The Baltic Medical Centre

Inspection report

Unit 121, Meridian Place
Canary Wharf
London
E14 9FE
Tel:

Date of inspection visit: 09 May 2022
Date of publication: 21/06/2022

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Overall summary

This service is rated as Requires improvement overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive – Good

Are services well-led - Requires improvement

We carried out an announced comprehensive inspection of The Baltic Medical Centre on 9 May 2022 as part of our inspection programme.

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.

Our key findings were:

- There was a lack of good governance in some areas, however, the service had completed a recent audit and was reviewing ways to improve quality and performance.
- We identified issues with the documentation in some patient records and/ or sub-optimal management of clinical conditions. We could not be assured that the way that records were written and managed kept patients safe.
- There were gaps in the staff immunisation programme and this was not implemented as per UK Health Security Agency (UKHSA) guidelines.
- There were gaps in pre-employment reference checks.
- There was insufficient quality monitoring of clinicians' performance.
- Some doctors had not received child safeguarding training level three.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The service actively sought and acted on feedback from patients to improve services.
- The service identified and learned from significant incidents and complaints.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition to the above, the practice **should**:

- Arrange child safeguarding training for all clinicians, at least to level three as is appropriate to their role.
- Improve the method of storing emergency medicines and ensure contents of emergency medicines boxes are clear in emergency situations.
- Arrange for information about interpreter services to be displayed in the premises.

Overall summary

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

Our inspection team

Our inspection team was led by a CQC lead inspector and included a CQC GP specialist adviser and two team inspectors.

Background to The Baltic Medical Centre

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 is on the ground floor of a four-storey building and has four consulting rooms, a laboratory and an ultrasound examination room. The service directly employs a practice manager, a sales and marketing manager, three nurses, three healthcare assistants and reception staff. A number of self-employed clinicians also work for the service on a contractual basis including a general internal medicine specialist, a paediatrician, a gynaecologist, a cardiologist, a physiotherapist and two sonographers. A psychologist was due to finish at the service at the time of our inspection and there were no plans to replace them. The Baltic Medical Centre is open from Monday to Saturday (except on bank holidays), with appointments available from 9am to 7pm. Appointments can be booked by telephoning the practice during opening hours and patients are able to register online.

The provider, Baltic Medical Centre Limited, undertakes regulated activities from two locations 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 registered manager, who was also the nominated individual (NI) of the service had been on extended leave from the service since October 2021 and the provider had appointed cover for these roles. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2009 and associated Regulations about how the service is run. 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. We received notification from the service on 3 May 2022 that they had submitted forms to the CQC on 2 May 2022 for the care and clinical director of BKR Care Consultancy to become the NI for the two services under the provider.

A comprehensive audit of the service had been completed by BKR Care Consultancy on 25 April 2022 and a detailed action plan with timeframes for completion of improvements had been put in place. The service was working towards the implementation of these improvements.

How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

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.

Requires Improvement

Are services safe?

We rated safe as Requires improvement because:

- We found gaps in the pre-employment reference checks for some staff members.
- We identified gaps in the staff immunisation programme and this was not implemented in line with UKHSA guidelines.

Safety systems and processes

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

- The service had a safeguarding policy that was available for staff to view on the shared drive. The service had not had any safeguarding referrals. It had a safeguarding log which it monitored. Staff members we spoke with knew how to identify and escalate potential safeguarding concerns. The majority of staff members had received safeguarding training appropriate to their role, but we found gaps where two clinicians employed on a consultancy basis had not received child safeguarding training to level three.
- 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 had systems in place to assure that an adult accompanying a child had parental authority.
- 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 carried out some staff checks at the time of employment, however, we found gaps in the pre-employment reference checks for some staff members. The service had identified this in its audit and action plan. It told us that it had a new policy in place for the checking of references and we observed some examples where referencing had been completed appropriately.
- We identified gaps in the staff immunisation programme and this was not implemented in line with UKHSA guidelines.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. We saw evidence of cleaning schedules.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

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.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They had received training in sepsis and knew how to identify and manage patients with severe infections.
- All staff had completed up to date basic life support training.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were checked regularly. The medicines were kept in three boxes in two locations and whilst each box had a list of its contents kept inside, the contents of the boxes differed and it was not immediately apparent where items were located for someone unfamiliar with the practice.

Requires Improvement

Are services safe?

- The service had a patient identification procedure in place and patients received a confirmation email when their appointment was booked to request that they bring identification when they attended for their appointment. Staff members recorded on the clinical records system when this identification had been checked. Where advice was provided online, the relevant doctor would check identification remotely.

Information to deliver safe care and treatment

Staff did not always have the information they needed to deliver safe care and treatment to patients.

- We identified issues with documentation in individual care records and sub-optimal management of clinical conditions. We could not be assured that the way that records were written and managed kept patients safe. The service told us that it had, before our site visit, put in place monthly clinical audits for clinical records to ensure consistency.
- There was a process in place for the sharing of information with staff and other agencies where permission had been provided by patients, to enable them to deliver safe care and treatment.
- There was a process in place to effectively manage test results.

