

Klinika Limited

Palmers Green Clinic

Inspection report

265 Green Lanes
London
N13 4XE
Tel: 020 7998 3252
Website: www.klinika.co.uk

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Overall summary

We carried out an announced comprehensive inspection on 28 March 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?.

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The Palmers Green Clinic provides a private general practice to the East European communities from countries including Russia, Lithuanian and Bulgaria.

The company director of Klinika 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.

Twenty nine people provided positive feedback about the service.

Our key findings were:

- The service had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service had a system to learn from them and improve.
- The service reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

Summary of findings

- Services were provided to meet the needs of patients.
- Patient feedback for the services offered was consistently positive.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.

There were areas where the provider could make improvements and should

- Review the business continuity plan.
- Review the way patients are made aware of access to chaperones.
- Review systems for monitoring safety alerts.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

- There were systems in use for recording significant events and incidents.
- Safety alerts were being identified but there was no formal system for monitoring.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The service had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

- Staff were aware of current evidence based guidance.
- Some clinical audits had been carried out that demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- Staff had appraisals with personal development plans.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- Feedback from patients was positive and indicated that the service was caring and that patients were listened to and supported.
- The provider had systems in place to engage with patients and seek feedback using a survey handed to all patients after their appointment.
- Systems were in place to ensure that patients' privacy and dignity were respected.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- The understood its patient profile and had used this understanding to meet the needs of users.
- Treatment costs were clearly laid out and explained in detail before treatment commenced.
- Patient feedback indicated they found it easy to make an appointment, with most appointments the same day.
- Facilities were not suitable to patients with walking difficulties; however the practice had an agreement with a local clinic to refer patients on.
- Patient feedback was encouraged and used to make improvements. Information about how to complain was available and complaints were acted upon, in line with the provider policy.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- The provider had a clear vision and strategy and there was evidence of good leadership within the service.
- There were systems and processes in place to govern activities. Some systems were in need of further development, such as responding to alerts.
- Risks were assessed and managed.

Summary of findings

- There was a culture which was open and fostered improvement.
 - The provider took steps to engage with their patient population and adapted the service in response to feedback.
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Palmers Green Clinic

Detailed findings

Background to this inspection

Palmers Green Clinic is based at 265 Green Lanes, London, N13 4XE. It is part of Klinika which provides medical services to East European migrants. Klinika has another location in East London which was not inspected at this time.

At the Palmers Green Clinic patients can access private GP care. The practice provides services for patients that walk in to the practice for appointments as well as appointments made through email.

The practice is situated in an old Victorian property in North London. The building is not accessible to people who use a wheelchair or mobility aid. Provision is made for consultations and treatment to be carried out at a local clinic that the Palmers Green Clinic have an arrangement with. The area is well served by public transport.

Four GPs work at the practice, a physiotherapist, who is also the managing director of the company and two administrative staff.

Consulting hours were 9am to 7.00pm Monday to Saturday. Appointments were available within 24 hours. Patients could book by telephone or e-mail or by walking in to the practice.

We visited the Palmers Green Clinic on 28 March 2018. The team was led by a CQC inspector, with a GP specialist advisor.

Before the inspection we reviewed any notifications received from and about the service, and a standard information questionnaire completed by the service.

During the inspection, we received feedback from people who used the service, interviewed staff, made observations and reviewed documents.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

We found that this service was providing safe care in accordance with the relevant regulations.

Safety systems and processes

There were systems, processes and practices in place to keep people safe and safeguarded from abuse. Staff had received training appropriate to their role (for example, safeguarding children level three for GPs) and understood their responsibilities. Safeguarding procedures were documented and staff were aware of the practice lead. Clinical staff were trained to safeguarding level 3 and non-clinical staff had received level 1 safeguarding training.

Chaperones were available and patients were asked at the start of a consultation if they wished a chaperone to be present. There was no signage in the waiting room to advertise the service. Chaperones had received training for the role and had received a Disclosure and Barring Service (DBS) check in line with the provider's policy for all staff. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

Recruitment procedures also checked on permanent and locum staff members' identity, past conduct (through references) and, for clinical staff, qualifications and registration with the appropriate professional body. Medical staff were supported with their professional revalidation. All indemnity insurance was in date.

We observed the practice to be clean and there were arrangements to prevent and control the spread of infections. The practice had a variety of other risk assessments and procedures in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Equipment was monitored and maintained to ensure it was safe and fit for use.

Risks to patients

Staffing levels were monitored and there were procedures in place to source additional trained staff when required.

