

Bilan Medic Centre Limited

Bilan Medic Centre Limited

Inspection report

Suite 212, Crown House
North Circular Road
London
NW10 7PN
Tel: 02036326068
Website: N/A

Date of inspection visit: 11 June 2019
Date of publication: 17/07/2019

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Bilan Medic Centre Limited on 11 June 2019. 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.

Summary of findings

Bilan Medic Centre Limited provides primary medical services for Somali and East African patients living in the West/North West London area. The service offers private consultations with a female doctor offering gynaecological care.

The doctor 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.

We obtained feedback from CQC patient comments cards and speaking with patients. The total number of people who provided feedback about the service was 11. All of the comments were positive. Patients stated they were treated well with dignity and respect and the staff were friendly and helpful. They also stated the premises were clean and hygienic.

Our key findings were:

- There were systems in place to keep patients safe and safeguarded from abuse.
- The service had an awareness of the need to review and investigate when things went wrong.
- The premises were visibly clean and tidy and there were appropriate infection prevention and control measures in place.
- The provider assessed patients' needs and delivered care in line with current evidence based guidance.

- A clinical audit had been undertaken that demonstrated that the service had adhered to national guidance when managing patients. A second cycle of this audit had not been completed.
- The privacy and dignity of patients was respected. The consultation room door was closed when patients were present, and conversations could not be overheard.
- Patient feedback was positive regarding the service and the treatment they received.
- Policies and procedures were in place to govern activity.
- The provider did not have risk assessments in place for not having a thermometer, defibrillator and some emergency medicines.
- The prescribing of antibiotics did not always support good antimicrobial stewardship in line with national guidance.
- Fire risk assessments had been completed by the owners of the building. However, there was no risk assessment in place to support the evacuation of patients, particularly those who may have mobility problems, from the building.

The areas where the provider **must** make improvements as they are in breach of regulations are:

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

Please see the specific details on action required at the end of this report.

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

Bilan Medic Centre Limited

Detailed findings

Background to this inspection

Bilan Medic Centre Limited provides primary medical services for Somali and East African patients living in the West and North West area of London. Services are provided from the practice location of Suite 212, Crown House, North Circular Road, London, NW10 7PN.

The provider is registered with CQC to provide the following activities:

- Diagnostic and Screening procedures
- Treatment of Disease, Disorder, Injury (TDDI).

The provider offers private consultations to female patients aged 18 years and over, with a female doctor for gynaecology care. The service is located on the second floor of a private office building and can be assessed using a lift. They are currently seeing approximately 50 patients per month.

The service is run by a female doctor who employs two part-time receptionists.

Bilan Medic Centre Limited is open from 10.30am to 5.30pm on Tuesdays to Saturdays. When the clinic is closed there is a recorded message on the answer phone that directs patients to their own GP or out of hours service via NHS 111.

How we inspected this service

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

Before inspecting, we reviewed information we hold about the service.

During the inspection we:

- Interviewed staff.
- Spoke with patients using the service.
- Reviewed CQC patient comment cards completed by patients.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed service policies, procedures and other relevant documentation.
- Inspected the premises and equipment used by the 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.

Are services safe?

Our findings

We rated safe as Requires improvement because:

- The provider did not have risk assessments in place for not having a thermometer, defibrillator and some emergency medicines.
- The prescribing of antibiotics did not always support good antimicrobial stewardship in line with national guidance.
- Fire risk assessments had been completed by the owners of the building. However, there was no risk assessment in place to support the evacuation of patients, particularly those who may have mobility problems, from the building.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction.
- The service had systems to safeguard children and vulnerable adults from abuse. Although children were not patients at the practice, the staff had received appropriate safeguarding children training and were aware of their role in safeguarding.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The doctor was knowledgeable regarding Female Genital Mutilation/Cutting (FGM) and was able to explain the safeguarding action they would take if this ever presented to them.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken 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).

- There were notices in the consultation room to advise patients that a chaperone was available if required. We were informed that patients very rarely requested a chaperone and if they did the reception staff were trained to fulfil the role.
- There was an effective system to manage infection prevention and control (IPC). An IPC audit had been completed in April 2019 by an external company. Actions had been taken in response to the audit findings. For example, needlestick injury information was displayed in the consultation room and cleaning equipment was stored in a locked cupboard. The reception staff were responsible for cleaning and we observed the clinic to be visibly clean and tidy.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste. Contracts were in place to remove clinical waste once a week.

Risks to patients

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

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. We found that the service did not have a defibrillator, or access to one in the building and there was also no patient thermometer available. There was oxygen and some emergency medicines that were appropriate for the service. Due to the nature of the service, acutely unwell patients were rarely seen. However, there were no formal risk assessments in place for the lack of emergency equipment and to determine which emergency medicines should not be stocked.
- The practice employed two part time reception staff in addition to the principal doctor. In the doctor's absence patients were directed to other services or their GP.
- An induction checklist was completed for all staff and kept on their files.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment

Are services safe?

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with other agencies to enable them to deliver safe care and treatment. Consent was obtained to share information with the patients NHS GP.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- The doctor made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- There was a documented approach to the management of test results and this was managed in a timely manner.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use. The service did not keep controlled drugs or vaccines.
- The service had not carried out regular medicines audits to ensure prescribing was in line with current best practice guidelines for safe prescribing. From the records we reviewed we found that the same broad-spectrum antibiotics were used for different conditions which did not support good antimicrobial stewardship in line with national guidance.
- With the exception of antibiotics, the doctor prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and the service kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients. When a patient arrived for their

appointment, they were asked for their name, date of birth and photographic id. This was checked to confirm these details correlated with the original contact information supplied.

