BG Medical Clinic

Inspection report

48 North Street
Romford
RM1 1BH
Tel:

Date of inspection visit: 04 July 2023
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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	Inspected but not rated
Are services safe?	Inspected but not rated
Are services effective?	Inspected but not rated
Are services responsive to people's needs?	Inspected but not rated
Are services well-led?	Inspected but not rated

Overall summary

This was an unrated inspection.

We carried out a follow-up announced inspection at BG Medical Clinic under Section 60 of the Health and Social Care Act 2008. This inspection was to review improvements made by the provider, regarding warning notices issued for Regulations 12 and 17, following our comprehensive inspection on 19 January 2023.

Following the inspection on 19 January 2023, we took urgent civil enforcement action to suspend the service for a 6-weeks duration, by issuing a Section 31 notice under the Health and Social Care Act 2008. The service was placed in 'special measures'.

We re-inspected the service on 06 March 2023 to assess whether the provider had made sufficient improvements to allow the service to re-open to patients. Following this inspection, we subsequently took further urgent civil enforcement action to suspend the service for a further 9-weeks duration, by issuing a Section 31 notice under the Health and Social Care Act 2008.

We carried out a further inspection on 02 May 2023, and found the provider had made sufficient improvement to allow the urgent suspension to lapse when the suspension period had ended and to allow the provider to reopen the service.

Dr Andrean Damyanov 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:

We found some improvements had been made in providing safe services regarding:

- The provider had made some improvements to their safeguarding systems. Following our inspection, the provider could demonstrate that all clinical staff had completed safeguarding training for children, at the appropriate level, in line with intercollegiate guidance. In relation to safeguarding training for vulnerable adults, we saw that all but one clinician had subsequently completed training at the appropriate level.
- The provider had made improvements to their system to safely manage the cold chain for medicines that require refrigeration.
- The provider had implemented a system for checking patient identity including parental authority.
- The provider had made some improvements regarding the system to safely manage infection prevention and control.
- The provider had made some improvements regarding significant events management.
- The provider had made improvements system to safely manage the control of substances hazardous to health (COSHH).

We found the provider had made insufficient improvements in providing safe services

Overall summary

- The provider could not demonstrate they operated a failsafe system for urgent referrals.
- The provider could not demonstrate they had a safe system in place to effectively manage staff immunisations and certified immunity.

We found the provider had made some improvements in providing effective services

- The provider could demonstrate they had made improvements to manage specific staff training, specifically regarding ultrasound scanning for cardiology and general surgery purposes.

We found the provider had made insufficient improvements in providing effective services

- The provider could not demonstrate they carried out any quality improvement/clinical audit activity at the service.
- The provider could not demonstrate they had an effective system in place to manage specific staff training regarding ante-natal ultrasound scanning and competency checking.
- The provider could not demonstrate they had an effective system in place to manage regular staff training.Following the inspection, the provider submitted evidence regarding regular staff training and we found that whilst some improvement was evident, we identified some gaps in staff training.
- The provider could not demonstrate they had an effective system in place to manage supervision for non-medical staff.

We found the provider had made insufficient improvements in providing responsive services

- The provider could not demonstrate they operated an effective system to manage patients complaints.

We found the provider had made some improvements to concerns we found in the well- led key question:

- Leaders could demonstrate that they had some capacity and skills to deliver quality, sustainable care.
- The overall governance arrangements had been improved in some areas, however, we noted there was inconsistency across several areas.
- The provider had made insufficient improvements to enable them to safely manage complaints.
- The provider could demonstrate they had an awareness or understand of their obligations regarding 'Duty of Candour'.
- The service had some processes for managing risks, issues and performance.
- We saw evidence of some systems and processes for learning and improvement.

The service will remain in special measures until we have undertaken the next inspection and this will be reviewed at that time. This will be kept under review and if needed could be escalated. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a second CQC Inspector, a practice nurse specialist adviser and a Bulgarian interpreter.

