

Poland Medical LLP

Poland Medical - Coventry

Inspection report

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Overall summary

The CQC inspected the service on 10 September 2017 and 20 May 2018. At the May 2018 inspection, we found that significant issues highlighted at the previous inspection in September 2017 had not been addressed. For example, the majority of the requirements of the warning notices issued after the previous inspection in September 2017 had not been met.

At the May 2018 inspection insufficient improvement had been made and we found that the service was not providing safe, effective or well-led services, so a Notice of Decision was served with two conditions which related to clinical oversight and training in Fraser guidelines and Gillick competency. The full report on the May 2018 inspection can be found by selecting the 'all reports' link for Poland Medical Coventry on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 14 October 2018 to confirm that the service had complied with the conditions which were served in the Notice of Decision after the May 2018 inspection.

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.

Our findings were:

- The condition which related to the standard of clinical oversight had been partially met with evidence of clear improvement, but there was more work to be done to ensure that the trajectory of improvement was maintained.
- The condition which related to training in Fraser guidelines and Gillick competency had been fully met.

Poland Medical is an independent provider of medical services and treats both adults and children at their location in Coventry. Services are provided primarily to Polish people who live in the UK and choose to access the services as an adjunct to the NHS services for which they are eligible to register.

The owner of the service 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:

- Clinical governance had become more effective. The Responsible Officer carried out performance audits for doctors. These audits were supplemented by random audits which were carried out every month.
- The standard of medical record keeping showed improvement. The majority of the medical records (19

Summary of findings

out of 20) we examined on the day were clear, accurate and legible, although some lacked sufficient detail in the recording of medical history and some were still written in Polish.

- A new medical record template had been developed and introduced since the last inspection. This was more comprehensive than the previous version. An additional gynaecological template had also been developed.
- All doctors had undertaken comprehensive training regarding Fraser guidelines and Gillick competency.
- The service did not have a separate quality improvement programme or carry out targeted clinical audits, although the new medical record template had led to improvement in record keeping.

- Communication methods were more effective.
- Emergency medicines stocked were in line with the risks associated with the range of procedures carried out at the clinic.

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

- Continue to monitor the standard of clinical record keeping.
- Consider broadening the scope of quality improvement activities to include a prospective programme of clinical audit which is target based.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Poland Medical - Coventry

Detailed findings

Background to this inspection

Poland Medical is registered with the Care Quality Commission (CQC) as an independent provider of medical services. Both adults and children are treated at the Coventry location. Poland Medical, Coventry, is registered with the CQC to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury.

Poland Medical provides non-urgent services to a population which is mainly Polish. Services are available to people on a pre-bookable appointment basis. The clinic employs doctors on a sessional basis most of whom are specialists who provide a range of services from gynaecology to psychiatry. Medical consultations and diagnostic tests are provided by the clinic. No surgical procedures are carried out.

The clinic employs 12 doctors all of whom are registered with the General Medical Council (GMC) with a licence to practise. The doctors work across both the West London and Coventry locations. Other staff include the registered manager, the duty manager and reception staff. Poland Medical is a designated body (an organisation that

provides regular appraisals and support for revalidation of doctors) with one of the specialist doctors as the responsible officer (an individual within a designated body who has overall responsibility for helping with revalidation). The responsible officer is also the medical lead for the clinic.

Poland Medical is open on Saturdays and Sundays from 10am until 6.30pm. A cardiologist and a gynaecologist offer appointments on a Thursday evening from 4pm until 7pm. Appointments may be arranged on other days by prior arrangement via the West London clinic. The provider is not required to offer an out of hours service or emergency care. Patients who require emergency medical assistance or out of hours services are requested to contact NHS Direct or attend the local accident and emergency department.

Our inspection team was led by a CQC lead inspector and included a GP specialist advisor. The team was supported by a Polish translator.

During our inspection we spoke with the registered manager and two doctors, one of whom was the Responsible Officer. We also viewed procedures and policies which related to compliance with the conditions served in the Notice of Decision.

Are services safe?

Our findings

At our previous inspection on 20 May 2018, we found that the service was not providing safe care in accordance with the relevant regulations. In particular:

- Clinical records did not always show the rationale for the treatment or prescribing decisions.
- Information sharing with other providers and the patient's NHS GP was inconsistent.
- The range of emergency medicines had not been risk assessed.
- There was limited awareness of Fraser guidelines and Gillick competency.

