

Med-Pol Ltd

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Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 14 December 2017 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led? We found that this service was not providing effective care in accordance with the relevant regulations. The full comprehensive report for the comprehensive inspection can be found by selecting the 'all reports' link for Med-Pol Ltd on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 12 October 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation that we identified in our previous inspection on 14 December 2017.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This report covers our findings in relation to those requirements and additional improvements made since our last inspection.

Med-Pol Ltd is a private medical clinic, which provides services to adults in the following areas: gynaecology and maternity services, surgery, dermatology, urology, and psychiatry. All doctors working in the clinic are Polish and the service is mainly accessed by the Polish community.

This service is registered with CQC under the Health and Social Care Act 2008 to provide the regulated activities of: Diagnostic and screening, Surgical procedures, Family Planning and Treatment of disease, disorder and injury.

Our findings were:

Are services effective?

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

Our key findings were:

- Policy and procedure had been tightened. There was a suite of health and safety policies in place.
- There was evidence of some quality improvement measures that had been initiated since the last inspection to monitor whether medical assessments and treatments are carried out in line with evidence based guidance and standards.
- The practice had reviewed risks associated with the service's premises and ensured formal safety risk assessments were carried out at regular intervals to reduce risks to patients and staff. There was a policy on legionella. We saw a record of a legionella test carried out by a specialist company. However, there was no record of ongoing monthly temperature checks for legionella. Immediately following our inspection, the service supplied a water temperature measurement log for legionella control.
- The practice had maintained a record of fire drills as outlined in the fire risk assessment.

Summary of findings

- The service's governance arrangements had improved. There was a complaints policy with information on complaints handling. There was no evidence of any record of complaints received in the last twelve months. Staff told us they had not received any complaints. We asked staff about how patients can access information about how to make a complaint. Staff told us that there was information on how to complain on the website. We saw a leaflet about how to complain in the reception area and a complaints and suggestions box on the wall in the waiting area.
- The service told us they had reviewed how patients who are fully reliant on a wheelchair can access the service. The premises are not suitable for wheelchairs. Staff told us that the website had a statement about

access which asked patients to mention any mobility needs when making an appointment so that staff can arrange assistance when patients arrive at the building.

- The service had reviewed and updated the business continuity plan to include emergency contact numbers for all staff and local services.

There were areas where the provider could make improvements and should:

- Review policies to ensure staff follow procedure and record legionella checks.
- Continue to develop quality improvement systems that monitor the positive impact on quality of care and patient outcomes.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Med-Pol Ltd

Detailed findings

Background to this inspection

Med-Pol Limited is a private medical clinic located on the first floor of a three-storey building in a busy and popular area close to Central London. It is well served by local buses and London Underground. The service is registered with the Care Quality Commission to provide the following regulated activities from 94a Whitechapel High Street, London, E1 7RA.

- Diagnostic and screening
- Surgical procedures
- Family Planning
- Treatment of disease, disorder and injury.

Med-Pol has been providing services from their present location for over eight years and is accessed mainly by Polish speaking patients. The practice is open on Saturdays and Friday afternoons. General practice, urology, dermatology, and gynaecology services are provided by two female and two male doctors. Administrative support is provided by one female reception staff. The service sees 120 patients on average each month and maintains comprehensive medical records for all patients. Patients who require further investigations or any additional support are referred on to other services such as their NHS GP or an alternative health provider.

The service's opening hours are Friday 3pm to 9pm and Saturday 9am to 4pm, however earlier and later appointments are available on request. The service also offers online and telephone advice to their regular patients.

A registered manager is in place. 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.

Why we inspected the service:

We undertook a comprehensive inspection of Med-Pol Ltd on 14 December 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found that this service was not providing effective care in accordance with the relevant regulations. The full comprehensive report for the comprehensive inspection can be found by selecting the 'all reports' link for Med-Pol Ltd on our website at www.cqc.org.uk.

We undertook this follow up focused inspection of Med-Pol Ltd on 10 October 2018. This inspection was carried out to review in detail the actions taken by the service to improve the quality of care and to confirm that the service was now meeting legal requirements.

How we inspected the service:

Our inspection team on 12 October 2018 was led by a CQC Lead Inspector and included a GP specialist advisor and a Polish interpreter.

Before visiting, we reviewed a range of information we hold about the service.

As part of the inspection we:

- Spoke with the registered manager of the service.
- Spoke with two doctors.
- Looked at the systems in place for the running of the service.
- Viewed changes in key policies and procedures.

On this focussed inspection we asked the following question about the service:

Detailed findings

- Is it effective?

This question therefore formed the framework for the areas we looked at during the inspection.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 14 December 2017, we found that the service was not providing an effective service and there was insufficient evidence that clinical audits were driving improvement in performance to improve patient outcomes. In addition, there was no business continuity plan and there was no evidence of legionella assessment.

We carried out a follow up focused inspection of the service on 15 October 2018. At this inspection, we found arrangements had improved, for example, there was evidence of quality improvement activity and the service had identified specific areas of practice where improvement would benefit patients. We found that this service was providing an effective service in accordance with the relevant regulations.

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 such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- The service discussed how to provide effective treatments based on the best available evidence. For example, we saw minutes from a discussion based on General Medical Council (GMC) guidance on good practice in prescribing and managing medicines and devices.
- The service provided evidence of minutes from clinical meetings and all staff meetings. We saw minutes from a training session attended by all staff which was organised to review compliance with the requirement notice, issued after the last inspection in December 2018.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- There were information leaflets that were provided to patients in their choice of language.

- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was involved in quality improvement activity. At the last inspection, the service did not meet this standard and there was no evidence of any other clinical quality improvement activity. At this inspection we found that an audit plan had been developed, to improve and address quality. There were a number of quality improvement measures in place, which included evidence of clinical audit for medical services.

- The service used information about care and treatment to make improvements. The service had started to make improvements through the use of completed audits. For example, we saw evidence of a clinical audit completed in June 2018 which was carried out to identify the most commonly encountered cases and the most common medicines prescribed by doctors at the practice. The aim of the audit was to support safe prescribing of antibiotics as well as the identification and management of sepsis. The audit included an action plan recorded in the audit document for a training session on following NICE guidelines in assessing patients with signs of bacterial infection and the safety of prescribing antibiotics.
- There was clear evidence of action to resolve concerns and improve quality. For example, we saw evidence that the four doctors met bi-monthly to discuss clinical topics, such as recognising symptoms and screening for depression in a private medical practice.

Effective staffing

Evidence reviewed showed that staff at the service 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.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for specialist doctors in gynaecology, urology and dermatology.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of service development needs. Staff had access to appropriate training to meet their learning needs and to cover the

Are services effective?

(for example, treatment is effective)

scope of their work. This included coaching and mentoring, clinical supervision and facilitation and support for revalidating doctors. Doctors' appraisals were up to date and all had been revalidated by the General Medical Council (GMC).

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.
- The provider had risk assessed the service that they offered.
- All findings provided by the service were shared with the patient's GP.
- When a patient used the service, they were asked if the details of their consultation could be shared with their registered GP and we saw that patient consent was sought and documented in line with the General Medical Council's (GMC) guidelines.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

Supporting patients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- The practice had a policy for obtaining consent from patients before any care or treatment was provided. In addition, clinicians had access to a consent checklist which purpose was to reduce mistakes and ensure consistency in how the service obtained consent. There was clear information available in English and Polish with regards to the services provided and the cost of these.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

The service monitored the process for seeking consent appropriately.