Background to BG Medical Clinic

BG Medical Clinic is located at 48 North Street, Romford, London, RM1 1BH, in the London borough of Havering. It is an independent provider of medical services and offers a full range of private general practice services predominantly to the Bulgarian community.

The provider is registered with the Care Quality Commission (CQC) to deliver the regulated activities: treatment of disease, disorder or injury, diagnostic and screening procedures and family planning

Services provided include: general practitioner services; cardiology; orthopaedic; ENT (ear, nose and throat); paediatric; endocrinology; general surgery and gynaecology consultation services; ultrasound scans; dressings; blood and other laboratory tests. Patients can be referred to other services for diagnostic imaging and specialist care.

The service is open Monday to Friday from 9am to 6pm; Saturday 9am to 4pm and Sunday 10am to 2pm. They do not offer out of hours care. The provider's website can be accessed at www.bgmedicalclinic.com

How we inspected this service

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.

Inspected but not rated

Are services safe?

Safety systems and processes

At our inspection on 19 January 2023 we found:

- The provider failed to ensure that safeguarding systems and practices were fully developed and implemented in a way that kept people safe.

Safety systems and processes

At this inspection on 04 July 2023 we found the provider had made some improvements regarding:

- The provider had the ability to add 'alerts' to patient records for whom there are safeguarding concerns, although they had not identified any patients to date.
- The provider had made safeguarding a standing agenda item for practice meetings.
- The provider had implemented a system for checking patient identity including parental authority, where appropriate.
- Following our inspection, the provider could demonstrate that all clinical staff had completed safeguarding training for children, at the appropriate level, in line with intercollegiate guidance. In relation to safeguarding training for vulnerable adults, we saw that all but one clinician had subsequently completed training at the appropriate level.
- Following the inspection the provider submitted evidence that all non-clinical staff had completed chaperone training.

The service had made insufficient improvements to their systems to keep people safe and safeguarded from abuse.

We found:

- The provider could not demonstrate they had updated their safeguarding policy, for children and vulnerable adults, to reflect national safeguarding guidance for staff regarding female genital mutilation (FGM). For example, the legal requirement to report FGM and of the necessity to complete a safeguarding assessment for children whose mothers may have been subjected to FGM.
- That 2 out of 8 clinical staff had not completed the relevant level for child safeguarding training and 1 doctor had completed training via a training provider from a different jurisdiction.
- That 4 out of 8 clinical staff had not completed the relevant level for child safeguarding training and 1 doctor had completed training via a training provider from a different jurisdiction.
- The provider had initiated the use of a spreadsheet to maintain a register of patients for whom there may be safeguarding concerns, although they had not identified any patients to date.
- The provider submitted evidence of a staff training policy, which included chaperone training. However, they could not demonstrate that reception staff who acted as chaperones were trained for the role.

Risks to patients

At our inspection on 19 January 2023 we found:

There were not systems to assess, monitor and manage risks to patient safety.

- The provider failed to have a safe and effective system in place to monitor and manage patients who had been referred via the two-week wait urgent referral system.

Inspected but not rated

Are services safe?

- The provider could not demonstrate they had appropriate oversight of the patients on their list.

- The provider could not demonstrate they had a safe and effective system in place regarding staff immunisations and certified immunity.

- The provider failed to have an effective system in place to manage sepsis training for staff. We reviewed records for 8 clinical and 2 non-clinical staff for appropriate sepsis training and found that
- 5 out of 8 clinical staff did not have sepsis training in place. One doctor had completed sepsis awareness training only and training for a second clinical staff member had expired.

- The provider failed to operate safe infection prevention and control practices, in line with national guidance.

- The provider could demonstrate they operated a safe system regarding medical equipment and stores.

At this inspection on 04 July 2023 we found:

The provider had made some improvements to their systems to assess, monitor and manage risks to patient safety.