Track record on safety and incidents

The service had a good safety record in most areas.

- There were comprehensive risk assessments in relation to safety issues completed by the owners of the building for all the communal areas. These included fire risk assessments, fire alarm and extinguisher checks. Fire drills for the whole building were completed at least once a month and the provider had a record of these. However, there was no risk assessment in place to support the evacuation of patients, particularly those who may have mobility problems, from the building.
- The service had an arrangement plan in place for major incidents such as power failure or building damage. The service had a variety of other risk assessments to monitor safety of the premises such as health and safety, completed in April 2019; control of substances hazardous (COSHH), completed in March 2019 and portable appliance testing (PAT) completed in 2017.
- Medical equipment had been calibrated in May 2019 following recommendations that this should be completed at the previous inspection.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- The service had an awareness of the need to review and investigate when things went wrong. There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses.
- No significant incidents had been identified by the provider in the previous 12 months. However, through discussions with the provider we were assured identification and management of incidents would be handled appropriately.

Are services safe?

- 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.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The doctor was responsible for ensuring appropriate actions were taken in response to safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

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)

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service used information about care and treatment to make improvements.
- We saw that the doctor had undertaken an audit on the management of pelvic inflammatory disease. The findings from the first cycle had indicated that the clinic had a 100% adherence of national guidance from the National Institute for Health and Care Excellence (NICE). However, the second cycle the audit was yet to be completed.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- The GP was registered with the General Medical Council (GMC) Council and was up to date with revalidation.
- The provider 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.

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. The doctor referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- 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. There were clear and effective arrangements for following up on people who had been referred to other services.

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, the doctor 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, the doctor 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.

Are services effective?

(for example, treatment is effective)

- The doctor was aware of relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Patients were supported to make decisions.
- The service sought the consent of patients if they wanted their GP to be contacted with the relevant treatment that was provided to them.

Are services caring?

Our findings

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people. Patients commented that the staff were helpful and caring and they were treated with dignity and respect.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- The doctor and staff were multi-lingual and spoke the languages that were commonly used by the patients who used the service.

- Information leaflets were available in easy read formats, written in both English and Somali, to help patients be involved in decisions about their care.
- Patients told us through comment cards and on the day of the inspection, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- The consultation room was private from the main reception waiting area and conversations in the consultation room could not be overheard.
- We observed that the consultation room door was locked when a patient was being seen to avoid interruptions.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and developed the service in response to those needs. Patients referred themselves for treatment. We were informed that most of the patients visited the clinic as they preferred to see a female doctor of the same ethnic background as them.
- Appointments were normally 30 minutes in length and patients were routinely advised of the expected fee in advance of any consultation or treatment.
- There was a patient information folder in the waiting area that contained information on the service's statement of purpose, complaints policy, fees for treatment and the patient survey form.
- The facilities and premises were appropriate for the services delivered. There was a lift available to access the clinic on the second floor of the building.
- The clinic was open Tuesdays to Saturdays from 10.30am to 5.30pm.
- There was limited car parking available at the clinic. However, there was a public car park at a hotel within close proximity.
- The clinic did not have a website. We were informed that this was currently under construction.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- We received positive feedback from patients on the CQC comments cards stating that it was easy to get an appointment when required.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- The service had a complaint policy and procedures in place. Complaints leaflets were available in the waiting area.
- The policy and complaints leaflet informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had only received one verbal complaint. We saw that action was taken as a result of the complaint to improve the quality of care.

Are services well-led?

Good 

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

Our findings

We rated well-led as Good because:

Leadership capacity and capability;

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

- The doctor who ran the service was knowledgeable about issues and priorities relating to the quality and future of services.
- They specialised in gynaecology and understood the challenges and were addressing them.

Vision and strategy

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

- There was a clear vision and set of values.
- The service had submitted a statement of purpose to CQC that outlined the services they provided as an independent private healthcare provider.

Culture

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

- Staff we spoke with felt respected, supported and valued.
- The service focused on the needs of patients.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. All staff had received an appraisal in the last year.
- There were positive relationships between the staff and the doctor.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities. Job descriptions were available in the staff files.
- The doctor had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were processes for managing risks, issues and performance. However, further risk assessments were required.

- There were some processes to identify, understand, monitor and address current and future risks including risks to patient safety. However, risks in relation to emergency equipment, emergency medicines and fire safety needed strengthening.
- Clinical audit demonstrated the quality of care and outcomes for patients. Two cycle audits had not been completed to demonstrate quality improvement.
- The service had processes to manage current and future performance. The provider had oversight of safety alerts, incidents, and complaints.
- Business continuity plans were in place. The service had agreements with local independent health providers to see patients if there was a disruption to service either through a failure of the infrastructure or through unplanned or planned absence of the provider.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. All medical records were stored in locked cabinets and there was an identified data protection officer for the service.

Are services well-led?

Good 

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

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- The practice completed their own surveys of patients to gain feedback on the service. The most recent survey showed that all the patients surveyed were positive about the care received.

- Staff were able to give feedback through appraisals and staff meetings.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The doctor had developed leaflets in Somali to educate patients on their health needs. For example, the importance of cervical screening.
- The doctor wanted to expand the service and increase the number of patients seen.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The provider did not have risk assessments in place for not having a thermometer, defibrillator and some emergency medicines.• The prescribing of antibiotics did not always support good antimicrobial stewardship in line with national guidance.• Fire risk assessments had been completed by the owners of the building. However, there was no risk assessment in place to support the evacuation of patients, particularly those who may have mobility problems, from the building. <p>Regulation 12 Health and Social Care Act</p>