Baltic Medical Centre Limited

The Baltic Medical Centre

Inspection report

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

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Ratings

Overall rating for this service	Good
Are services safe?	Good
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? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection of The Baltic Medical Centre on 26 June 2019 as part of our inspection programme.

We had previously carried out an announced comprehensive inspection of the service on 22 March 2018 and found that it was not compliant with regulation 10 'dignity and respect', regulation 12 'safe care and treatment' and regulation 17 'good governance'. We subsequently carried out an announced focused inspection on 5 July 2018 to check whether the service

Summary of findings

had taken action to meet the requirements of the Health and Social Care Act 2008, and found at that inspection that the service was compliant with the relevant regulations.

The Baltic Medical Centre is an independent health service based in Canary Wharf, London.

Our key findings were:

- The service had systems to assess, monitor and manage risks to patient safety.
- There were reliable systems for the appropriate and safe handling of medicines.
- The service learned from, and made changes as a result of incidents and complaints.
- Patients' needs were assessed and care was delivered in line with evidence-based guidance.
- The service reviewed the effectiveness and appropriateness of the care and treatment provided through quality improvement activity.
- The service treated patients with kindness, respect and dignity, and patient feedback was positive about the service.
- There was a clear leadership structure in place and staff felt supported by management.
- The service had a governance framework in place, which supported the delivery of quality care.

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

- Review the patient identification process to consider checking and documenting photographic identification for adults attending with children for appointments.
- Consider carrying out regular clinical record keeping checks by the clinical lead as part of the service's quality improvement activity.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

The Baltic Medical Centre

Detailed findings

Background to this inspection

The Baltic Medical Centre is an independent health service based in Canary Wharf, London. The service provides consultations and treatment for children and adults who primarily come from Eastern Europe.

The service directly employs a practice manager, receptionists (some of whom are also phlebotomists), and a nurse. A number of self-employed clinicians also work for the service on a contractual basis including two general practitioners, two general internal medicine specialists, one paediatrician, two gynaecologists, three surgeons, one cardiologist, one neurologist, one gastroenterologist, one psychologist, two physiotherapists, one orthopaedic specialist, and two sonographers.

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

The service is open from Monday to Saturday (except on bank holidays), with appointments available from 9am to 7pm.

The practice manager for the service is also the registered manager. A registered manager is a person who is registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

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

The inspection was carried out on 26 June 2019. During the visit we:

- Spoke with the clinical lead, the practice manager and a receptionist/phlebotomist.
- Reviewed a sample of patient care and treatment records.
- Reviewed comment cards in which patients shared their views and experiences of the service.

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.

Good

Are services safe?

Our findings

We rated safe as Good.

Safety systems and processes

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

- There was a safeguarding policy in place which set out the process for reporting a safeguarding concern and contained contact details for Tower Hamlets safeguarding teams. The service also had an appendix to the policy which was an NHS document outlining other categories of abuse including female genital mutilation (FGM), human trafficking and modern-day slavery. We saw staff had received safeguarding training appropriate to their role and they knew how to recognise and report potential safeguarding concerns.
- The service carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis.
- The service had undertaken Disclosure and Barring Service (DBS) checks for staff (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 had a chaperone policy in place and we saw a sign in the waiting area advising patients of the availability of chaperones. Staff who acted as chaperones had received training and were DBS checked.
- We saw risk assessments had been completed to ensure the premises were safe, for example a health and safety risk assessment in August 2018, a fire risk assessment in November 2018 and fire extinguisher checks in August 2018. We saw evidence of regular fire alarm testing and fire drills. A legionella risk assessment had been carried out in March 2019 (legionella is a bacterium which can contaminate water systems in buildings) and we saw a log of weekly water temperature testing. Staff received health and safety and fire training as part of their induction.
- The service ensured that facilities and equipment were safe, and equipment was maintained according to manufacturers' instructions. We saw evidence of calibration of medical equipment completed in March 2019 and of the ultrasound equipment in January 2019, and portable appliance testing of electrical items in February 2019.
- There was an effective system to manage infection prevention and control and the service had completed an infection control audit in January 2019. The premises were visibly clean.
- We saw evidence of cleaning schedules and there were systems for safely managing healthcare waste.

