

Bilan Medic Centre Limited

# Bilan Medic Centre Limited

## Inspection report

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### Overall summary

We carried out an announced comprehensive inspection on 24 April 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 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.

Bilan Medic Centre Limited is registered with the Care Quality Commission to provide Diagnostic and Screening procedures and Treatment of Disease, Disorder, Injury (TDDI).

Bilan Medic Centre Limited provides primary healthcare services for primarily for the Somali and East Africa patients living in the West/ North West London area. The service offers private consultations with a female doctor offering gynaecology care. The service only sees patients aged 18 years and over. The service is located in a rented private building on the third floor that can be assessed using a lift. The service has access to a waiting area and a private consultation room. At the time of our inspection the clinic staff comprised of the doctor who is the owner of the business and one administrative staff. On the day of the inspection we meet with the doctor only.

The clinics opening times were Tuesday -Saturday 10:30am-5:30pm. When the clinic was closed there was a recorded message on the answer phone that directed patients to the doctor.

# Summary of findings

The service undertakes approximately 50 consultations per month.

The cost of the service for patients is advertised on leaflets at the practice and detailed patient consultation forms and prices are also displayed in the clinic.

The service employs an administrator who supports the doctor with general day to day administrative duties.

The doctor is the organisations 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 eight patient Care Quality Commission comment cards. All feedback we received was positive about the staff and service offered by the clinic.

Our key findings were:

- There was an effective system in place for reporting and recording significant events.

- Risks to patients were always assessed and well managed, including those relating to recruitment checks.
- The clinic had a number of policies and procedures to govern activity.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Information about services and how to complain was available and easy to understand.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The service proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Review the system of recording significant events and complaints.
- Review their safety systems to provide reassurances that the defibrillator in the building is working adequately.
- Develop quality assurance processes to include two cycle clinical audits in order to drive improvement.

# 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 providing safe care in accordance with the relevant regulations.

- The service had clear systems to keep patients safe and safeguarded from abuse.
- There were systems to assess, monitor and manage risks to patient safety.
- The service had reliable systems for appropriate and safe handling of prescriptions.
- There was a policy in place for reporting and recording significant events.

### **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.
- The doctor had the skills, knowledge and experience to deliver effective care and treatment

### **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.
- Patient feedback showed a high satisfaction with the service provided with particular praise for the doctor.

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

We found that this service was providing caring 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.

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

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

- The service had a number of policies and procedures to govern activity.
- This included arrangements to monitor and improve quality and identify risk.
- The service proactively sought feedback from staff and patients, which it acted on.

# Bilan Medic Centre Limited

## Detailed findings

### Background to this inspection

The inspection on 24 April was led by a CQC inspector and a CQC 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

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

### Safety systems and processes

- We saw that the service had a policy to report and investigate incidents. However the doctor told us there had been no incidents since the services started to operate.
- Staff received up-to-date safeguarding and safety training appropriate to their role. The service was not registered to see children, however the doctor was trained to Safeguarding level 3 as well as adult safeguarding and they demonstrated that they were aware of their role in safeguarding and explained the process they would follow to report safeguarding concerns.
- The doctor was knowledgeable regarding Female Genital Mutilation/Cutting (FGM) and they explained the safeguarding action they would take if this ever presented.
- The service had a chaperone policy in place. There were notices displayed in the examination room to advise patients that a chaperone was available if required. The doctor told us that the administrative staff acted as a chaperone. We saw that this member of staff had had a DBS check completed. On the days they were not available patients were encouraged to bring a relative of a friend if required.
- 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. (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).
- We viewed the doctors file 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.

- The doctor 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 doctor told us they had regular meetings with their responsible officer and that the responsible officer visited the clinic once yearly.
- The doctor had also carried out full employment checks for the administrative staff.

### Risks to patients

- The service had arrangements in place to respond to emergencies and major incidents.
- The doctor had received annual basic life support training and there were emergency medicines available in the treatment room.
- The clinic had a defibrillator available on the premises that was provided by the owners of the building and was kept on the 9th floor. However the doctor had not been provided information to confirm that it was in good working order. They told us they would ensure they would be given all records of checks on the defibrillator and they also planned to purchase their own defibrillator.
- We saw the service had their own supply of oxygen cylinders and checks were completed on a regular basis to ensure it was in good working order.
- The service had an arrangement plan in place for major incidents such as power failure or building damage.
- 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.
- All medical equipment such as scales and blood pressure machines had not been calibrated. The GP told us this equipment was new and was yet to have them calibrated. We saw that there was a contract in place with a company that would provide calibration services.
- The provider understood the need to manage emergencies and to recognise those in need of urgent medical attention. The doctor knew how to identify and manage patients with severe infections, for example, sepsis. The service had a policy specific for dealing with sepsis.