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, emergency medicines and equipment minimised risks. We saw evidence that the refrigerator temperature was regularly monitored, albeit vaccinations were not kept on the premises.
- The service did not prescribe controlled drugs.
- The service had a medicines management policy in place and we saw evidence that it had completed two antibiotic prescribing audits, where it had identified learning and actions to be taken.

Track record on safety and incidents

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 learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. There was a significant events policy and form which was accessible to staff on the shared drive.
- There were adequate systems for reviewing and investigating when things went wrong and the service learned and shared lessons identified and themes, and took action to improve safety to the service. The service provided an example where it had put in place a process to double check that test results had been shared with patients following an incident. The service told us of improvements that had been made following investigation and analysis of

significant events in the last 12 months, including: the nurses and administrative team should not promise same day MRI scanning to patients as the external provider may not have availability; the nurses and administrative team should always ask patients to fast prior to abdominal/ liver MRI scanning or ultrasound or when a patient needed blood tests for complex medical conditions; and staff were to seek advice from a doctor if they were unsure about how to best manage a patient.

- Incidents were discussed at practice meetings and the minutes were emailed to staff.
- Staff we spoke with told us that they understood their duty to raise concerns and report incidents and near misses. The service was aware of the requirements of the duty of candour.
- The service had put in place a new process for receiving and acting on patient safety alerts and kept a log which documented the date the alert was received and actions to be taken. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Requires Improvement

Are services effective?

We rated effective as Requires improvement because:

- The service was unable to provide evidence that consultations of all doctors were undertaken in line with relevant national UK guidelines or had a documented rationale for the treatment provided where it did not follow national guidance.

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 did not always assess needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- We checked a number of patient records and found that there were issues with the completion of documentation in the records and the management of clinical conditions. In particular, we identified that the history of a patient's presenting complaint was not documented in detail in some of the clinical records we reviewed, lack of recorded management of conditions, lack of documented examination of conditions and advice provided. We could not be assured that the service delivered care in line with relevant and current standards and guidance in all cases.
- We saw evidence in one case where prescribing of an antibiotic was not in line with national prescribing guidelines.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff signposted patients to relevant services and advised them what to do if their condition worsened.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service completed quality improvement activities such as clinical audits, including two audits looking at antibiotic prescribing, we also saw audits looking at infection control, clinical record keeping, coil removal and fitting complication and infection rate, high risk medication, cervical screening, blood taking and clinical review of management of children with food allergy. Audits were discussed in clinical meetings. The service told us that it had put in place new audits which would be overseen by the nominated individual.

Effective staffing

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

- 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.
- We identified gaps in the safeguarding training records of two clinical members of staff, where they had child safeguarding training to level two. The service informed us that these two members of staff did not see child patients. All clinicians had adult safeguarding training to level three.
- We identified gaps in the staff immunisation programme and this was not implemented as per UKHSA guidelines.
- We identified gaps in historic pre-employment reference checks for staff. The service informed us that it had a new policy in relation to the checking of references. We observed some examples where referencing had been completed appropriately.

Requires Improvement

Are services effective?

- The service had completed annual appraisals with staff members and mandatory training had been completed. Staff members told us that they were not always given protected time to complete this training.

Coordinating patient care and information sharing

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

- 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 service told us that information was shared with patients' NHS GPs if consent was provided.
- Clinicians made referrals to other specialists where appropriate.
- The service used electronic prescriptions which were issued through its clinical records system and patients were given a code to collect their prescription at a pharmacy.

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.

- 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.

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 about their care and treatment.

Good

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. The service sent feedback surveys in four different languages, English, Russian, Lithuanian and Romanian, usually the native language of a patient, after each consultation and every few months. Feedback forms were available at the reception on the premises. Text messages were sent to patients at random to request feedback every six months. The service analysed feedback and shared this with staff. The service last completed a survey in February 2022 and responded to feedback by implementing customer service training for reception staff, looking at wait times and looking at how best to involve both parents in the care of children. The service also completed customer service audits where telephone calls were monitored. The service had seen an increase in its online rating.
- Staff understood patients' personal, cultural, social and religious needs. The service had a cultural and religious policy for staff to refer to. The service 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, however this was not openly advertised on the premises. The service primarily saw patients who came from Eastern Europe and staff members spoke multiple languages and frequently assisted in translating for patients when required.
- The service's website was available in other languages.

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.

Good

Are services responsive to people's needs?

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.
- 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. The service had recently put in place a cultural and religious policy for staff and patients.
- The service's website provided details of clinicians, however this was not completely up to date. It also detailed the services and procedures available and fees.

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 was open from Monday to Saturday, with appointments available from 9am to 7pm.
- Patients were directed to use NHS 111 or call 999 out of hours if appropriate and this information was clearly stated on the service's website.
- The appointments system was easy to use. Patients could make appointments by telephone or email via the service's website and could request to see a specific clinician.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

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.

