a local North-West London Laboratory service where specimens were sent. The provider also told us that some non-urgent samples were sent to Poland by courier. The service received these results by post and the service was telephoned if any results required urgent actioning. We were told that the GP who worked at the service on most days of the week, checked the results and alerted the other doctors who visited the clinic if any results required actioning.

### Supporting patients to live healthier lives

The service encouraged and supported patients to be involved in monitoring and managing their health. We saw leaflets on a number of health topics that were written in Polish on display in the clinic.

### Consent to care and treatment

The service had a consent policy. The service sought the consent of patients if they wanted their GP to be contacted with the relevant treatment that was provided to them.

# Are services effective?

(for example, treatment is effective)

However, we were told most patients did not want their information shared with their GP. Doctors were aware of circumstances when they were required to share information without consent from the patients.

The GP was aware of relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

## **Are services caring?**

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

## **Kindness, respect and compassion**

All staff we spoke with including the provider aware of the need to treat people with kindness, respect and compassion. We received 48 CQC comment cards. Forty-six comment cards highlighted positive feedback relating to the conduct and care provided by staff at the clinic. However, two comment cards were not so positive highlighting concerns with the quality of care provided and the prices charged. It was not clear if this related to the medical or dental service.

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

The service explained that information about fees was provided to patients prior to any appointments being booked. Patients reported that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

## **Privacy and Dignity**

We saw that the rooms used for patient consultations provided privacy. Screens were provided in the consulting room to maintain patients' privacy and dignity during examinations, investigations and treatments.



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# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### **Responding to and meeting patients' needs.**

All patients attending the practice referred themselves for treatment; none were referred from NHS services. There were longer appointments available for all patients and if required double appointments were offered. All clinic staff worked beyond the expected hours if a patient required extra time. Same day appointments were available if required and the practice was flexible in offering alternative times if required.

There were disabled facilities in the clinic. A corner in the patient area was decorated with child friendly toys and equipment children which encouraged children to relax whilst waiting to be seen.

Most staff working at the clinic spoke languages that were commonly used by patients accessing this service. However, staff told us interpreters were used if required.

### **Tackling inequity and promoting equality**

The service offered appointments to anyone who requested one (and had viable finance available) and did not discriminate against any client group.

### **Access to the service**

The clinics opening times are from 9am- 8pm Monday – Saturday and 9am-6pm on Sundays. Late evening appointments are available from 8am-9pm on Saturdays. Patient's feedback demonstrated that patients could get appointments when they needed them.

### **Concerns & complaints**

The service had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance for independent doctors in England. There was a designated responsible person who handled all complaints in the service. A complaints form was available to help patients understand the complaints system. There was information on how to complain on the services website and leaflets in the clinic.

We looked at six complaints received in the last 12 months and found they were satisfactorily handled and dealt with in a timely way. The service demonstrated an open and transparent approach in dealing with complaints. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a complaint related to the dissatisfaction with a service offered had resulted in a patient receiving a refund. Learning points for the staff team had been shared and included considerations for being empathic with patients and fully explaining the costs.

# 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 providing well-led care in accordance with the relevant regulations.**

### **Leadership capacity and capability**

The provider of the service was not a medical professional; they had experience in corporate services. They were aware of their limitations regarding clinical issues. They demonstrated that they had the capacity and capability to run the service and delegated the responsibility of making clinical decisions to the doctors.

### **Vision and strategy**

The service had a vision to provide a consistently high-quality care. We saw that this vision was a shared common goal when we spoke to the provider and staff. The provider showed us training slides that were used at staff induction and regular meetings which showed the services vision.

### **Culture**

We could evidence that there was a culture of openness and honesty. The provider was aware of and had systems in place to ensure it complied with the requirements of the duty of candour.

### **Governance arrangements**

The service had a governance framework which supported the delivery of the strategy and good quality care. Service policies were implemented and were available to all staff. This outlined the structures and procedures in place with clear responsibilities, roles and systems of accountability to support good governance and management. There was a clear staffing structure and that staff were aware of their own roles and responsibilities.

### **Managing risks, issues and performance**

We saw that the provider managed most risks and performance was monitored. However, risks related to not having some medicines had not been fully assessed and managed.

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

The service gathered feedback from patients through rolling surveys. Feedback was used to improve the service. The clinic sought feedback from staff through appraisal and regular staff meetings.

### **Appropriate and accurate information**

The clinic acted on appropriate and accurate information. The service submitted data or notifications to external organisations as required. There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

This section is primarily information for the provider

## Requirement notices

### 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
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered persons had not done all that was reasonably practicable to mitigate the risks to the health and safety of patients receiving care and treatment. In particular:</p> <ul style="list-style-type: none"><li>• The provider did not risk assess the need for, or provide; Atropine used in emergency box while fitting contraception coils.</li></ul> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>