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 told us when there was increased demand for the service at certain times of year, the service assessed the impact on safety and staff would work increased hours to meet this demand.
- There was an induction system and training programme for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention, and we saw evidence the emergency medicines and equipment were checked regularly.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. The service had posters for staff to refer to which contained information about how to spot sepsis in children and adults.
- All staff had completed up to date basic life support training.
- The service had a patient identification procedure in place which specified what details would be obtained for patients attending the service. Any adult attending with a child under 16 years for an appointment had to sign a consent form and state their relation to the child. The patient identification policy stated if a child is attending an appointment the clinician should closely observe the interaction between the child and adult, and record and escalate anything of concern. However, the service did not ask for any photo identification to verify the details given by patients, unless the patients were attending for health assessments for driving licences or for legal reasons. Staff told us they would

check a child's red book which adults often brought along to appointments, but did not document this (the Personal Child Health Record, also known as the 'red book', is a national standard health and development record given to parents or carers at a child's birth).
- We saw evidence of appropriate professional indemnity arrangements in place for clinicians and phlebotomists.

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.
- There was a documented approach to effectively managing test results.
- The service submitted data and notifications to external bodies as required.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including medical gases and emergency medicines and equipment, minimised risks. We saw evidence of the refrigerator temperature being regularly monitored.
- Blank prescriptions were kept securely.
- The service did not prescribe controlled drugs, and we saw evidence of the clinical lead sharing information with staff about gabapentin and pregabalin having become Schedule 3 controlled drugs in April 2019.
- The service had prescribing protocols in place which followed national prescribing guidelines, and we saw evidence of good antimicrobial stewardship in patient records. The service had completed a two-cycle antibiotic prescribing audit.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- Clinical and electrical equipment had been checked to ensure it was working safely.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service had a system to enable learning when things went wrong.

- There was a system in place for reporting and recording significant events. Significant events and incidents were discussed by the practice manager, clinical lead and the staff members involved, and any learning was communicated to all staff by email and in staff meetings.
- We saw the service had recorded and analysed an incident when blood tests were sent to the laboratory with an incorrect patient name. The patient was contacted, an apology was given, and the tests were repeated. The service reminded all staff of the importance of verifying patient identity and told both reception staff and the clinicians to ask patients to state their name and surname twice to avoid errors.
- Staff understood their duty to raise concerns and report incidents and near misses. Where patients had been impacted, they would receive an explanation and an apology where appropriate. The service was aware of the requirements of the duty of candour.
- There was an effective system for receiving and acting upon safety alerts and the service had a safety alerts policy in place.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good.

Effective needs assessment, care and treatment

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

- We checked patient records and found the service 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.
- Updated clinical guidelines were communicated to staff by email and discussed in meetings.
- We saw evidence of evidence-based prescribing which was in line with national prescribing guidelines.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Monitoring care and treatment

The service routinely reviewed the effectiveness and appropriateness of the care provided.

- The service completed quality improvement activities such as clinical audits and we saw the results and learning from audits were discussed in meetings and shared with staff by email.
- We reviewed a two-cycle antibiotic prescribing audit which reviewed antibiotic prescribing of all relevant clinicians between June and November 2018 and between January and May 2019. The results of both cycles indicated that prescribing was in line with the service's antibiotic prescribing policy and national guidance. We saw results were shared with and read by clinicians and clinicians were reminded to avoid prescribing broad spectrum antibiotics unless clinically necessary.
- We reviewed the second cycle of an audit regarding Helicobacter pylori (H. pylori) infection testing, which reviewed treatment of this infection between April 2018 and April 2019, and compared it to audit results from the first cycle (June 2017 to April 2018). The audit found that patients had been managed and treated appropriately by the clinicians and first line treatment was effective in most cases. We saw results were shared with and read by clinicians and clinicians were reminded to take into account whether the patient required second line treatment in accordance with best practice guidelines.
- The clinical lead said they did not carry out record keeping checks for all the clinicians, but told us this was something that could be incorporated into the service's ongoing quality improvement activity to improve oversight of clinicians.
- The service had completed a non-clinical audit reviewing customer service. The audit involved five reception and administrative staff members' interactions with patients being observed by another member of staff and scores being given for welcoming the patient, clarifying the patient's needs, and saying goodbye. A total of 50 interactions with patient was observed, and the service found the average score to be 3.6 (out of five) with the target being 3.5. The service said this would be used as an ongoing tool to monitor and evaluate customer service.