There were effective systems in place to manage referrals and test results.

Risks to patients (such as fire) had been assessed and actions taken manage the risks identified.

There were arrangements in place to respond to emergencies and major incidents including the recognition of sepsis:

- Staff records we checked (two clinical staff, two non-clinical) showed that these staff had completed annual basic life support (BLS) training, in line with guidance.
- There was a defibrillator, and a supply of emergency medicines. There was no oxygen available, however this had been ordered by the practice prior to the inspection and was awaiting its delivery. A risk assessment had been carried out to determine which emergency medicines to stock. All expiry dates of emergency equipment and medicines were checked by the practice regularly to make sure they would be effective when required.
- There was a business continuity plan for major incidents such as power failure or building damage. This contained emergency contact details for suppliers and staff. The plan was in need of review as there were some gaps in the list of suppliers.

Information to deliver safe care and treatment

The practice used a paper based record system. Records were held securely in locked cabinets. The practice planned to transfer paper based records to an electronic system and were looking for a system that will provide the correct safeguards to ensure the records were held securely. There was no need to transport records between the two Klinica sites.

Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system. This included investigation and test results.

There were arrangements in place to check the identity of patients. This included a check on parental responsibility for children.

Safe and appropriate use of medicines

From the evidence seen, staff prescribed and gave advice on medicines in line with legal requirements and current national guidance.

Are services safe?

Patients attended for the care of acute conditions, and were referred to consultants or their NHS GP for follow up as appropriate. The practice did not prescribe high risk medicines.

Staff told us of actions taken to support good antimicrobial stewardship but an audit of antimicrobial prescribing had not been undertaken.

Prescriptions were computer generated with information manually inputted from the patient record and handed to patients to take to their local pharmacy. The practice would often receive calls from pharmacies to verify prescriptions to ensure prescriptions were correctly and safely dispensed.

Medicines stocked on the premises were stored appropriately and monitored.

Track record on safety

There were systems in place for reporting incidents. The practice had a number of procedures to ensure that patients remained safe. The practice had not recorded a significant event in 2017. However events recorded at their other site were used in meetings to provide learning to staff.

We found that there was no clear policy for handling alerts from organisations such as Medicines and Healthcare products Regulatory Agency (MHRA). Alerts were received by email by all members of staff and those deemed appropriate to the practice were discussed in staff meetings. We asked about recent alerts such as one issued for the use of sodium Valproate and found that staff were aware of this and had taken note of the alert. There was no log of alerts to ensure they were being received and followed.

Lessons learned and improvements made

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents, the policy stated that:

- The service would give affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

Are services effective?

(for example, treatment is effective)

Our findings

We found the practice was providing effective care in line with the regulations.

Effective needs assessment, care and treatment

Doctors assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, such as National Institute for Health and Care Excellence (NICE) evidence based practice. When a patient needed referring for further examination, tests or treatments they were directed to an appropriate service.

Monitoring care and treatment

The provider had undertaken quality improvement activity such as audits but they were yet to finalise a complete two cycle audit. There were plans in place to carry out clinical audits. An audit into record keeping was undertaken in January 2018 where a sample of 15 patient records were examined to ensure patient details, medical history, treatment discussion and consent was recorded. It was found from this sample that there was a need to keep fuller medical history and to improve hand writing. This was something that the practice would correct with the implementation of a computerised records system. The audit was planned to be repeated in June 2018 along with a first round prescribing audit.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Staff demonstrate how they stayed up to date.

- The practice 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. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the

Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

Patients contacted the practice for routine medical concerns. Patients were asked if they were registered with an NHS GP and whether their GP could be contacted. If patients agreed we were told that their GP would only be contacted if necessary. Many of the patients were not registered with an NHS GP. Clinical staff were aware of their responsibilities to share information under specific circumstances (where the patient or other people are at risk) and we were told of examples where GPs had succeeded in getting consent to share information, after explaining the risks to the patients if they did not.

Where patients required a referral (for diagnostic tests or review by a secondary care clinician) this was generally arranged directly through a private provider unless it was deemed beneficial for the patient to contact their NHS GP for a referral.

GPs were expected to review test results received within one working day. Referrals to secondary care could be made on the same day as a GP consultation.

Supporting patients to live healthier lives

The service supported patients to live healthier lives by providing same day GP access for patients. Patients were able to access a GP, receive a diagnosis and medication where required.

Consent to care and treatment

Staff understood and sought patients' consent to care and treatment in line with legislation and guidance. All clinical staff had received training on the Mental Capacity Act 2005.