- The provider had made improvements to their system and could demonstrate they had appropriate oversight of the patients on their list. For example, the provider told us they had scanned on 9348 patient records onto their clinical IT system. We sampled 5 patient records and found that paper records had been scanned onto patient records. This included ultrasound scan records, where relevant, that had been carried out at the service.

- Staff told us they no longer carried out cervical screening at the service.

- The provider could demonstrate they had made some improvements to their infection prevention and control systems. For example, we saw the service had clear surfaces in rooms and single-use equipment, which was in-date, was stored appropriately.
- However, we found continuing concerns regarding their cleaning systems, equipment and processes regarding medical equipment and stores to mitigate the risk of healthcare acquired infection. It did not comply with the national colour-coding scheme for all cleaning materials and equipment which is widely applied throughout healthcare organisations to reduce cross-contamination risk between different types of area, for example, bathrooms and kitchens. This was a finding from our inspection on 19 January 2023.
- The provider did not maintain appropriate sharps bins in rooms where phlebotomy and injectable medicines are undertaken. These were findings from our inspection on 19 January 2023.
- Following the inspection, the provider submitted evidence regarding improvements for sepsis training and we found that sepsis awareness training had expired for 1 out 3 non-clinical staff.

The provider had made insufficient improvements to their systems to assess, monitor and manage risks to patient safety.

- The provider had made some improvements to their system for managing urgent referrals. We saw they had initiated a spreadsheet to collect patient information regarding this, however, they had not completed any audits to safety net this process. In addition, they had not considered the follow-up for patients who may not have access to NHS care, and this approach was reflected in the service policy.

Inspected but not rated

Are services safe?

- We reviewed the records for 8 clinical and 2 non-clinical staff, regarding staff immunisations and certified immunity. The provider could not demonstrate they held a complete record for any member of staff. This was not in line with UK Health Security Agency guidance. We found:
- 1 out of 8 clinical and 1 out of 2 non-clinical member of staff did not have evidence of Hepatitis B immunisations in place.
- 2 clinical and 2 non-clinical members of staff did not have evidence of varicella immunity in place, 1 of whom was an obstetrician and gynaecologist.
- 1 clinician and 2 non-clinical staff records did not evidence of immunisation or immunity regarding measles, mumps and rubella.
- 7 out of 8 clinical and 2 non-clinical staff records did not have evidence of immunisation for diphtheria, tetanus and polio.
- 1 out of 8 clinical staff and 2 non-clinical staff records did not contain evidence of BCG immunisation, neither a visible scar or appropriate certified immunity or immunisation.

- We reviewed staff records regarding sepsis training. We found the provider could not demonstrate that 5 out of 8 clinical staff had undertaken appropriate training, to identify patients who may be developing signs and symptoms of sepsis.

Information to deliver safe care and treatment

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

At our inspection on 19 January 2023 we found:

- The provider could not demonstrate that patient records, including for patients who did not have access to NHS care, were managed in a safe and effective way, including ultrasound scanning which was carried out at the service.
- We were unable to confirm that patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.
- The service did not have a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that the provider ceased trading.

At this inspection on 04 July 2023 we found the provider had made some improvements regarding:

- The provider had made improvements to their system for maintaining patient records, including for patients who did not have access to NHS care, including ultrasound scanning which was carried out at the service. However, they could not demonstrate they had carried out a risk assessment to assure themselves they had plans in place to ensure safe care for patients, in the event of system failure.

At this inspection on 04 July 2023 we found the provider had made insufficient improvements regarding:

- The service did not have a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that the provider ceased trading or in the event of system failure.

Safe and appropriate use of medicines

At our inspection on 19 January 2023 we found:

Inspected but not rated

Are services safe?

The service did not have reliable systems for appropriate and safe handling of medicines.

The provider failed to operate a safe cold chain in line with national guidance.

The provider could not demonstrate that regular medicines audits had been carried out to ensure prescribing was in line with best practice guidelines for safe prescribing.