Effective staffing

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

- Clinicians had sufficient time to carry out their roles effectively.
- We saw up to date records of skills, qualifications and training for staff, and we were told staff were encouraged and given opportunities to develop.
- The service provided staff with support through mandatory training, staff meetings and annual appraisals.
- There were policies in place for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

Staff worked together and with other professionals to deliver effective care and treatment.

- Information was shared with patients' NHS GP if the patient consented. Staff were aware of instances where a patient's refusal to consent would be overridden, for example safeguarding concerns, serious diagnoses or notifiable diseases.
- Clinicians would refer patients to other specialists where appropriate and we saw referral letters contained all the required information.

Good

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions about their care and treatment.
- We saw evidence of consent having been recorded appropriately, for example for patients having minor surgical procedures at the service.
- We checked a sample of staff files and saw clinicians had completed up to date Mental Capacity Act 2005 training.

Good

Are services caring?

Our findings

We rated caring as Good.

Kindness, respect and compassion

The service treated patients with kindness, respect and compassion.

- We saw that staff understood patients' personal, cultural and social needs.
- The service gave patients timely support and information.
- All of the 49 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients described staff as caring, friendly and helpful.
- The comment cards were in line with the results of the services' patient survey carried out from January to April 2019. The service collected 50 patient feedback forms where scores were given for patients' general satisfaction, the receptionist, nurse and doctors' services, and whether the patient would use the service in the future and would recommend it to others. The total average score was 9.7 (out of 10) with the target being 8.5. Patients described staff as helpful and professional, and said they were happy with the service. The service intends to repeat the patient survey in December 2019.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- The service primarily saw patients who come from Eastern Europe. The service did not offer formal interpretation services, but staff spoke other languages, including Lithuanian, Russian, Romanian, German and Polish, and informed patients of this when they registered with the service or booked an appointment.
- The service's website was also available in translation into other languages.
- Patient feedback, in the CQC comment cards and the service's patient survey, was that clinicians listened to them and explained things clearly.

Privacy and Dignity

Staff recognised the importance of patients' privacy and dignity.

- The service was registered with the Information Commissioner's Office (ICO) and complied with the General Data Protection Regulation (GDPR).
- Staff had completed information governance and GDPR training.
- Patient information and records were held securely and were not visible to other patients in the reception area.
- Staff told us that if patients wanted to discuss sensitive issues or appeared distressed they would take them to a private room to discuss their needs.
- The service used a secure electronic record system which was backed up daily.
- Conversations taking place in treatment rooms could not be overheard.
- There were curtains or privacy screens available in the treatment rooms for patients to use if needed to maintain dignity.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs.

- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when patients found it hard to access services.
- The service had both a landline and a mobile telephone which patients could call to make appointments.
- The service's website provided details of the clinicians, services and procedures available, and the associated fees.

Timely access to the service

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

- The service is open from Monday to Saturday, with appointments available from 9.00am to 7.00pm.
- When the service is closed patients are advised to call NHS111 or dial 999 in an emergency and this information is on the service's website.
- The appointment system was easy to use. Patients could make appointments by telephone or email via the service's website and could ask to see a specific clinician.
- In the service's patient survey, several patients described the service as quick.

Listening and learning from concerns and complaints

The service had a complaints policy in place.

- We saw a poster in the reception area which detailed how patients could make a complaint.
- Complaints were reviewed and dealt with by the practice manager.
- The service had received four complaints in the last year. We reviewed two complaints and found they had been handled appropriately and in a timely way.
- We reviewed one complaint which related to a patient being unhappy about the price they were charged. The complaint was acknowledged on the same day as receipt by the practice manager and responded to within the timeframe set out in the complaints policy. The patient was offered a partial refund, and staff were reminded of the importance of communicating clearly with patients about prices for consultations and treatment.
- The complaints policy stated the service will not record comments from patients made on Facebook in their complaints log. However, the practice manager told us Facebook comments would still be reviewed for learning and improvement purposes.

