

Klinika Limited

Dental and Medical Clinic in Barking

Inspection report

98 Longbridge Road
Barking
Essex
IG11 8SF
Tel: 0207 998 3252
Website: www.klinika.co.uk

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Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Dental and Medical Clinic in Barking as part of our inspection programme. This service had not previously been inspected.

Summary of findings

Dental and Medical Clinic in Barking provides a wide range of private dental and medical services. The inspection was carried out jointly with a dentist specialist adviser, however this report relates only to the medical and not the dental services provided.

We received 33 patient comments about the service (comment cards and people we spoke with). All were positive about their experience using the service.

Our key findings were:

- The service's systems to assess, monitor and manage risks to patient safety required improvement, for example in respect of safeguarding and significant event training. The service had reliable systems for appropriate and safe handling of medicines. The service learned from, and made changes as a result of, incidents and complaints.
- The service assessed need and delivered care in line with current legislation, standards and evidence based guidance.
- Improvements were required in process for reviewing the effectiveness and appropriateness of the care provided through clinical audits.
- The service treated patients with kindness, respect and compassion, and patient feedback was positive about the service experienced.
- The service organised and delivered services to meet patients' needs.

- There was a clear leadership structure in place, and staff told us that they felt able to raise concerns and were confident that these would be addressed.
- The service had a governance framework in place, which supported the delivery of quality care, and processes for managing risks. There was some evidence of quality improvement measures.

The areas where the provider **must** make improvements as they are in breach of regulations are:

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

The areas where the provider **should** make improvements are:

- Review Legionella risk procedures to ensure the risk is effectively monitored and managed.
- Review processes for taking meeting minutes to communicate learning shared from complaints, significant events and feedback.
- Review systems and processes for quality improvement including a programme of audits.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

Dental and Medical Clinic in Barking

Detailed findings

Background to this inspection

Dental and Medical Clinic in Barking is located at 98 Longbridge Road, Barking IG11 8SF. It provides a wide range of medical and dental services from a self-contained building in Barking town centre. The service provides service on a private, fee paying basis only and the majority of the service's patients originate from Eastern European countries. The service is provided by Klinika Limited which also operates a clinic in Palmers Green, north London. This location is separately registered with the CQC and was not visited as part of this inspection.

The provider's website can be found at: www.klinika.co.uk.

The service opens seven days a week from 9am to 7pm. Services offered include general medicine, blood tests, family planning, electrocardiogram and ultrasound scanning. Dental services are also provided from this location. This was subject to a separate inspection, the first day of which took place concurrently with this inspection.

The service is overseen by a Registered Manager who oversees the day to day functions. 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.

There is a multidisciplinary team consisting of 11 GPs with varying specialisms and 13 other staff including dentists, nurses and administrative/reception staff.

Dental and Medical Clinic in Barking is registered to provide the following registered activities: Diagnostic and screening procedures, Family planning services, Surgical procedures and Treatment of disease, disorder or injury.

During the visit we:

- Spoke with the nominated individual who is also the registered manager of the service (a nominated individual is a person who is registered with the CQC to supervise the management of the regulated activities and for ensuring the quality of the services provided).
- Spoke with clinical and non-clinical team members.
- Reviewed a sample of patient care and treatment records.
- Reviewed comment cards in which patients shared their views and experiences of the service.

How we inspected this service

We asked for CQC comment cards to be completed by patients prior to the inspection. We received 31 comment cards, all of which were positive about the service they received. During the inspection we interviewed staff, carried out observations of the premises and reviewed patient records and other service related documents.

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 rated safe as Requires improvement because:

