

BMP Medical LTD

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Inspection report

The Family Surgery
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Overall summary

We carried out an announced comprehensive inspection on 26 September 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 not 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 service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The service is a private GP service providing care for patients in their own home, seven days a week. The service had been operating for 18 months and had approximately 300 patients. The service had also provided slimming advice and treatment. However, we were informed prior to the inspection, that uptake of this service had been low and had only two patients had used the service in the past month. On the day of the inspection, we were informed the slimming service had been withdrawn.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At BMP Medical Ltd, services are provided to patients under arrangements made by their employer with whom the service user holds a policy. These types of arrangements are exempt by law from CQC regulation. Therefore, at BMP Medical Ltd, we were only able to inspect the services which are not arranged for patients by their employers.

Our key findings were:

Summary of findings

- Systems were in place to protect people from avoidable harm and abuse. When mistakes occurred, lessons were learned.
- There were some arrangements in place for the management of medicines but these required further development to reduce risks. For example, the service did not have a system to review medicine safety alerts or mechanisms to verify patient identity prior to issuing prescriptions.
- There was no system in place to ensure that equipment used by clinical staff had been appropriately calibrated and relied on clinicians to do this task themselves.
- The service had arrangements in place to respond to medical emergencies. There were protocols to check expiry dates of emergency medicines but there was no evidence that these were routinely followed. There was no risk assessment in place for what emergency medications were required.
- There was no monitoring of health and safety and fire safety for the premises to ensure the suitability for use. Prior to our inspection, patients had attended the premises for treatment. However, we were advised that this no longer happened and patients were seen in their own home.
- Staff were aware of current evidence based guidance. Staff received induction training about the service and policies. Staff did not receive their basic mandatory training or appraisals from the service, as they worked

predominantly for the NHS and received their training from other GP practices. The service asked for evidence that staff training and revalidation was completed.

- Patient survey information reviewed indicated that patients were very satisfied with the service they received. Patients commented that staff were knowledgeable and professional and that they were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available.
- There was a clear leadership structure but risk management systems required improvement.
- The provider was aware of the duty of candour.

We identified regulations that were not being met and the provider must:

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

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

- Review service policies and protocols to ensure they are service specific and adhered to.
- Review risk management activity with regards to the safety of the premises and equipment, and prescribing safety.
- Review how the service maintains oversight of training and appraisals for all staff.

BMP Medical LTD

Detailed findings

Background to this inspection

BMP Medical Ltd is a private GP service providing care for patients in their own home when they required to see a GP for an acute condition.

The main office is located at The Family Surgery, 107 Liverpool Road, Birkdale, Southport, PR8 4DB.

BMP Medical Ltd is registered with the Care Quality Commission (CQC) to provide:

Transport services, triage and medical advice provided remotely.

Treatment of disease, disorder or injury.

The service had also provided slimming advice and treatment previously but had not been registered with the CQC to do so. However, we were informed prior to the inspection, that uptake of this service had been poor. On the day of the inspection, we were informed the slimming service had been withdrawn.

Patients can call the service Monday to Friday 8am-10pm and Saturday and Sunday 9am-5pm.

There were arrangements to direct patients to appropriate services outside of normal working hours.

The service predominantly operates in the North West of England but were extending the service to Yorkshire. Patients register with the service for 12 months and pay a monthly subscription. If they require GP advice, they telephone the service and a GP returns their call to triage the patient's condition. If necessary, patients are seen at their home at a time to suit them. The service offers other benefits depending on the subscription such as annual health checks. Patients can be referred to other services and tests can also be arranged.

The service is operated by two directors, one of which is the Medical Director, who also works for the NHS. There are currently two other GPs contracted to the service and an employed nurse, who also works for the NHS.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service.

How we carried out this inspection

Our inspection team was led by a CQC Lead Inspector, a member of the CQC medicines team and a GP Specialist Advisor.

We inspected this service on 26 September 2018. During our visit we:

- Spoke with two members of staff.
- Reviewed documents and policies.
- Looked at the computer system for record keeping and staff information.
- Reviewed patient survey information.

The service provided background information which was reviewed prior to the inspection. We did not receive any information of concern from other organisations or patients.

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?

Detailed findings

- 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 not providing safe services in accordance with the relevant regulations. This was because risk management and monitoring systems for the safety of the premises and equipment used, and prescribing safety, was insufficient.