Are services well-led?

Good

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

Our findings

We rated well-led as Good.

Leadership capacity and capability

There was a clear leadership structure in place.

- The practice manager, who was also the CQC registered manager, was responsible for the organisational direction and development of the service and the day to day running of it.
- One of the GPs was the clinical lead for the service and their job description detailed their responsibilities in coordinating and overseeing the clinicians. The clinical lead was involved in completing and reviewing clinical audits, carrying out appraisals for clinicians, creating policies and pathways, reviewing and acting upon significant events and safety alerts, and sharing learning with staff.
- We saw evidence of staff meetings being held on a regular basis. These meetings discussed staff leave, training, significant events, complaints, and clinical audits. We saw evidence that staff signed and dated the meeting minutes to confirm attendance. For the benefit of any staff members who were not present at the meeting due to working patterns or leave, the minutes were shared by email with all staff.

Vision, strategy and culture

The service had a clear vision and credible strategy to deliver high quality care and staff stated they felt respected, supported and valued.

- The service had a realistic strategy and supporting business plans to achieve its priorities.
- The practice manager attended business evaluation plan meetings and senior management meetings via skype or in person with the provider's director (who was based in Vilnius, Lithuania).
- Staff were aware of and understood the vision and values of the service and their role in achieving them.
- Staff told us they felt able to raise concerns and were confident these would be addressed. Staff described the culture of the service as friendly and open and felt supported by management.
- The service was aware of the requirements of the duty of candour and had a specific policy about being open.
- There were processes for providing all staff with the development they need, which included observed work and annual appraisals.

Governance arrangements

The service had a governance framework in place, which supported the delivery of quality care.

- There was a clear staffing structure in place. Staff understood their individual roles and responsibilities.
- Service specific policies and processes had been developed and implemented and were accessible to staff. These included policies in relation to safeguarding, complaints, chaperones, whistleblowing, infection control, sharps, and prescribing.
- All staff were given a Staff Handbook which set out the employment responsibilities of staff members and contained the disciplinary, capability and grievance procedures, as well as information about leave and sickness.

Managing risks, issues and performance

The service had established processes for managing risks, issues and performance.

- The service had processes to manage current and future performance. Performance and oversight of clinical staff could be demonstrated through clinical audits and appraisals. Performance of reception and administrative staff could be demonstrated through observed customer service audits and appraisals.
- The practice manager and clinical lead had oversight of medicines and safety alerts and significant events and incidents.
- We saw evidence that staff completed various daily, weekly and monthly checks to monitor the safe and effective running of the service.
- The service had a business continuity plan in place and had advised staff of the processes in the event of major incidents.
- Appropriate risk assessments and checks were carried out to ensure the premises were safe.

Appropriate and accurate information

The service acted on appropriate and accurate information.

Are services well-led?

Good

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

- The service adhered to data security standards to ensure the availability, integrity and confidentiality of patient identifiable data and records.
- The service had specific plans in place regarding the retention of medical records in line with guidance in the event that they ceased trading.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service submitted data and notifications to external bodies as required.

Engagement with patients, the public, staff and external partners

The service involved patients and staff to support the service they offered.

- The service carried out patient surveys to seek patients' views about the care they were receiving.
- We saw there was a comments box in reception for patients to provide feedback.
- Staff told us they felt able to raise concerns and provide feedback to management about the service.

Continuous improvement and innovation

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

- We saw evidence the service made changes and improvements as a result of significant events, complaints and patient feedback. For example, after receiving a patient complaint about their experience with one of the clinicians, the service put up additional chaperone posters throughout the premises to remind patients of their availability and provided staff training on handling conflicts with patients.
- Learning and actions to improve the service were shared with staff by email and were discussed in meetings, for example the outcomes of significant events and clinical audit results.