Safety systems and processes

The service had systems to keep people safe and safeguarded from abuse, however some improvements were required.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- On the first day of our inspection we found the service did not have systems in place to ensure that an adult accompanying a child had parental authority. Adults who accompanied children were asked about their relationship to the child and signed the patient registration form to confirm the details. However, they were not asked to produce any form of documentation to confirm their identity. This issue had been addressed by the second day of the inspection. There was an appropriate policy in place and staff were aware to check and note the identity of an adult accompanying a child for their appointment.
- The service had safeguarding policies in place which included children and vulnerable adults procedures and contact details for the local authority safeguarding teams.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. They were aware of types and signs of abuse and how to report any concerns.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken for all staff before starting work at the service. (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).
- All staff received up-to-date safeguarding and safety training, however clinical staff were not all trained to the level appropriate to their role. Clinical staff were only trained to Level 2 rather than Level 3 in Child Protection. We were told this was because the training requirements for dentists was Level 2 and they were not aware it was Level 3 for medical services. The provider undertook to ensure this was addressed. Safeguarding training took place every three years and six-monthly refresher training was done in-house.
- Reception staff acted as chaperones. On the first day of our inspection we found staff who acted as chaperones were not trained for the role although staff who acted as chaperones had received a DBS check. During the first day of the inspection the provider took steps to source this training and on the second day of the inspection we found this training had been completed.
- There was an effective system to manage infection prevention and control. There was an infection control policy. This policy covered both the medical and dental parts of the service. The policy detailed relevant measures required to be taken by staff. Staff members carried out all cleaning tasks. There was a cleaning rota in place. There was a checklist of cleaning tasks which detailed the frequency with which each task needed to be completed and we saw this was signed by staff and up to date.
- Staff had up to date infection control training which covered how to use the cleaning equipment and chemicals.
- A legionella risk assessment was carried out in May 2019 by a professional company. The risk rating given was low, however a large number of actions were included in the report. We saw that many of these actions were relatively minor issues such as missing labels on taps. The provider was in the process of reviewing the actions and devising an action plan for the service to carry out.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Records showed calibration, gas safety, emergency lighting, fire safety and electrical safety checking were carried out annually.
- A fire risk assessment was carried out in April 2017 and was reviewed annually by the service manager who had

Are services safe?

also undergone fire marshal training. Fire drills were carried out every six months and were recorded. Weekly fire checks including emergency lighting and fire alarm system were carried out.

- There were systems for safely managing healthcare waste. The service had contract with a professional company to collect and dispose of general and medical waste on a weekly basis. Waste was stored securely outside the building awaiting collection.
- Health and safety risk assessments were carried out annually. The most recent was carried out in May 2019. No risks were identified.
- A COSHH risk assessment was carried out in February 2019. No issues were identified.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. All staff had received basic life support training. The practice also had a resuscitation policy in place. There was a poster in one of the clinical rooms and at reception setting out the emergency life support process.
- Staff knew how to identify and manage patients with severe infections, for example sepsis. There was a sepsis poster in reception and staff had also discussed this in meetings. Any patients presenting with a high fever would have a blood test done on site, results were available immediately and appropriate action taken if there was a concern.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities. The service had appropriate liability insurance and professional indemnity in place. Doctors were required to have their own indemnity insurance in place.

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. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. The GPs at the service were using handwritten notes. The service was considering moving to an electronic system to improve security. The practice had carried out a record keeping audit which showed high levels of compliances. Issues identified had been shared in a staff meeting.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The service referred patients to hospital consultants where required as well as pregnancy and dental referrals. Patients seen at the practice were given a report before they left the service and were advised to pass this to their GP. The service sent reports to patients' GP on request. We were told a significant number of patients were from countries in Eastern Europe and did not tend to use NHS services due to challenges such as language and convenience. We were told they tended to use health services in their home country for chronic condition management. The service provided reports in the appropriate language for patients to give to their health care provider in their home country.
- On the first day of our inspection the provider had not given consideration to how it would retain medical records in the event that they cease trading. On the second day of the inspection we found the provider had a suitable, documented plan in place and had updated its business continuity plan accordingly.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service did not have reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing emergency medicines and equipment did not adequately minimise risks. On the first day of the inspection we found the provider did not have sufficient adrenaline to treat an adult with anaphylaxis until the

Are services safe?

arrival of the emergency services. Also, the provider had not carried out a risk assessment to ascertain which emergency drugs it should hold to help manage medical emergencies and did not have a paediatric oxygen mask. On the second day of the inspection we found these issues had been addressed.

- The service kept prescription stationery securely and monitored its use. Hand written prescriptions were used. These were kept locked overnight and given to GPs at the start of the day. The practice kept a log of each prescription pad and each prescription given was logged. This also detailed who had given the prescription. This allowed the service to track usage of the prescription pads.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- There was some evidence of activity monitoring and safety improvements. service monitored and reviewed activity.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. There were policies and a reporting

form in place. This was covered as part of the induction however on the first day of the inspection we found there was no specific significant event training in place. We also identified an incident involving a patient who was not provided their test results in an emergency situation because the service had an incorrect email address for them had not been recorded as a significant event. This patient later presented at A&E. Following the inspection, we received evidence that significant event training was being rolled out to all staff. Staff we spoke to during the inspection demonstrated understanding of significant event identification and management and their duty to raise concerns.

