

Messina Clinic Limited

Inspection report

8-9 Lovat Lane
London
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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		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 Messina Clinic Limited on 11-12 July 2022. This was part of our 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. We inspected the service again on 18 June 2019 and had rated the service as Good in all five of our key lines of enquiries (safe, effective, caring, responsive and well-led). The service had not been inspected since it changed location on 12 August 2020.

Messina Clinic Limited is an independent healthcare practice which provides general medicine services primarily to the Brazilian and Hispanic community with 90% of their patients from Brazilian and Hispanic backgrounds, though it also sees patients who do not fall under this demographic. All staff members speak English and Portuguese, with most speaking Spanish as well. The service is based in the City of London.

The 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) Regulation 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.

Our key findings were:

- The service did not have all the required emergency medicines during the inspection with no risk assessment for their omission. Although they had ordered the medicine immediately after the inspection and showed us evidence it had arrived the following day, this had only taken place after we had inspected them (see full details of the action we asked the provider to take in the Requirement Notice at the end of this report).

Overall summary

- The service had appropriate policies in place to deal with safeguarding incidents, significant events and possible disruption to the service.
- Environmental risk assessments had been completed in the clinic to keep patients safe. Risk assessments were overdue in the administrative office, which was leased in another building, although we saw evidence of communication from the service to have these risk assessments carried out.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured treatment was delivered according to evidence-based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We found a breach of regulation. The provider **must**:

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

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

- Ensure environmental risk assessments are carried out in their administrative office.

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. The team included a CQC GP specialist adviser.

Background to Messina Clinic Limited

Messina Clinic Limited is an independent provider of medical services primarily to the Brazilian and Hispanic community from its location at 8-9 Lovat Lane, London EC3R 8DW. The service also has an administrative office a two-minute walk from the clinic's location at 43-45 Eastcheap, London EC3M 1AE. We visited both locations as part of the inspection.

Messina Clinic Limited had seen a growth in patient demand and had therefore recruited more clinical and non-clinical staff. They had moved into a larger location in August 2020 to accommodate the higher volume of staff and patients. The service had continued to grow and therefore moved their administrative office into a separate building in November 2021 and converted their previous administrative office into a consultation room.

The service provides general practice and cosmetic treatments which are available to any fee-paying patient. The service sees both children and adults. There are approximately 12,000 patients currently registered within the service. The service sees approximately 500 patients per month. Some patients are registered with an NHS GP.

The service consists of seven doctors, one nurse, one healthcare assistant, one service manager, a Human Resources consultant and administrative/receptionist staff.

The service is open from 9am until 6pm on Mondays to Fridays and 9am to 1pm on Saturdays. All services are provided at the Lovat Lane clinic and telephone and online consultations are also available.

The service is located on the lower ground floor of a leased building which is wheelchair accessible by lift. Monument Station is located less than 200 metres away from the clinic.

The service website address is:

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

How we inspected this service

We gathered and reviewed pre-inspection information before inspecting the service. We spoke with the registered manager, a nurse and members of the administrative team remotely the day before the inspection. On the day of the inspection, we reviewed patient records and spoke with a doctor. We reviewed a wide range of documentary evidence including patient records, policies, written protocols and guidelines, recruitment, induction and training records, significant event analyses and patient feedback. We had also carried out infection prevention and control checks, medication checks and premises and equipment checks on the day of the inspection.

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?

We rated safe as Requires Improvement because:

- The service did not have all the required emergency medicines during the inspection with no risk assessment for their omission. Although they had ordered the medicine immediately after the inspection and showed us evidence it had arrived the following day, this had only taken place after we had inspected them (see full details of the action we asked the provider to take in the Requirement Notice at the end of this report).
- The service were able to keep patients safe from safeguarding and environmental risks.
- The service demonstrated they had the information needed to deliver safe care and treatment to patients.
- The service had a good safety record and were able to make improvements to the quality of care and safety of patients when things went wrong.