Safety systems and processes

The service had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse:

- The service had recruitment procedures that assured them that staff were suitable for the role and to protect the public. This included appropriate recruitment checks through the Disclosure and Barring Service (DBS) (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). The lead clinician had appropriate indemnity insurance.
- The service had safeguarding policies for children and vulnerable adults. The policy clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The lead clinician had appropriate level of safeguarding training.
- The service operated from a rented room in an NHS GP practice. We were advised that patients were not routinely seen there but the room had been used in the past to see patients for their slimming clinic. We were advised that the provider had checked the suitability of the premises in terms of health and safety and fire safety prior to taking the room but did not routinely monitor this. Patients were seen in their own homes by GPs and we were informed the provider was looking for new office space to operate the service from.
- There was an infection control policy.
- We were advised GPs used their own clinical equipment and under the terms of their contract they were responsible for checking equipment was safe to use and was in good working order. The provider had no oversight as to whether regular calibration of equipment was taking place.

Risks to patients

The service had adequate arrangements in place to respond to emergencies. The service was not intended for use by patients with either long term conditions or as an emergency service. In the event an emergency did occur, the provider had systems in place so emergency services could be called. In addition: -

- We were advised emergency medicine for anaphylaxis and other medical emergencies was available in the GP bags for home visits and the GPs were responsible to stock their own bags. There was a protocol for monitoring expiry dates and a form to be completed by GPs for their competency in using each of the medicines and log expiry dates. However, we did not see any completed forms. There was no risk assessment as to the rationale of what medicines should be used on a home visit.
- Clinicians had appropriate professional indemnity cover to carry out their role.

Information to deliver safe care and treatment

On registering with the service, patients provided their details including their date of birth and address and medical history. However, there was no system to check the identity of a patient.

Clinicians had access to the patient's previous records held by the service.

The 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.

Safe and appropriate use of medicines

We were informed the service did not store any medicines. All medicines were issued by private prescription by the GPs. We were informed prescriptions were for acute illnesses only and were mainly for antibiotics. The service did not treat patients' long-term conditions or prescribe high risk medicines. Occasionally the nurse had given vaccinations and these had been issued on prescription. The service had previously issued medicines used for slimming and we reviewed a record which demonstrated that adequate management and advice had been given in conjunction with these medicines.

We were told, as the GPs worked in the NHS, they were aware of local prescribing guidelines. However, there was no formal policy or formula for prescribing. There was no system in place to maintain the security of blank private

Are services safe?

prescription pads. There was no system for managing medicine safety alerts. Prescriptions could be issued to patients when they called the service however, there was no safety netting system to enable the GP to verify the patient's identity.

We were informed the Medical Director reviewed every consultation for quality purposes. Patients prescribed antibiotics would be telephoned a few days later to check on their progress.

The Medical Director had carried out random audits using a recognised audit tool, which included information about whether prescribing was appropriate. However, this sample included patients reviewed by the Medical Director himself. We were told that as an additional calibration, these would be reviewed by another doctor. We reviewed individual records for information about medicines prescribed and found these had been prescribed safely.

However, there was no system to monitor prescribing patterns and when we asked to see what medicines had been prescribed overall, the information could not be

collated from the computer system. We discussed this with the provider who told us they would seek assistance from the computer software company and look to see how they could improve their safety netting systems.

Track record on safety

The service maintained a log of all incidents and complaints that was monitored by one of the directors.

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.

Lessons learned and improvements made

Regular quarterly staff meetings were held and we saw that learning from incidents was disseminated to staff.

The provider was aware of the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

The service relied on GP's knowledge from working in their NHS practices about safety alerts and did not have their own system for receiving and disseminating information to clinicians.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The service assessed needs and delivered care in line with relevant and current evidence based guidance and standards.

The service had systems in place to keep all clinical staff up to date.

A comprehensive medical assessment was undertaken prior to recommending or administering treatments.

The provider offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against any client group.

Monitoring care and treatment

The service monitored that guidelines were followed through audits and random sample checks of patient records. This included an up-to-date medical history, a clinical assessment and recording of consent to treatment.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff received induction

training about the service and policies. Staff did not receive their basic mandatory training from the service as they worked predominantly for the NHS and received their training from other practices.

Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the clinic's patient record system. This included details about medical records, investigations and test results.
- When patients registered with the service, they were informed that information would be shared with their own NHS GPs when necessary. Patient's consent was sought when providing information to their own NHS GP.

Supporting patients to live healthier lives

The Medical Director advised us that information about healthy lifestyles would be given opportunistically. The service sought information from the patient at registration about their lifestyle for example, whether the patient was a smoker.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services caring?

Our findings

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

Kindness, respect and compassion

Patient survey information we reviewed was very positive about the service experienced overall. Patients said they felt the service offered an excellent service and GPs were helpful.

Involvement in decisions about care and treatment

There was clear information on the service's website with regards to how the service worked and what costs applied. The website had a set of terms and conditions and details on how the patient could contact them with any enquiries.

Patient survey information reviewed highlighted that patients felt involved in decision making about the care and treatment they received.

Privacy and Dignity

Survey information we reviewed was positive about the service experienced. Patients said it was an excellent service and staff were helpful, caring and treated them with dignity and respect.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The service predominantly operates in the North West of England. Patients register with the service for 12 months and pay a monthly subscription. If they required GP advice, they telephoned the service and a GP returned their call to triage the patient's condition. If necessary, patients were seen at their home at a time to suit them. The service offered other benefits depending on the subscription such as annual health checks. Patients could be referred to other services and tests could also be arranged.

Timely access to the service

Patients could call the service Monday to Friday 8am-10pm and Saturday and Sunday 9am-5pm.

There were arrangements to direct patients to appropriate services outside of normal working hours.

Listening and learning from concerns and complaints

Information about how to make a complaint was available on the service's web site. The provider had a complaints policy and procedure. The policy contained appropriate timescales for dealing with a complaint. The provider had only received one complaint which was in the process of being managed.

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 well led services in accordance with the relevant regulations. There were areas that the provider could make improvements and should:

- Review service policies and protocols to ensure they are service specific and adhered to.
- Review risk management activity with regards to the safety of the premises and equipment, and prescribing safety.
- Review how the service maintains oversight of training and appraisals for all staff.

Leadership capacity and capability;

The Medical Director worked part time for the NHS and could demonstrate how they kept up to date with regulations and guidance.

Vision and strategy

The service had a clear strategy to work together to provide a high quality responsive service that put caring and patient safety at its heart. The company had organisational level business plans.

Culture

The service had an open and transparent culture. The Medical Director understood their responsibilities for the requirements of the Duty of Candour. This was supported by an operational policy.

The provider had a whistleblowing policy in place. A whistle blower is someone who can raise concerns about practice or staff within the organisation.

Governance arrangements

Governance arrangements included: -

- A clear organisational structure and staff were aware of their own roles and responsibilities.

- A range of service which were available to all staff. However, we found that some of these policies had been adapted from GP practices and were not service specific. We also found no evidence that some protocols presented to us during the inspection were implemented. For example, monitoring safety alerts and expiry dates of emergency medicines.

Managing risks, issues and performance

- Risk management activity was limited with regards to the safety of the premises and equipment and prescribing safety.
- Quarterly meetings were held which provided an opportunity for staff to be engaged in the performance of the service.
- Business contingency plans were in place for any potential disruption to the service.

Appropriate and accurate information

The service was registered with the Information Commissioner's Office and had its own information governance policies to ensure patient information security. Patient records were stored securely.

All staff had signed a confidentiality agreement.

Engagement with patients, the public, staff and external partners

The service encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

Continuous improvement and innovation

All staff were involved in discussions about how to run and develop the service, and were encouraged to identify opportunities to improve the service delivered.

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
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12: Safe Care and treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Although there was a protocol for managing safety alerts, this was not service specific. There was no system for receiving and acting on patient safety and medicine safety alerts.• There was no mechanism to verify patient identity prior to issuing prescriptions.• There was no service specific prescribing policy or formulary and no mechanism to review the overall prescribing safety for the service.• The use of blank private prescriptions was not monitored safely.• There was no system in place to ensure that equipment used by clinical staff had been appropriately calibrated and relied on clinicians to do this themselves.• There were protocols to check expiry dates of emergency medicines but there was no evidence to suggest these were routinely followed. There was no risk assessment available as to what emergency medicines were used.• There was no monitoring of legal requirements relating to health and safety, and fire safety for the premises to ensure the ongoing suitability for use.