Treatment costs were on display in the waiting area and explained in detail before treatment commenced.

Are services caring?

Our findings

Kindness, respect and compassion

We observed that members of staff were courteous and helpful to patients and treated people with dignity and respect.

All feedback we saw about patient experience of the service was positive. We made CQC comment cards available for patients to complete two weeks prior to the inspection visit. We received 29 completed comment cards all of which were positive and indicated that patients were treated with kindness and respect. Comments included that patients felt the service offered was excellent and in a clean environment. Cards also stated that staff were caring, professional and treated them with dignity and respect.

The practice carried out its own patient satisfaction survey in September 2017. A total of 40 patients responded and provided positive feedback. Staff we spoke with demonstrated a patient centred approach to their work and this was reflected in the feedback we received in CQC comment cards and through the provider's patient feedback results.

Involvement in decisions about care and treatment

Feedback from the service's own survey indicated that staff listened to patients concerns and involved them in decisions made about their care and treatment.

The majority of patients that attended did not speak English as their first language. A total of 15 languages were spoken within the staff team which covered all of the languages used by patients. Consultations were undertaken in English but staff would act as chaperones and translators if this was not possible. The practice had translated all of its information about services into the languages spoken by patients at the practice.

Privacy and Dignity

The provider respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The service had systems in place to facilitate compliance with data protection legislation and best practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing responsive care in accordance with the relevant regulations.

Responding to and meeting people's needs

The service was designed to offer a service to East European migrants who found it difficult to access the services provided by the NHS. It was run on a similar basis to what patients would expect from their home countries.

Staff members had received training in equality and diversity. Consultations were available to anyone but most patients were from Eastern Europe who did not have an NHS GP and wanted to have a service similar to what was available in their home country. Patients came from as far as Peterborough and Birmingham for consultations at the practice.

Discussions with staff indicated the service was person centred and flexible to accommodate people's needs.

The facilities and premises were not suitable for people with walking difficulties due to the staircase used to reach consulting rooms. The practice had an agreement with a local clinic to refer any patients that were unstable to access the Palmers Green Clinic facilities.

Timely access to the service

Consulting hours were 9am to 7.00pm Monday to Saturday. Appointments were available within 24 hours. Patients could book by telephone or e-mail or by walking in to the practice. Telephone answering was monitored to ensure that calls were answered swiftly.

Longer appointments were available when patients needed them.

Listening and learning from concerns and complaints

The provider encouraged and sought patient feedback.

Information on how to complain was available in the waiting room and on the provider's website. There had been four verbal complaints recorded in the past 12 months. The practice had not received any written complaints as patients preferred to come to the practice to deal with complaints as they happened. These were handled in accordance with the service policy, and the final responses included details of the procedure if the complainant was dissatisfied with the outcome.

There was evidence of improvement in response to complaints and feedback, including sending text messages to patients before their appointment to ensure that they attend the correct Klinika clinic. Staff received information about complaints at practice meetings.

Are services well-led?

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

Our findings

We found that this service was providing a well led care in accordance with the relevant regulations.

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing 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.

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 in place. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision and values 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 we spoke to said they felt respected, supported and valued.
- The service focused on the needs of patients.
- The management 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 we spoke with told us they were able to 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. All staff had received annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice 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 all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff teams. There were regular staff meetings and minutes showed evidence that actions identified at meetings were followed up.

Governance arrangements

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

- There were processes and systems to support the governance of the practice, however we found that there were some gaps to be addressed, for example the creation of a formal process for responding to and recording alerts from organisations such as the MHRA.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

Managing risks, issues and performance

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

Are services well-led?

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had begun to monitor performance through audit. The practice had planned a number of audits for 2018 including a second cycle of the records audit and a prescribing audit.
- The practice management had oversight of complaints.
- The service had plans in place and had trained staff for major incidents.
- The service implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.

- There were satisfactory 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 sought and used the views of patients and staff and used feedback to improve the quality of services.

- Patient feedback was used to improve services. For example, following comments from patients on the routine survey, more appointments were made available on a Saturday for those unable to attend during the working week.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the service. Staff told us that they were encouraged to consider and implement improvements.
- Incidents and feedback, including complaints, were used to make improvements. There was evidence of learning being shared from the service and from other services in the group.
- There was evidence that monitoring was used to identify areas for improvement, which were then acted upon. For example, after it was identified that some patients were waiting longer after their appointment time than expected, the causes were identified and addressed.