

## Messina Clinic Limited

# Messina Clinic Limited

### Inspection report

Dowgate Hill House  
14-16 Dowgate Hill  
London  
EC4R 2SU

Tel: 02030 536709

Website: [www.messinaclinic.co.uk/en/index.php](http://www.messinaclinic.co.uk/en/index.php)

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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.** (Previous inspections 7 February 2018 and 18 April 2018.)

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 at Messina Clinic on 18 June 2019 as part of our current inspection programme. We previously inspected this service on 7 February 2018 and 18 April 2018 using our previous methodology, where we did not apply ratings.

As a result of our findings following the February 2018 inspection we issued a warning notice for Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance). As a result of our April 2018 inspection we found the service had made improvements and had met the relevant legal requirements.

# Summary of findings

Messina Clinic Limited is an independent GP service which provides private general medicine services to the Brazilian community. It is based in the London Borough of City and Hackney.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Messina Clinic Limited provides a range of non-surgical cosmetic interventions, for example sclerotherapy (non-surgical treatment of damaged veins), which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The lead doctor 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.

We received nine completed CQC comment cards which were all positive about the service. Patients commented that the doctors were very knowledgeable and helpful; and that the environment was clean and comfortable.

## **Our key findings were:**

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- There was an open and transparent approach to safety and a system in place for recording, reporting and learning from significant events and incidents. The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents happened, the service learned from them and reviewed their processes to implement improvements.
- There were clearly defined and embedded systems, processes and practices to keep people safe and safeguarded from abuse, and for identifying and mitigating risks of health and safety.
- Patients received effective care and treatment that met their needs.
- The service organised and delivered services to meet patients' needs. Patients said that they could access care and treatment in a timely way.
- The service reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines and best practice.
- Patients told us that all staff treated them with kindness and respect and that they felt involved in discussions about their treatment options.
- Doctors had the appropriate skills, knowledge and experience to deliver effective care and treatment.

## **Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

# Messina Clinic Limited

## Detailed findings

### Background to this inspection

The registered provider of the service is Messina Clinic Limited, which is an independent provider of medical services to the Brazilian community from its sole location at 14-16 Dowgate Hill, London EC4R 2SU. We visited this location as part of the inspection.

The service provides general practice and cosmetic treatments which are available to any fee-paying patient. The service sees children aged 12 and older; however almost all patients are adults. There are approximately 5,000 patients currently registered with the service. The service sees approximately 40 patients per week. Some patients travel from all parts of the UK, and the service has seen patients who have been visiting from overseas. Most patients are not registered with an NHS GP.

The service's staff consists of two doctors, one full-time service manager and one part-time administrator/receptionist. No locums or agency staff are used.

The service is open from 9am until 6pm on Mondays to Fridays, and on some Saturdays from 9am to 1pm (depending on patient demand). All services are provided at the Dowgate Hill clinic and home visits, telephone consultations and online appointments are not currently available.

The service is located on the lower ground floor of a leased building which is wheelchair accessible by lift. A number of tube stations are close by.

The service website address is:

<http://www.messinaclinic.co.uk/en/index.php>. The full website is available in English or Portuguese.

#### How we inspected this service

We reviewed information about the service in advance of our inspection visit. This included:

- Data and other information we held about the service.
- Material we requested and received directly from the service ahead of the inspection.
- Information available on the service's website.
- Patient feedback and reviews accessible on various websites.

During the inspection visit we undertook a range of approaches. This included interviewing clinical and non-clinical staff, reviewing feedback from patients who had used the service, reviewing documents, examining electronic systems, and assessing the building and equipment.

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 Good because:

Messina Clinic demonstrated they provided services in a way that consistently promoted and ensured patient safety.

### Safety systems and processes

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

- The service conducted safety risk assessments and had appropriate related safety policies. These were regularly reviewed and shared with all staff. Staff received safety information as part of their ongoing training.
- The service had an appropriate process for receiving, managing and responding to alerts, including those received from the MHRA (Medicines and Healthcare products Regulatory Agency).
- The service had systems to safeguard children and vulnerable adults from abuse. There were detailed policies which had been reviewed in the last 18 months, and these were accessible to all staff.
- All staff received up-to-date safeguarding and safety training appropriate to their role. Staff we spoke with demonstrated they understood their responsibilities in relation to safeguarding, including reporting concerns to external agencies.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The service 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. (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).
- There was an effective system to manage infection prevention and control. There was a detailed policy and both daily and weekly cleaning schedules were being used. Arrangements to manage the risks associated with legionella were in place. There were sufficient systems for safely managing healthcare waste.

- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

### Risks to patients

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

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Staff demonstrated they knew how to identify and manage patients with severe infections, for example sepsis.
- Appropriate insurance schedules were in place to cover all potential liabilities, including professional indemnity arrangements.
- All staff had received basic life support training.
- Emergency medicines and oxygen (with adults and children's masks) were situated on-site.
- The service had access to a defibrillator at a tube station approximately 300 feet away from the service site. We saw appropriate documentation including a risk assessment and an agreement containing details of servicing and maintenance, which had been updated in June 2019.
- The service had a business continuity plan for major incidents such as power failure or building damage.

### Information to deliver safe care and treatment

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

- The service identified patients by asking them to bring photographic identification when they first registered. The service understood their responsibility to communicate with other health professionals, for example when referring patients over to secondary care.
- 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 appropriately available and accessible to staff.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- There was a system to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

## Are services safe?

- 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 had reliable systems for appropriate and safe handling of medicines.**

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment, minimised risks. The service used an electronic prescription system and this was monitored appropriately.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.
- There were appropriate measures for verifying the identity of patients including children.