At this inspection on 04 July 2023 we found the provider had made sufficient improvements regarding:

- The provider had made improvements to their system to safely manage the cold chain for medicines that require refrigeration. For example, a medicine used to treat a diabetic emergency. Staff told us they did not keep stocks of vaccines.

At this inspection on 04 July 2023 we found the provider had made insufficient improvements regarding:

- The provider could not demonstrate they had completed appropriate prescribing audits regarding medicines prescribed for patients, at the service. For example, they submitted one prescribing audit, for Co-amoxiclav prescribing, to us. We found the provider had stated that prescribing for every condition, was in keeping with national guidance. However, we found that no indications in their audit met the normal criteria for the prescribing of Co-amoxiclav. For completeness, we requested the local antimicrobial guidance from the provider on 19 July 2023, to enable us to cross reference this with their audit. Following our inspection, the provider submitted copies of national antimicrobial prescribing guidance they had used for their Co-amoxiclav prescribing audit for cough and sore throat. However, when we reviewed the guidance submitted we found that Co-amoxiclav does not feature in the guidance provided for cough and sore throat.

Track record on safety and incidents

At our inspection on 19 January 2023 we found:

The service did not have a good safety record.

- The provider could not demonstrate they had an effective system in place to safely manage the control of substances hazardous to health (COSHH).

At this inspection on 04 July 2023 we found:

The service had made sufficient improvements to their safety record regarding:

- The provider had made improvements regarding the control of substances hazardous to health (COSHH). For example, we found they had an appropriate COSHH risk assessment, policy and relevant data sheets in place for substances stored in the service location. We saw that possible hazardous substances were stored in locked cupboards.

Lessons learned and improvements made

At our inspection on 19 January 2023 we found:

Inspected but not rated

Are services safe?

The service did not learn and make improvements when things went wrong.

The provider could not demonstrate that a safe effective system was in operation regarding significant events (SEAs).

At this inspection on 04 July 2023 we found the provider had made some improvements regarding:

- The provider had made some improvements regarding their significant events (SEAs). For example, the provider had initiated a spreadsheet to collate evidence of significant events that occurred at the service. However, they had not recorded the inspection and enforcement processes completed by the Care Quality Commission in 2023, including two periods of suspension lasting a total of 15 weeks, as significant events. In addition, they had not recorded any incidents or events since the service had re-opened in May 2023.

Inspected but not rated

Are services effective?

Effective needs assessment, care, and treatment

Care and treatment was not consistently delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

At our inspection on 19 January 2023 we found:

Monitoring care and treatment

The provider was not actively involved in quality improvement activity.

- The provider could not demonstrate that any quality improvement and clinical audit activity had been completed, to drive good quality care and treatment for patients.

At this inspection on 04 July 2023 we found the provider had made insufficient improvements regarding quality improvement activity

- The provider could not demonstrate they had implemented appropriate quality improvement activities and audits to drive improvements in care, for patients at the service. The provider submitted one audit to us, regarding hypertension management for patients. We found the provider could not demonstrate the most important outcome for this audit, which was to demonstrate the effectiveness of treatment for patients with high blood pressure. It was not possible to judge, whether the treatment was in line with national guidance for the treatment of hypertension, in the absence of more information. For example, a patient's date of birth.

Effective staffing

At our inspection on 19 January 2023 we found:

The provider could not demonstrate that staff had the skills, knowledge and experience to carry out their roles.

- The provider could not demonstrate that staff who carried out ultrasound scanning had been appropriately trained and competency checked.
- The provider could not demonstrate that a phlebotomist had been appropriately trained and competency checked.
- The provider could not demonstrate they had an effective system in place to safely manage supervision for non-medical staff.
- The provider could not demonstrate that a safe effective system was in place to manage staff training.