### Infection control

# Are services safe?

- We observed the premises to be clean and tidy. There was an infection control protocol in place and the doctor and the administrative staff had received up to date training.
- An Infection control audit had been undertaken which had identified areas for follow up and we saw that these were being addressed.

## Information to deliver safe care and treatment

- The doctor 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 doctor 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 stored and found they were stored safely. The service used blank prescription sheets and these were completed and authorised by the doctor only. The prescriptions were securely kept in the treatment room that was lockable.

## 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 doctor 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.
- The doctor had completed their revalidation in July 2017 and they also attended a number of continuous development courses on a regular basis. We confirmed this with the certificates provided.

### Monitoring care and treatment

- The service were aware of the need to undertake audit and evaluate care. We saw that the doctor had completed an audit on pelvic inflammatory disease. The findings from the first cycle had indicated that the clinic had a 100% adherence of national guidance from the National Institute for Health and Care Excellence (NICE). However the second cycle the audit was yet to be completed.

### Effective staffing

- The doctor working at the service had the skills, knowledge and experience to deliver effective care and treatment.
- The doctor provided the administrative staff with ongoing support. This included an induction process, one-to-one meetings and appraisals.

### Coordinating patient care and information sharing

- The service saw patients who usually preferred to see a female doctor for gynaecology issues. The service had an agreement with a local London Laboratory service where specimens were sent. The service received these results by post and the doctor was telephoned if any results required urgent actioning.

### Supporting patients to live healthier lives

- The service encouraged and supported patients to be involved in monitoring and managing their health. The doctor explained to us that apart from the gynaecology services they offered they spent time sharing health information with patients.

### 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. The doctor also explained that they were aware of circumstances when they were required to share information without consent from the patients.
- The doctor was aware of relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. They also explained that they assesses patients at registration to ensure they were aged 18 and above.

# Are services caring?

## Our findings

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

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

- The doctor was aware of the need to treat people with kindness, respect and compassion. No patients were at the clinic of the day of our inspection and so we could not speak to them.
- All of the 8 patient Care Quality Commission comment cards we received were positive about the service experienced. People reported satisfaction with the service provided with specific praise for the doctor.

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

- The service explained that information about fees was provided to patients prior to any appointments being booked. The doctor was aware of their role in involving people in decisions about their care and treatment.
- The doctor was multi-lingual and spoke languages that were commonly used by patients accessing this service. They told us this helped support patients who would have found it difficult to use other services where an interpreter would have been arranged.

### **Privacy and Dignity**

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



# 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 people's needs

- Patients attending the practice referred themselves for treatment; none were referred from NHS services. The doctor told us that most patients visiting the clinic preferred to see a female doctor who had the same ethnic background to them.
- The doctor explained that patients coming to her were those who would not have ordinarily accessed their own GP for female screening such as cervical smears. The doctor explained and showed us a leaflet they had designed in Arabic that explained the benefits for having smear tests as some patients believed that they would get cancer from having this check done.
- The service was available on Tuesday – Saturday 10:30am-5:30pm.

- The service was based on the third floor which was easily accessible using a lift.

### Timely access to the service

- Access to the service was explained to patients using printed leaflets. At the time of our inspection there was a plan to develop a website for patients.

### Listening and learning from concerns and complaints

The service has a system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance for independent doctors in England.
- We saw the policy that the service worked to when dealing with complaints.
- There was information on how to complain on patient leaflets and on display in the waiting area. At the time of our inspection, no complaint had been received by the service.

# 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 services in accordance with the relevant regulations.

### Leadership capacity and capability

- The provider of the service was a doctor who specialised in gynaecology. They demonstrated that they had the capacity and capability to run the clinic and ensure high quality care. They were also aware of their limitations and professional responsibilities.

### Vision and strategy

- The service had set their vision. We saw that they were plans to review the vision of the service as they had intentions to expand.

### Culture

- The doctor told us that they were aware of their responsibilities relating to openness, honesty and transparency.

### Governance arrangements

- The service had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place. We saw that service specific policies were available for use.

### Managing risks, issues and performance

- The service had systems in place to manage risks. We saw a number of risk assessments that had been completed including buildings and infection control.

### 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 even though they only included the doctor and the administrative staff who was employed at the service.

### Continuous improvement and innovation

- The doctor told us they wanted to continue to improve and they were looking to expand the service they were offering to include a wide range of specialities offered by experienced practitioners.