

The Baltic Medical Centre

Inspection report

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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?	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.

We carried out an announced comprehensive inspection at The Baltic Medical Centre on 3 July 2023. We previously carried out an inspection at the service on 9 May 2022 where concerns and breaches of regulations were identified. This inspection was carried out to check whether the service has addressed concerns and breaches of regulations. Previous inspection reports can be found by selecting the 'all reports' link for The Baltic Medical Centre on our website www.cqc.org.uk.

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

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 were effective arrangements to keep people safe and safeguarded from abuse and harm.
- Systems were in place for patients' clinical needs assessment, care and prescribing in line with evidence-based guidance.
- The service had systems to identify and learn from significant incidents.
- The appropriateness of clinical care and treatment was reviewed effectively, including through clinical peer review and quality improvement activity.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs.
- There was a positive working culture and effective leadership and governance arrangements were in place.

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Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

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

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 and Central 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 managing director, a sales and marketing manager, three nurses, four 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 gynaecologist, three GP's and two sonographers.

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 was also the nominated individual (NI) of 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 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.

How we inspected this service

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.

This included:

- Completing clinical searches on the practice's patient records system and discussing findings with the provider.
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A site visit.

To get to the heart of patients' experiences of care and treatment, we asked the following questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- 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 good.

At our previous 9 May 2022 inspection, we rated safe as requires improvement due to concerns regarding storage of emergency medicines and staff pre-employment checks and some patient records identified sub-optimal clinical management. At this inspection 3 June 2023, we found the service had improved and remedied all our previous concerns.

Safety systems and processes

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

- The provider conducted safety risk assessments such as for fire safety and legionella to ensure water safety. Actions were undertaken to manage safety issues in line with risk including water testing and fire system and equipment maintenance.
- The provider had appropriate health and safety policies and procedures including for reporting accidents and incidents, which were reviewed and communicated to staff.
- The service had systems to safeguard children and vulnerable adults from abuse and the providers IT system had an alert facility to alert staff to vulnerable patients.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service had arrangements in place to work with other agencies to support patients and protect them from neglect and abuse.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken 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.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- 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. Infection control audits were undertaken, and related actions undertaken including improving floor polishing and replacing a clinical waste bin.
- The service premises and equipment were clean and tidy and cleaning schedules were implemented and checked.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, such as electrical equipment safety testing and calibration of clinical equipment.
- 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 including for temporary staff if needed. We saw that staff worked across the provider's two location sites to cover each other, if necessary.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- 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 were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

Are services safe?

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The 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 for in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- The service did not prescribe controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence) except for very limited occasions where schedule 4 or 5 controlled drugs were prescribed in line with the service prescribing policy, which we found was appropriate.

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 emergency medicines and equipment minimised risks.
- No vaccines were administered.
- No controlled drugs were held on site except one drug that was required for the event for the event of an emergency, which was appropriate.
- No prescription stationery was kept. Individual prescriptions were generated within the provider's patient IT portal, signed by the prescribing doctor and stamped. These arrangements ensured prescriptions security and allowed prescribing to be monitored.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed 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.

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. Leaders and managers supported them when they did so.
- The service had an effective mechanism in place to disseminate alerts to all members of the team including temporary staff.
- There were adequate systems for reviewing and investigating when things went wrong.

Are services safe?

- Staff identified incidents and themes and took action to improve safety. We saw the service contacted patients promptly and apologised (where appropriate), and that learning was shared during clinical and wider staff meetings. For example, after a patient with symptoms that indicated they should have attended hospital decided to attend the service. Staff took action to ensure the patient was safe but the ambulance was significantly delayed due to the patient being in a clinical setting. The service ensured the patients received suitable care until the ambulance arrived and no harm came to the patient. Staff met to discuss the event and found it was well managed; however, it was decided the procedure would be reviewed and improved in line with National Early Warning Score (NEWS) best practice guidelines. (NEWS is a tool developed by the Royal College of Physicians which improves the detection and response to clinical deterioration in adult patients and is a key element of patient safety and improving patient outcomes).
- The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

We rated effective as good.

At our previous inspection on 9 May 2022, we rated effective as requires improvement because there was insufficient quality monitoring of clinicians' performance and documentation of rationale for treatment was not in line with relevant national UK guidelines. There were gaps in staff pre-employment reference immunity checks in line with Public Health England (PHE) guidelines. At this 3 June 2023 inspection, the provider had remedied all our previous concerns.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice.