Safety systems and processes

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

- The service conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and reformed by a HR consultant with the assistance of the registered manager and practice manager. It clearly outlined who to approach for further guidance. We had sight of the services induction programme and refresher training and were satisfied staff received appropriate safety information from the service.
- The service had systems to safeguard children and vulnerable adults from abuse. Staff members we spoke with demonstrated a good understanding of what constituted a safeguarding concern and what actions to take if a safeguarding incident were to occur. Their understanding was in line with their own safeguarding policy and was embedded into their safeguarding training. Staff members we spoke with were able to identify the safeguarding lead.
- The service had systems in place to assure an adult accompanying a child had parental authority and made sure staff completed identity checks when registering new patients.
- 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.
- We looked at a sample of staff records and saw evidence they completed staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. 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. It was the service's policy to ensure all staff members had DBS checks performed. Clinical and non-clinical staff had appropriate references checked prior to employment and completed the required training relevant to their role.
- The service had a chaperone policy. Receptionists who acted as chaperones were trained for the role and had received a DBS check. They ensured administrative staff whose role was not primarily patient-facing, also received the training in the instance they had to cover reception staff in the clinic.
- There was an effective system to manage Infection Prevention and Control (IPC). The service carried out monthly IPC audits. The practice had acted on any issues identified. For instance, in their May 2022 audit, they had noticed handwashing instructions in patient toilets were damaged so had these replaced. The service also completed an IPC risk assessment (last performed on 10 February 2022) which included identifying and managing potential infection vectors such as airborne and bloodborne infections. The IPC policy had been enhanced and updated to reflect the ongoing COVID-19 pandemic.
- The service had performed an up-to-date legionella risk assessment and the recommended actions had been completed in both the clinic and administrative office.

Are services safe?

- The service ensured appropriate environmental risk assessments were completed for the building in which the clinic was located. Appropriate and up-to-date fire risk assessments and health and safety risk assessments were completed in the clinic. However, they had not been completed since November 2020 in the building where they had their administrative office although we saw evidence the service had been in communication with the landlord to have these risk assessments carried out.
- The service ensured facilities and equipment were safe, and equipment was maintained according to manufacturers' instructions. We saw evidence there were systems for safely managing healthcare waste.
- The service was up to date with their Portable Appliance Testing (PAT) and calibration of equipment.

Risks to patients

The service did not have all the systems to assess, monitor and manage risks to patient safety.

- We saw staff rotas were reviewed by the management team to ensure there was arrangements for planning and monitoring the number and mix of staff required.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Clinical and non-clinical staff we spoke with knew how to identify and manage patients with severe infections, for example sepsis. We saw the service had discussed, in governance meetings, the importance of early recognition of patients suffering from sepsis. There was an appropriate and unified system in place to deal with patients who required urgent medical attention and staff were able to immediately alert clinical staff when necessary. All staff members had Basic Life Support (BSL) training.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- There was suitable equipment to deal with medical emergencies which were stored appropriately and checked regularly. This included a defibrillator and oxygen. However, they did not have some of the emergency medicines recommended in national guidance and there were no appropriate risk assessments to justify the absence of the medicines. They did not stock Benzylpenicillin (an antibiotic used to treat infections caused by susceptible bacteria), Glucagon (medicine used to treat hypoglycemia), Glyceryl trinitrate (GTN) spray (medicine used to treat chest pain) and Midazolam (medicine used to treat epileptic fits). However, the service showed us evidence (order acknowledgment document) they had ordered the missing emergency medication immediately after the inspection. We saw the medicines had arrived the following day as they sent us photographic evidence.

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 reviewed showed information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- We saw evidence clinicians worked closely with patient's GP to ensure they had the necessary information to deliver safe care and treatment, especially for those suffering from long-term conditions. The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event they ceased trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance such as guidance issues by National Institute for Healthcare and Excellence (NICE).

Safe and appropriate use of medicines

Are services safe?

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

- The systems and arrangements for managing medicines, controlled drugs, emergency medicines and equipment minimised risks. The service used an electronic prescription system which was monitored appropriately.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). They do prescribe schedule 4 and 5 controlled drugs.
- 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 and expiry dates. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols 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. However, fire safety and health and safety risk assessments had not been completed since November 2020 in the premises where their administrative office was based. We saw evidence the provider had been communicating with the landlord to complete these risk assessments.
- 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.
- Safety alerts, such as those received from Medicines and Healthcare products Regulatory Agency (MHRA), were reviewed by clinicians and actioned appropriately. We saw evidence they had been discussed in governance meetings.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- The service had a policy on significant events which outlined how to record and investigate serious incidents. They had recently updated this in April 2022 to ensure staff remained aware of the importance of the process. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- We saw three significant events recorded in the past 12 months. We were satisfied the service had appropriately recorded and investigated each incident. Each event had also been followed up with appropriate actions with affected people given reasonable support, truthful information and a written apology.
- For example, an incident had occurred where a healthcare assistant, on their way to the clinic, had noticed a sample that belonged to the clinic outside the premises. The healthcare assistant had alerted the practice manager who had logged a significant event. Investigation found the courier who had picked up the sample from the clinic had dropped the sample before placing it into his vehicle. The patient received a verbal apology and was brought back to give another blood sample (free of charge). The incident had been discussed in clinical meetings and the service decided to make an improvement in the way samples were collected; all patient samples were now double-bagged and double-sealed with a signed logbook for couriers to sign.
- The service learnt and shared lessons from significant events. They identified themes and took action to improve safety in the service to avoid repeated incidents.