At this inspection on 04 July 2023 we found the provider had made some improvements regarding:

- The provider had made some improvements to demonstrate that staff had the skills, knowledge and experience to carry out their roles. They submitted evidence of appropriate updating training for two doctors who carried out ultrasound scanning for cardiology and general surgery purposes.

At this inspection on 04 July 2023 we found the provider had made insufficient improvements regarding:

Inspected but not rated

Are services effective?

- The provider submitted evidence of specialised training regarding ultrasound scanning for obstetrics and fetal abnormality, which was completed as several webinars. This is a specialised training programme and the provider has not submitted evidence that they meet the requirements regarding training and consistent practical experience to enable them to safely carry out this activity, in line with national guidelines.
- The provider could not demonstrate they had had undertaken regular documented supervision with non-medical staff. They submitted evidence of a service policy which contained:

  An out of date Care Quality Commission (CQC) hyperlink reference, dated 2013, regarding the evidence-based research it relied upon regarding clinical supervision. In addition, this hyperlink was broken and unobtainable yet the practice had written they had accessed this relatively recently.

  Information regarding the Care Certificate (2015) Standards that should have been included in a job description and not a clinical supervision document.

  The need to provide clinical supervision on a regular basis was included in the policy however the periodic frequency of supervision was not stated.

  A blank proforma for documenting clinical supervision was provided. The provider did not submit any information regarding any clinical supervision that had been completed.

- The provider could not demonstrate that a safe effective system was in place to manage staff training. We requested evidence to demonstrate that staff had completed regular training regarding fire safety; basic life support; infection prevention and control and information governance and to date this has not been submitted. Following the inspection, the provider submitted evidence regarding regular staff training and we found that:

- Information governance training had expired for 2 out of 7 clinical staff.
- Infection prevention and control training had expired for 2 out of 7 clinical staff and 1 out 3 non-clinical staff.
- Basic life support (BLS) training had expired for 4 out of 7 clinicians and no evidence was submitted for 1 out 3 non-clinical staff.
- Fire safety training had expired 2 out of 7 clinical staff and 1 out 3 non-clinical staff.

Inspected but not rated

Are services responsive to people's needs?

Listening and learning from concerns and complaints

At our inspection on 19 January 2023 we found:

- There was a limited system in place to appropriately manage patient complaints and improve the quality of care

At this inspection on 04 July 2023 we found the provider had made insufficient improvements

The provider could not demonstrate they had made sufficient improvements to their complaints management system. We found:

- The provider had implemented a spreadsheet to collate information regarding complaints. However, this spreadsheet contained one verbal complaint. Effectively, this means that the service has received no formal complaints since our first inspection on 19 January 2023, and since the service opened in 2019.

- The service policy consistently referenced NHS practices and NHS complaints legislation and guidance and makes no mention of the Independent Sector Complaints Adjudication Service. In addition, it references Parliamentary and Health Service Ombudsman (PHSO), however independent health services are unable to use the PHSO complaints mechanism.

- Complaints management was not a standing agenda item for service meetings. It was referenced on one agenda, on 03 June 2023, however, there is no record of this being discussed.

- The provider had not included information, that it is good practice to provide, about independent adjudication for patients on complaints.

- The service complaints policy stated that they “will reduce their workload by resolving verbal complaints to the complainant’s satisfaction within 24 hours in order to avoid a formal complaints process and, as it can be difficult to separate a complaint from a concern, this policy will be followed whenever dissatisfaction is clearly expressed”.

- The service complaints policy contained information regarding monitoring emerging trends. However, this was not possible to assess as the service had not recorded any formal complaints that may be used for learning, and shared with the wider team or externally as appropriate to make changes and drive continuous improvement.

Inspected but not rated

Are services well-led?

Leadership capacity and capability:

At our inspection on 19 January 2023 we found:

- Leaders did not have the capacity and skills to deliver high-quality, sustainable care.