- We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).
- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards; for example, National Institute for Health and Care Excellence (NICE) best practice guidelines for antibiotics prescribing.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Repeat prescribing was limited to one-off prescribing by a specialist clinician. The service encouraged patients to see their own GP for ongoing care and treatment, such as for long term conditions. The service had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP.
- The service held patients' information on its IT systems and ensured appropriate continuity of care. For example, by referring a patient to their own GP or secondary care if needed and ensuring this process was monitored and seen through.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements such as through audits.
- Audits of prescribing of high-risk medicines and antibiotics were undertaken and repeated on rolling basis.
- There was clear evidence of action to resolve concerns and improve quality.
- Audit findings were discussed in clinical meetings and with individual clinicians where necessary. For example, as a result of audit findings we saw evidence of clinical meeting discussions regarding best practice antibiotics prescribing.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant medical professionals 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.

Are services effective?

- Up to date records of skills, qualifications and training were maintained and staff were encouraged and given opportunities to develop.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Arrangements were in place for following up on patient's blood test results and referrals to other services. The clinical lead doctor had oversight of test results and referrals and made checks twice per week to ensure they were acted on in line with urgency and clinical need.
- 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.
- Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for people in vulnerable circumstances was managed promptly and appropriately, and we saw an example the provider involved the police appropriately.
- We saw evidence the provider coordinated care and treatment with other services as and where needed.
- Patient information was shared appropriately, including when patients moved to other professional services.
- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

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.
- Consultations included elements of health promotion relating to individual patients including social history and/ or risk factors such as smoking.
- Where patients' need 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. Where appropriate, systems were in place for staff to assess and record a patient's mental capacity to make a decision.

Are services caring?

We rated caring as good.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of customer care and clinical care patients received. Patient satisfaction surveys were sent to individual patients after their consultation. This feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.
- We observed that staff treated patients with kindness, respect and compassion.

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 and patients were informed this service was available.
- Staff communicated with people in a way that they could understand.
- Staff told us a high proportion of the patient cohort spoke English as a second language, and those languages were predominantly reflected in languages spoken by the staff team; such as Lithuanian, Russian and Polish.
- Systems were in place to consider patients with learning disabilities or complex social needs to ensure family, carers or social workers were appropriately involved.
- Communication aids such as a hearing loop and information leaflets regarding clinical procedures were available to help patients be involved in decisions about their care.

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.
- Curtains were provided in the consulting room to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation room doors were closed during consultations and conversations could not be overheard.
- Patient information was stored securely, and staff had completed General Data Protection Regulation (GDPR) training.

Are services responsive to people's needs?

We rated responsive as good.

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 onsite facilities to allow a range of diagnostic and treatment procedures to be undertaken and had invested in specialist equipment appropriate to the services provided.
- The facilities and premises were appropriate for the services delivered including a wheelchair accessible toilet, and breastfeeding and baby changing facilities were available.
- 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 and information about interpreter services was displayed in the premises.

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.
- Referrals and transfers to other services were undertaken in a timely way including to secondary care.

Listening and learning from concerns and complaints

- Information about how to make a complaint or raise concerns was available.
- Systems to receive, investigate and manage complaints were effective and staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place that included an escalation stage in case a patient may remain dissatisfied.
- The service learned lessons from individual concerns, complaints and from analysis of trends from information across both the provider's locations. It acted as a result to improve the quality of care. For example, after a patient that had commenced a treatment that was initiated by another doctor in a different service, and would usually be completed by the same doctor. The patient requested the Baltic Medical Centre complete their treatment for the final step that was low risk and a minor oversight occurred. There was no harm to the patient. The provider apologised, undertook a full investigation that was shared with staff and offered a resolution that the patient accepted. The provider improved its policy to prevent recurrence by signposting patients to the doctor that originally initiated the treatment as the patient's first port of call.

Are services well-led?

We rated well-led as good.

At our previous inspection 9 May 2022, we rated well-led as requires improvement because there was a lack of good governance in some areas, the provider had put an action plan in place. At this inspection 3 June 2023, we found the service had implemented its action plan effectively because improvements were consistently made and were embedded. The provider had also implemented systems and processes to maintain standards of quality and safety.

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

- Leaders and managers had successfully addressed all concerns we identified at our previous inspection and systems were in place to ensure appropriate leadership oversight. For example, clinical leadership and oversight of clinical care.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and had addressed them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

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

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations and staff received regular annual appraisals in the last year.
- Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.

Are services well-led?

- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

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

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.
- 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.
- Systems and processes for staff recruitment checks and ongoing training had been strengthened since our previous inspection, and were sustainable.
- 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 plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

Are services well-led?

The service involved did not involve patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from patients through surveys feedback and staff such as through staff meetings and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback such as one to one meetings, appraisal meetings and clinical and non-clinical staff meetings.
- The provider responded to staff feedback; for example, by improving electronic prescribing to allow prescriptions to be sent directly to a pharmacist for the patient to collect in the event of a remote consultation.
- The service was transparent, collaborative and open with stakeholders 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.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.