Are services safe?

- The service was aware of and complied with the requirements of the Duty of Candour. The service encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The service acted on and learnt from external safety events as well as patient and medicine safety alerts. Safety alerts were reviewed by clinicians and actioned appropriately. We saw evidence they had been discussed in governance meetings.

Are services effective?

We rated effective as Good because:

- The provider had appointed a clinical lead who had good oversight to ensure there were systems in place to keep clinicians up to date with current evidenced-based practice.
- The service was actively involved in quality improvement activity. This included audits into the safe usage and management of medicines and the quality of medical record keeping.
- We were assured clinicians and non-clinicians had the skills, knowledge and experience to carry out their roles.
- We were assured staff worked well with other organisations, with the consent of patients, to deliver effective care and treatment.
- We were assured staff supported patients to lead healthier lives.

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 service 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.
- Consultations were at least 30 minutes long, so patient's immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. The clinicians we spoke with explained the importance of fully assessing a patient to understand their needs.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients as most patients returned to the clinic for follow-ups.
- Staff assessed and managed patients' pain where appropriate.
- The service used Medesk to manage patient records. All referral letters and clinic letters were scanned onto the patient's notes.

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 made quality improvements using two-cycle audits. The service had carried out many quality improvement audits over the past two years which had a positive impact on quality of care and outcomes for patients.
- For example, the service carried out a review of the use antibiotic drugs to treat patients with a sore throat. In the first audit (dated 1 March 2020), analysis of patient records showed most patients who came in for a sore throat were treated with antibiotics. In the second audit (dated 12 July 2021), patients were prescribed an anti-inflammatory (unless symptoms were severe) and had follow-up appointments within fifteen days and symptoms had disappeared. Therefore, unless there was clear evidence of severe symptoms, the service treated patients with sore throat without prescription of antibiotics.
- The service continued to carry out audits. For instance, they were in the process of completing a second cycle audit into the use of oestrogen-only medicines for female patients going through the menopause.
- In November 2021, the provider appointed one of the doctors as a clinical leader to ensure they provide consistent care and follow the same guidelines and protocols.

Are services effective?

- The service completed a quality improvement programme to improve their medical record keeping. A general audit found there was variation in the way medical records were written within the service. They had therefore implemented changes by following national guidelines provided by the General Medical Council (GMC) to standardise the way medical records were kept. They had also implemented a new medical record keeping system (Medesk). All clinicians at the service had since followed a standardised process for writing medical records.

Effective staffing

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

- All staff were appropriately qualified. The provider showed us evidence of an induction programme for all newly appointed staff. Also, we looked at a sample of clinical and non-clinical training records and were satisfied they had received the appropriate training.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained and recorded on staff files. Staff were encouraged and given opportunities to develop.
- Staff whose role included reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.
- We saw evidence staff had received role-specific training and relevant updates including mental health awareness, diabetes awareness, medicine management and safeguarding.
- Governance meetings took place every two weeks where clinical and non-clinical training was often implemented.
- Non-clinical staff were appropriately supervised and trained. We saw they had appraisals in their first few months to identify any learning and development needs.

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 patients' NHS GP and secondary care where appropriate.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. The service monitored the process for seeking consent appropriately.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services and usually the patient's NHS GP.
- 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. There were clear and effective arrangements for following up on people who had been referred to other services.

Supporting patients to live healthier lives

Are services effective?

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

- Where appropriate, staff gave patients advice so they could self-care.
- The service had a strong focus on preventing diseases and illnesses. They supported patients to lead healthier lives and prevent cardiovascular disease and diabetes.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate 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. Consent was noted on their clinical record system.
- The service had a documented process for sharing information with a patients' NHS GP 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 patients' mental capacity to make a decision. Doctors demonstrated an 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?