These arrangements had improved when we undertook a follow up inspection on 14 October 2018.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe, although some were still written in Polish. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- A new medical record template had been developed and introduced since the last inspection. This was more comprehensive than the previous version. An additional gynaecological template had also been developed.

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. We saw that referrals were now documented in the patient's medical record.
- We saw evidence that all doctors had received comprehensive training in Fraser guidelines and Gillick competency and had been assessed on their learning afterwards. The doctors with whom we spoke showed sound awareness of both.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- Emergency medicines stocked were in line with the risks associated with the range of procedures carried out at the clinic. There was a flowchart for the management of medical emergencies, which included doses of emergency medicines.
- The Responsible Officer carried out audits of medical records which included checking that prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 20 May 2018, we found that the service was not providing effective care in accordance with the relevant regulations. In particular:

- There was limited evidence to show that clinical staff were aware of current evidence based guidance.
- There was minimal evidence of a quality improvement programme and no evidence of audits.

These arrangements had improved when we undertook a follow up inspection on 14 October 2018, but there was more work to be done with regard to implementing a quality improvement programme including the use of targeted clinical audits.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.

Monitoring care and treatment

The medical lead told us that audits of each doctor's medical record keeping were now carried out and would be repeated on an annual basis. In addition, the medical lead carried out random audits of two to three medical records each month. The audits included monitoring that the prescribing and treatment was in line with the patient's symptoms and current guidelines.

We noted that the audits of patient's medical records had a positive effect on raising standards. Re-audits, which were carried out after the introduction of the revised medical record template, showed an improvement in the quality of record keeping. We looked at 20 medical records and found that 19 out of 20 were clear, accurate and legible, although some lacked sufficient detail about the patient's medical history.

The service did not carry out targeted clinical audits. Although some activities took place which could be classed as quality improvement (for example, the revised medical record template), there was not a formal quality improvement programme.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Doctors had undergone comprehensive training in Fraser guidelines and Gillick competency since our last inspection. Doctors' understanding was tested by taking a scenario based test.
- The system for supporting and managing staff when their performance was poor or variable had strengthened. This was evidenced by the improvement in the standards of record keeping.

Coordinating patient care and information sharing

Staff worked with other organisations to deliver effective care and treatment.

- Doctors referred to, and communicated effectively with, other services when appropriate. We noted that the new medical record template included a section for recording referral details.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. We saw that consent was recorded in the patient's medical record.
- Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

Are services well-led?

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

Our findings

At our previous inspection on 20 May 2018, we found that the service was not providing well-led care in accordance with the relevant regulations. In particular:

- There was not an effective system to check that medical records were legible, and of a standard commensurate with the doctor being registered with the General Medical Council.
- There was not an effective system for monitoring poor or variable performance.
- The communication system for sharing learning was not effective.
- The clinical leadership necessary to monitor the standard of care and to drive quality improvement needed strengthening.

These arrangements had improved when we undertook a follow up inspection on 14 October 2018, but clinical oversight needed to be maintained and broadened in scope to ensure that the current upward trajectory was sustained.

Leadership capacity and capability:

The management team had the capacity and skills to deliver good quality, sustainable care.

- The management team was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The provider had developed effective processes to improve leadership capacity and skills.

Culture

The service had a culture of high-quality sustainable care.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary. They were given protected time for professional time for professional development and evaluation of their clinical work.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were set out, understood and effective.
- Staff were clear on their roles and accountabilities.
- The management team had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- We saw that an audit system had been introduced for all doctors since our last inspection. The purpose of these audits was to check that clinicians were completing medical records correctly, including the rationale for diagnosis, treatment and referral details if appropriate. The medical records were also checked for legibility. We were told that clinicians were being encouraged to type up medical records and we saw that this was being done. We noted that the section for the patient's medical history contained insufficient detail in some instances. The medical lead told us that these audits would be carried out annually, more often if there were performance issues. In addition, the medical lead carried out random checks of medical record consultations every month and followed up on any anomalies.
- We viewed minutes of discussions held at the quarterly clinical meetings and staff meetings. The formal records of discussions were emailed to doctors who were not able to attend the meetings.
- The system for sharing learning from incidents had been strengthened and was effective.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.

Are services well-led?

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

- The medical lead audited clinician's medical records, which included monitoring adherence to prescribing guidelines, but there was not a separate quality improvement programme which included targeted clinical audits.