- The service had a complaints policy in place and told us that it took complaints very seriously. Information about how to make a complaint or raise concerns was available on the premises. Staff treated patients who made complaints compassionately.
- The service had received seven complaints in the last 12 months. The service had learned lessons from individual concerns, complaints and from analysis of trends. It had acted as a result to improve the service. The service gave an example of a complaint received where a patient had been unhappy about leaving their buggy outside of the premises when attending with their child. The service reviewed the complaint and provided training to reception to give a more detailed explanation to patients about the health and safety need for this policy and had subsequently also made space for one buggy on the premises.

Requires Improvement

Are services well-led?

We rated well-led as Requires improvement because:

- There was a lack of good governance in some areas. The service had undertaken an audit and had identified areas for improvement. A detailed action plan had been put in place and structures, processes and systems were being developed to support good governance and management.

Leadership capacity and capability;

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

- The service had undertaken a recent audit and had set out actions that needed to be taken to understand and address issues and priorities. The service understood the challenges and had a plan in place to address them.
- The service had not informed us that its registered manager, who was also the nominated individual of the service, had been absent from the service since October 2021, as required under the Care Quality Commission (Registration) Regulations 2009, Regulation 14.
- Prior to this inspection, the service had secured support from a care consultancy to assist with the future quality of services and had appointed a nominated individual from this 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 which supported person-centred care. The service told us that it would like to provide safe, effective and speedy access to services and be experts in the field.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The action plan recently completed by the service identified areas to more effectively monitor progress against the delivery of strategy.

Culture

The service had a culture of high-quality sustainable care, however improvements could be made.

- 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, as a response to feedback, the service had ensured clearer communication with patients prior to their appointments, better liaison with doctors, improvement in the website and pricelist, improvement in customer service, better communication between management and staff and ongoing policy reviews.
- There were processes for providing all staff with the development they need. This included discussions in annual appraisals. Staff were supported to meet the requirements of professional validation where necessary. Clinical staff, including nurses, were considered valuable members of the team.
- There were positive relationships between staff and teams.
- There were ineffective processes to maintain accurate and complete clinical records in respect of each patient. This included a record of the history of the presenting condition, treatment provided and decisions taken in relation management of the patient's condition.

Requires Improvement

Are services well-led?

- Staff were clear on their roles and accountabilities.

Governance arrangements

There was a lack of good governance in some areas and improvements were required.

- The service had completed an audit and action plan (25 April 2022) which identified areas for improvement. Structures, processes and systems were being developed to support governance and management.
- Staff were clear on their roles and accountabilities.
- Policies had been developed or were in the process of being developed following the recent audit and action plan.
- There were ineffective systems or processes in place to ensure that documentation and management of patients was being completed appropriately.
- The service had a clinical system to store patients' medical records securely and maintain privacy of confidential information.

Managing risks, issues and performance

There were some processes in place for managing risks, issues and performance. However, improvements were required.

- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The service had completed a recent audit, had identified areas for improvement and had set timelines for completing actions.
- There was insufficient quality monitoring of doctors' performance. The service had identified in its recent action plan that bi-monthly clinical supervisions were to be implemented which had commenced in May 2022. A supervision and appraisal policy had been introduced in May 2022.
- Service leaders had oversight of safety alerts, incidents and complaints. Staff understood their responsibility to raise concerns and report incidents and spoke confidently about how they would do this.
- The service had a formal documented business continuity plan in place. Following our site visit, the service had provided us with evidence that a document listing the contact details of suppliers existed, which was available for staff to access on the shared drive.
- The service completed audits and its recent action plan identified improvements that would be actioned, for example, that actions from audits would be collated and that audits were to be scored and description of the score provided.

Appropriate and accurate information

The service acted on appropriate and accurate information. However, improvements were required.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients. The service had recently completed a comprehensive audit and had put in place timelines to ensure that performance was improved.
- The service did not always have effective processes to ensure that pre-employment reference checks were completed appropriately and that the staff immunisation programme was implemented as per UKHSA guidelines. The service had identified in its recent audit that a recruitment file audit should be completed and told us that it had put in place a new policy in relation to the checking of pre-employment references. The audit had an outstanding action for staff immunisation records to be reviewed

Requires Improvement

Are services well-led?

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. The service sought feedback from patients after each consultation and every six months.
- Staff told us about the systems in place to give feedback. Staff had opportunities to raise concerns and were confident that matters raised would be dealt with appropriately.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. However, some improvements were required, such as for all clinicians to undertaken child safeguarding training to the appropriate level.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

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 Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The registered person had failed to ensure there were effective systems and processes in plan to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. In particular, we found: • There were ineffective systems or processes in place to ensure that documentation and/ or management of patients was being completed appropriately. This was in breach of Regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** Processes and procedures to keep patients safe were not always effective. In particular, we found: • The staff immunisation programme was not implemented as per Public Health England (PHE) guidelines. • There were gaps in historic pre-employment reference checks for staff.

This section is primarily information for the provider

Requirement notices

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.