### **Track record on safety and incidents**

#### **The service had a good safety record.**

- There were comprehensive risk assessments in relation to safety issues.
- 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 learned and made improvements when things went wrong.**

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses and were supported when doing so.
- There were adequate 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. We reviewed examples of learning which were addressed appropriately, including for example improving processes to manage communication with other services and associated patient consent. This resulted in revised processes and documentation being implemented in February 2019.
- 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
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had a process to disseminate alerts to staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### We rated effective as Good because:

Messina Clinic provided effective care that met with current evidence-based guidance and standards. There was a system for completing audits, collecting feedback and evidence of accurate, safe recording of information.

### 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 which was relevant to their service.**

- The service assessed needs and delivered care in line with relevant and current evidence-based guidance and standards.
- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs, and their mental and physical wellbeing.
- We saw evidence of appropriate use of care plans, care pathways and supporting processes.
- We saw evidence that clinicians had sufficient information to make or confirm diagnoses.
- We saw no evidence of discrimination when making care and treatment decisions.

### Monitoring care and treatment

**The service was actively involved in quality improvement activity.**

- The service completed audits to identify and make improvements to the service provided. Audits had a positive impact on quality of care and outcomes for patients. There was evidence of action to resolve concerns and improve quality.
- The service had carried out clinical audits which we reviewed. This included antibiotic prescribing, and a review of vitamin D deficiency in type-2 diabetes patients. Although these audits were not repeat cycles, service staff told us they had plans to carry out a repeat study for these.
- In addition to clinical audits, health and safety, and infection control audits had been undertaken in the last 12 months.

### 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.
- Doctors were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Records of skills, qualifications and training were sufficiently maintained and were up-to-date. Staff were encouraged and given opportunities to develop.
- The service could demonstrate that staff had undertaken role-specific training and relevant updates including basic life support, infection control, safeguarding and mental capacity act training. Doctors had completed safeguarding children level three training.

### 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 communicated effectively with other services when appropriate, for example by sharing information with patients' NHS GPs in line with GMC guidance. There was a policy to support this.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health 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.

### 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.**

- We saw evidence that staff gave patients advice so they could self-care where this was appropriate.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

### Consent to care and treatment

# Are services effective?

(for example, treatment is effective)

## **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.
- The service had a documented process for sharing information with patients' NHS GPs if required. The patient registration form included this information. All patients were asked for consent to share details of their consultation and any medicines prescribed with their NHS GPs, where applicable.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Doctors demonstrated understanding of the concept of Gillick competence in respect of the care and treatment of children under 16. The service monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

### **We rated caring as Good because:**

Messina Clinic demonstrated that they ensured patients were involved in decisions about their treatment, that their needs were respected, and that services were provided in ways that were caring and supportive.

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

#### **Staff treated patients with kindness, respect and compassion.**

- Feedback from patients was consistently positive about the way staff treated them.
- Staff demonstrated they 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.**

- Services, including medical appointments, were available in Portuguese (the native language of the service's Brazilian patients) and English.
- Documentation was available in Portuguese and English, including information leaflets, patient registration forms and consent forms. The service's website was fully available in both languages.
- 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.
- Doctors helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients can access and understand the information they are given).

### **Privacy and Dignity**

#### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Patients commented that doctors were respectful and ensured their dignity was maintained at all times.
- Staff knew that if patients wished 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:

Messina Clinic ensured they responded to patients' needs for treatment and that they were able to deliver those services.

### 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. This included for example providing better information sharing with external services.
- The service 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.

### Timely access to the service

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

- Patients had timely access to initial assessment, diagnosis and treatment.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

### 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 with concern and compassion.
- There was a complaints policy which had been regularly reviewed and updated, most recently in the last 12 months.
- 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 learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.
- The service had received one complaint in the last 12 months. We reviewed the complaint and how it had been handled, and we found the service had followed the documented procedure. The service had made changes to communication of information to patients as a result of this complaint.

# 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 because:

Messina Clinic provided services which were well led and well organised, within a culture that was keen to promote high quality care in keeping with their systems and procedures.

### Leadership capacity and capability

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

- The lead doctor and service manager demonstrated they were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The lead doctor and service manager were visible and approachable. They worked closely with other staff to make sure they prioritised compassionate and inclusive leadership.

### 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 by including all staff. Staff were aware of and understood the vision, values and strategy and their role in achieving these.
- The service monitored progress against delivery of the strategy.

### Culture

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

- Staff we spoke with felt respected, supported and valued and told us they were proud to contribute to the service.
- The service focused on the needs of patients.
- The service 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 appropriately.
- There were processes for providing all staff with the development they needed. This included formal annual appraisal and supervision arrangements. All staff had received appraisals in the last 12 months.
- There was a strong emphasis on the safety and well-being of all staff.
- There were positive relationships between all staff.

### 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.
- There was oversight for emergency medicines and equipment, and there was consideration for how to deal with medical emergencies.
- Staff were clear on their roles and accountabilities.
- There were proper policies, procedures and activities to ensure safety, and staff were assured that these were operating as intended.

### Managing risks, issues and performance

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

- There were effective processes to identify, understand, monitor and address current and future risks which included risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through oversight and consideration of consultations, prescribing and referral decisions.
- The service manager had oversight of safety alerts, incidents, and complaints.
- Clinical and other audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change services to improve quality.
- The provider had plans for managing major incidents.

### 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?)

- Information was used appropriately to monitor and improve performance. This included the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were processes to address any identified weaknesses.
- There were sufficient 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 patients and staff, and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback, including staff meetings.
- The service was transparent, collaborative and open about performance.

## **Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement. Learning was shared between staff through immediate feedback and through staff meetings.
- The service made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.