We rated caring as Good because:

Patients were treated with respect. Staff were kind, caring and involved patients in decisions about their care.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on customer service and quality of clinical care patients received. The service called patients on a weekly basis and noted down if patient feedback was positive or negative. They acted, if necessary, to resolve negative feedback and made follow-up calls to patients who had responded negatively. The service kept a log of all feedback and tried to call as many patients as they could. We saw, for example, they made 34 calls to patients on 22 April 2022.
- Feedback from patients was positive about the quality of clinical care and the way staff treated them.
- The service predominately catered for patients from a Brazilian or Hispanic background. They understood patients' personal, cultural, social and religious needs and had a strong emphasis on providing patients with care similar to what they received in their native country.
- The service gave patients timely support and information and displayed an understanding and non-judgemental attitude to all patients

Involvement in decisions about care and treatment

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

- Staff members were bilingual, and some spoke a variety of languages to be able to communicate with their patient demographic. We saw notices in the reception areas in languages other than English. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- The service offered consultations for 30 minutes (they were able to increase the length of the consultation upon patient request) and we saw evidence from patient feedback they felt listened to and supported by staff.
- 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 and ensured staff members had experience in customer service before recruiting them.
- Staff knew if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room.
- The service would accept the wish of a patient if they wanted to see a male or female doctor.
- Consultation rooms were conducted behind closed doors, where conversations could not be overheard. Staff understood the importance of keeping information confidential in line with General Data Protection Regulation (GDPR) rules and had completed training on GDPR and Information Governance.

Are services responsive to people's needs?

We rated responsive as Good because:

Services were accessible and tailored to meet the needs of individual patients.

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 service had a practice population that largely consisted of those from a Brazilian and Hispanic background, and tailored serviced around their needs.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so people in vulnerable circumstances could access and use services on an equal basis to others. The premises were suitable for wheelchair-using patients as the service had ramps, lifts and a disabled toilet. However, we noted they did not have a hearing loop to assist patients with hearing difficulties. They told us they had not had any patients with hearing difficulties but acknowledged the importance of having a hearing loop and had therefore ordered one immediately after the inspection (and had shown photographic evidence).

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, test results, 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 the appointment system was easy to use. Patients were able to book appointments online, on the telephone or by walking into the clinic.
- The practice was open 9am-6pm Mondays to Fridays and open on Saturdays 9am-1pm.
- We had looked at a sample of patient records and saw referrals and transfers to other services were undertaken in a timely way.

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 in different languages.
- The service had received six complaints in the past 12 months. We reviewed their complaints log and saw evidence each complaint was dealt with in a timely and compassionate manner.
- The service investigated each matter, completed the relevant actions and checked if the patient was satisfied with their action and response. All complaints were discussed during staff meetings and acted on as a result to improve the quality of care. For instance, a patient had complained they could not locate the clinic. They acknowledged the complaint and apologised to the patient for their difficulty in locating the clinic. They had also added clear signs outside the premises and guidance on the service website to assist patients who may find it difficult to locate the clinic in the future.

Are services responsive to people's needs?

- The service had a complaint policy and procedures in place. This was embedded into the staff handbook. Staff members we spoke to demonstrated a good understanding of their complaint policy and procedures.

Are services well-led?

We rated well-led as Good because:

- The leadership, governance and culture at the service were used to drive and improve the delivery of high-quality person-centred care to their patient demographic.
- There was compassionate and inclusive leadership at all levels with staff reporting that leaders were visible and approachable.
- The service involved patients to support high-quality sustainable services.
- We saw evidence of systems and processes for learning, continuous improvement and innovation.

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. Leaders recognised patient demand was expanding and had therefore moved to another location to accommodate more consultation rooms and staff. They recognised there was difficulty in recruiting Portuguese speaking doctors. The service told us there were many doctors abroad who wanted to work for Messina Clinic Limited but needed to be validated by the General Medical Council (GMC). The service had grown in the past few years and recognised they may need to recruit more clinicians if demand continued to grow. They had, however, managed to recruit more doctors in the past few years and retain clinical staff.
- They had also recognised there was difficulty in retaining administrative and reception staff who were difficult to recruit. This had been recognised by management who were in discussions with a Human Resources consultant to offer a better package and increased benefits/perks to retain staff.
- The Registered Manager, clinicians and other members of management 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.