- There were systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, following a member of staff falling over an obstacle on the premises. We saw this was logged as an incident and action was taken to avoid a repetition. We were told this was discussed with staff however this was not reflected in the staff meeting minutes.
- 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 in place for knowing about notifiable safety incidents.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

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 (relevant to their service)

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards 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.
- We saw no evidence of discrimination when making care and treatment decisions.
- We were told the service did not tend to have repeat patients as they did not manage long term conditions and where ongoing care was required, the service communicated this to the patient's GP or advised the patient to register with one.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was some evidence of quality improvement activity.

- The service used information about care and treatment to make improvements. For example, results of a patient survey showed an issue with appointments running late. Steps had been taken by the provider to address these concerns, for example by spacing out appointments more and texting patients when appointments were running late so they could delay attending the service if they wished to.
- There was some evidence of audits carried out by various clinicians however the provider did not have a co-ordinated programme of audits in place and had

limited awareness of what audits were being conducted by clinicians at the service. We saw examples of some audits, for example of coil fitting and removal in 2016, ultrasound services in 2018 and a record keeping audit carried out in 2019. However these were not carried out as part of a co-ordinated quality improvement programme for the service and there was limited evidence of resulting quality improvement.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. An annual staff appraisal process had started earlier in the year where learning needs were identified. We were told at the next appraisal a review would be carried out to ensure learning needs identified this year were addressed. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, where patients requested records were shared with their NHS GP or services in their home country. GPs also provided reports for secondary care where requested.
- 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.

Are services effective?

(for example, treatment is effective)

- 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.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. 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.
- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs. For example, where care and treatment was available on the NHS, particularly for chronic conditions, patients were advised of this and encouraged to register with an NHS GP service.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

Are services caring?

Our findings

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language. Staff were able

to speak several Eastern European languages and could interpret for patients. Information leaflets could be translated into other languages to help patients be involved in decisions about their care.

- Patients told us through comment cards, that 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.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. For example, the provider's website was translated into the five main languages used by the majority of patients. Staff also spoke a variety of Eastern European languages. Service information leaflets were also translated into those languages.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.
- An access audit had been carried out in February 2019 to assess the convenience of access to the service. No barriers had been identified.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- The service opened seven days a week and appointments were available until 7pm to meet the needs of its population which was mainly young, working aged people and children.
- Patients had timely access to initial assessments, test results, diagnosis and treatment.

- Appointments were readily available, however the provider was aware of issues around delayed appointments. The provider was trying to address this by introducing text message reminders and spacing out appointments to address delays.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. Referrals were usually made to other private services in accordance with patients' wishes.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaints policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example a recent complaint from a patient concerned the standard of care they had received at the service and the GPs attitude towards them following the incident. We saw the provider had managed the complaint within the stated time frame and that learning had been discussed and shared at a staff meeting. The patient was satisfied with the final outcome.

Are services well-led?

Good 

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

Our findings

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example a patient had been booked in with the wrong GP by a receptionist. The staff member had contacted the service manager to explain their error

and the patient's complaint was managed appropriately. The incident was discussed at a staff meeting to ensure staff understood which GPs specialisms and where other services may be more suitable for patients. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

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 clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

Are services well-led?

Good 

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

There were some 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. However some improvements were required, for example around significant events and safeguarding training.
- The service had some processes to manage current and future performance. There was some evidence of audits, however a more co-ordinated programme of clinical audit was necessary to ensure the monitoring of performance of clinical staff and to support quality improvement.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. For example in response to feedback from staff about lack of space, the provider had plans in place to extend the premises. The plans included space for a staff room.
- Staff could describe to us the systems in place to give feedback. For example in staff meetings, appraisals and through the staff survey. They also described an open-door attitude by senior management.
- The service carried out patient satisfaction surveys annually. The most recent results showed that patients were overwhelmingly positive about their experiences of using the service.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was some evidence of continuous learning and improvement.
- The service made use of reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. For example, the provider had recently purchased a new ultrasound machine which produced clearer images than standard. The service also offered allergy and digitalised lung capacity testing which were not available in standard general practice.

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	Regulation 12 CQC (Registration) Regulations 2009
Family planning services	Statement of purpose
Surgical procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users by failing to:</p> <ul style="list-style-type: none">• Ensure staff were trained in safeguarding to the level appropriate to their role.• Ensure a clear and consistent system for identifying and recording significant events.