At this inspection on 04 July 2023 we found the provider had made some improvements:

- Leaders could demonstrate they had made some improvements regarding the capacity to prioritise safety and quality improvement. Several systems and processes had been improved. For example, patient safety alerts. However, we found insufficient improvements had been made to their failsafe system for urgent referrals.
- The management team could demonstrate they had made some improvements regarding their oversight of all the challenges to delivering care within a primary care setting and they had an action plan to address the challenges.
- The practice had made some improvements to their systems in place to assess, monitor and improve the quality and safety of the service or to mitigate the risks associated with safe care and treatment**.** For example, they had made significant improvements to their clinical IT system used to manage patient care.
- The provider could demonstrate they had oversight of their patient list and relative risk regarding their patient population group. During our inspection, we asked the provider management team several times how many patients were included on their list and they could provide us with this information.

Governance arrangements

There were some systems of accountability to support good governance and management.

- We found that structures, processes and systems to support good governance were not always effective. For example, we saw some improvements had been made regarding the management and monitoring of safeguarding. However, we found concerns regarding prescribing and clinical audits to drive improvement in patient outcomes.

- The provider could not demonstrate who had oversight of all systems and processes to ensure effective care. For example, they submitted information regarding role-specific training for two medical staff however, this was absent for a third doctor who undertook ante-natal scanning.

Managing risks, issues and performance

Processes for managing risks, issues and performance lacked clarity.

- We saw the provider had implemented some systems and processes to regularly review and manage risk. For example, during our inspection on 04 July 2023, the provider told us they no longer offered cervical screening to female patients. However, we found the provider did not have complete oversight of safeguarding systems. Therefore, the provider could not demonstrate patients were safely reviewed. The provider could not demonstrate that it proactively identified and responded to all risks and assessed the impact on safety and quality.

- We did not undertake a patient records review at this inspection, therefore it was not possible to assess whether the service had systems and processes in place to effectively risk manage and monitor all patients across the population groups.

Inspected but not rated

Are services well-led?

- The provider had implemented significant improvements to its clinical IT system and it was now possible to navigate the system and undertake searches of patient records and audits of prescribing and any medicines monitoring that may be required.

Appropriate and accurate information

The service did not have appropriate and accurate information.

- The provider had made improvements to the quality of care. The clinical system could now facilitate audit of patient care.
- The provider had made improvements regarding their patient record management system. However, they had not considered how this would be managed in the event of system failure or in the circumstance that the business closed. Following the inspection, the provider submitted evidence of improvements to their patient record system and had updated their Business Continuity Plan and implemented a policy and procedure in the circumstance of business closure.

- The provider could not demonstrate that all clinical staff had been appropriately trained and competency checked.

- The provider could demonstrate they had made improvements to their systems regarding the management of patient care. For example, patient safety alerts.

- The provider could not demonstrate they had comprehensive arrangements in place to identify, manage and mitigate risks. For example, having failsafe systems in place to manage urgent referrals and staff immunity and immunisations.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Care and treatment must be provided in a safe way for service users** • The provider did not have a system in place to safely manage safeguarding training. • The provider could not demonstrate they had undertaken appropriate prescribing audits. • The provider could not demonstrate they operated a failsafe system regarding urgent referrals, including patients who did not have access to NHS care. • The provider did not have a system in place to safely manage staff immunisations and certified immunity. • The provider did not operate a safe infection prevention and control practices, in line with national guidance. • The provider did not have an appropriate system in place to manage patients care records, in the event of system failure. • The provider did not have appropriate plans in place to safely manage patients records in the event the business ceased trading. **This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.

In particular we found:

- The provider did not have an effective system in place to safely manage staff training, specific to their role, regarding ante-natal ultrasound scanning.
- The provider did not have a system in place regarding clinical audit and quality improvement.
- The provider did not have an effective system in place to safely manage regular staff training.
- The provider did not have an effective system in place to safely manage significant events.
- The provider did not have an effective system in place to safely manage patient complaints.
- The provider did not have an effective system in place to safely manage clinical supervision for non-medical staff.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.