- Messina Clinic Limited aimed to promote the well-being and total rehabilitation of patients seeking personalised clinical care. There was a clear vision and set of values which all staff members were involved in. We saw the service had a realistic strategy and supporting business plans to achieve growth and maintain quality of care and treatment.
- 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 their patient demographic and ensured staff members spoke Portuguese in order to effectively communicate with patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

Are services well-led?

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. All complaints were dealt with in a timely and compassionate manner and all types of suggestions from patients were taken on board. For instance, patients complained there were no tea or coffee facilities in the waiting room; the service therefore had added tea and coffee facilities which were visible during the site visit.
- Staff told us they could raise concerns and were encouraged to do so. Administrative and reception staff we spoke with had confidence that management would address any concerns raised.
- There were processes for providing staff with the development they needed. This included appraisal and career development conversations. We saw evidence staff received regular annual appraisals which were recorded electronically. 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 staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. We saw staff had received equality and diversity training and felt they were treated equally.

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. There was, for example, a clinical lead, safeguarding lead and complaints lead. Those who we spoke with were able to identify lead roles within the service and who to approach in their absence.
- Leaders had established appropriate policies, procedures and activities to ensure safety and assured themselves they were operating as intended. Leaders worked with a Human Resources consultant who amalgamated and updated company policies and procedures into a staff handbook. The staff handbook was easily accessible and embedded into staff induction programmes.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- We observed some of the emergency medicines were not in stock on the day of the site visit. However, the service showed us evidence they had ordered the missing emergency medicine immediately after the inspection which had arrived the following day.
- They ensured environmental risk assessments were up to date in their clinic. These risk assessments were overdue in their administrative office (which was in a separate building two minutes away from the clinic), but we saw they had been requesting for this to be carried out by the landlord.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.

Are services well-led?

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had a business continuity plan last updated in February 2022. It had suitable arrangements in place for internet connectivity issues, transport and logistic issues, absences and national lockdowns. Staff members we spoke to had been trained for major incidents and were aware of the contents of the business continuity plan.
- Quality and sustainability were discussed in meetings where all staff had sufficient access to information.

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.
- Governance meetings were held every two weeks whereby quality, sustainability and improvement were discussed. The service held other forms of regular meetings and 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.
- The service submitted data or notifications to external organisations as required.
- 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.
- There were systems to support improvement and innovation work. Leaders encouraged clinical audits and other forms of improvement.
- One of the clinicians was recently voted the best Brazilian Doctor in Europe for her contribution to the South American community; this was presented by the Brazilian embassy.
- Leaders were aware those with financial difficulties could not readily access private medical services. Therefore, the service had meetings in place with the Brazilian ambassador in hope they can obtain financial assistance to help patients access the service.
- The service created its own patient feedback exercise. They called patients on a weekly basis to gather feedback and made a note of any improvements required. Staff were aware of this system in place and the responsibilities of those involved. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.
- The service was transparent, collaborative and open with stakeholders about performance.
- Clinicians at the service engaged with the community in the form of educational lectures and attendance at UK radio stations which reached out to Brazilian listeners.

Continuous improvement and innovation

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

Are services well-led?

- There was a focus on continuous learning and improvement. This had been evident by the audits completed by the service.
- The service made use of internal and external reviews of incidents and complaints. We saw appropriate actioning and learning used to make further 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. Leaders encouraged clinical audits and other forms of improvement.
- One of the clinicians was voted the best doctor by the Brazilian Global Awards for their contribution to the South American community. This was presented at the Kensington Palace in London by High Profile Magazine on 30 October 2021.
- Leaders were aware those with financial difficulties could not readily access private medical services. Therefore, the service had started contact and will have meetings with the Brazilian and South American Consulate in hope they can obtain financial assistance to help patients access the service.

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
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The following emergency medicines were not available and there was no risk assessment for their omission:</p> <ul style="list-style-type: none">• Benzylpenicillin (an antibiotic used to treat infections caused by susceptible bacteria)• Glucagon (medicine used to treat hypoglycemia)• Glyceryl trinitrate (GTN) spray (medicine used to treat chest pain)• Midazolam (medicine used to treat epileptic fits).• <p>This was rectified the day after the inspection.</p>