

Top Medical Clinic - Birmingham

Inspection report

89a
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Date of inspection visit: 8 March 2022
Date of publication: 30/03/2022

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		Good	
Are services safe?		Good	
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? – Good

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 Top Medical Clinic - Birmingham as part of our inspection programme and to provide a rating for the service as it had not been inspected before.

Top Medical Clinic - Birmingham is an independent provider of medical and dental services and treats adults and children. During this inspection we inspected the medical and dental services provided by the clinic. In this inspection report, any ratings provided relate to the medical services only and do not include the dental services.

The provider had appointed a 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:

- The provider had implemented appropriate safety procedures including for the management of infection prevention and control. The clinic appeared to be visibly clean and well-maintained.
- The provider had implemented systems to help manage and mitigate risk to patients and staff.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had appropriate staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- There was effective leadership and a culture of learning from complaints and incidents.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- The provider had implemented appropriate procedures for the management of complaints.
- The provider had implemented information governance arrangements; however, we found the clinic was not completing all the required and recommended dental audits including audits of radiography, antimicrobial prescribing and patient records.

Overall summary

The areas where the provider **should** make improvements are:

- The provider should review and improve in-house risk assessments so that they consider all possible risks and mitigating actions.
- The provider should continue to monitor and improve its processes to manage the storage of medications including those that need refrigeration.
- The provider should continue with their plan of proposed audits for the medical service to allow further improvements to be identified and the service developed further.
- The provider should review and improve their system and processes for dental audits such as radiography, antimicrobial prescribing and patient records to improve the quality of the dental service and where appropriate, include action plans so that there is documented learning points and the resulting improvements can be demonstrated.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a second CQC inspector, a GP specialist adviser and a specialist dental advisor.

Background to Top Medical Clinic - Birmingham

Top Medical Clinic – Birmingham is an independent provider of medical and dental services to private fee-paying patients and treats adults and children at 89A Allison Street, Birmingham B5 5TH.

The provider offers specialist services including general practice, dentistry, dermatology, endocrinology, gynaecology, neurology, orthopaedics, urology and paediatrics.

The clinic was set up to provide services for Polish patients, however the general public are also seen at the clinic. Services are available to people on a pre-bookable appointment basis.

The service employs five non-clinical staff including receptionists and a trainee practice manager. All the clinical staff who work in the clinic are self-employed; however, they have a contract with the provider and work at the clinic under practicing privileges.

The dental team includes six dentists and three dental nurses.

The clinic is on the first floor with a reception, waiting area and five consulting rooms. The property is not owned by the provider. The clinic has no lift and the first floor consulting rooms are not accessible to people who use a wheelchair or other mobility aids. Where appropriate, the service inform people about other services that may be more accessible.

The clinic is open between 9am and 8pm Monday to Saturday and from 9am to 6pm on a Sunday.

The provider Top Medical Clinic LLP is registered with the Care Quality Commission to provide the regulated activities diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

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?

We rated safe as Good because:

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 and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- 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 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 where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC). The service carried out regular IPC audits and ensured actions were completed.
- The service provided evidence of an appropriate risk assessment for Legionella and were able to demonstrate that any necessary actions following the risk assessment had been completed. Legionella is a bacteria, which can grow in water systems.
- 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.
- The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.
- The provider carried out environmental risk assessments. However, we found the most recent fire risk assessment had not considered all possible risks and actions to mitigate risk. For example, we found the fire door at the entrance of the clinic was being propped open. Staff told us this was to ensure air flow and manage risks related to COVID-19. We saw this had not been included on the recent risk assessment. The provider could not demonstrate that all risks had been considered. The provider took immediate action following the inspection to seek advice and mitigate risk.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- 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.
- Relevant staff had completed Immediate Life Support training with airway management for staff providing treatment to patients under sedation.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

Are services safe?

Information to deliver safe care and treatment

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. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.
- 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.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- We found for the medical services being delivered, the service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. However, for the dental service, recommended antimicrobial prescribing audits were not carried out.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff 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 staff kept accurate records of medicines.
- There were effective protocols for verifying the identity of patients including children.
- We found gaps in the monitoring of the fridge temperatures where vaccines and medicines were stored. We saw the provider had implemented a process and staff told us they had designated staff to carry out these checks. On the days when the designated staff were not working at the clinic, this task was completed by other non-clinical staff, however they did not document the readings and if any action was needed. Staff we spoke with were able to tell us what action they needed to take if fridge temperatures were out of range.
- The provider sent us evidence, following the inspection, to show they had taken immediate action to improve their processes for the management of medicines.

Track record on safety and incidents

The service had a good safety record.

- The provider had completed appropriate risk assessments in relation to safety issues.
- 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

Are services safe?

The service learned and made improvements 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. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Are services effective?

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)

- 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.
- 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.
- Arrangements were in place to deal with repeat patients.
- Staff assessed and managed patients' pain where appropriate.
- Clinicians had remote access to patients results and followed up on test results with patients as needed.

Monitoring care and treatment

The service was involved in quality improvement activity. However, we found the clinic could not demonstrate they had completed all necessary audits for the dental service.

- We found the service used information about care and treatment to make improvements.
- The medical service provided evidence of one stage clinical audits and told us of their plans to repeat the audits so that the impact of any improvements made could be monitored.
- We saw evidence of an antibiotic prescribing audit for the medical service which showed between September and October 2021 17 out of 19 patients had antibiotics prescribed appropriately and in line with guidance. The service had developed an appropriate action plan to improve the quality of their service.
- The medical service audited clinician's records to ensure record keeping met their internal standards including documentation of safeguarding information.
- From records we reviewed for the medical service, clinical audits had a positive impact on quality of care and outcomes for patients.
- We found the clinic kept detailed dental care records in line with recognised guidance.
- Dental staff we spoke with conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.
- The clinic, however, could not demonstrate the dentists justified, graded and reported on the radiographs they took.
- The clinic had not carried out radiography audits in line with current guidance and legislation.

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.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and General Dental Council (GDC) and completed continuing professional development required for their ongoing professional registration.

Are services effective?

- 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. Staff were encouraged and given opportunities to develop.

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.
- 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. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- 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. 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, 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.
- The clinic provided preventive care and supported patients to ensure better oral health.

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.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. The clinic sent patients a text message after their appointment containing a link, so they could leave a review.
- We saw that the reviews were monitored by the clinic and generally feedback from patients was positive about the way staff treat people.
- If feedback was poor and the patient had provided their contact details the clinic contacted the patient to discuss their concerns.
- 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.

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them.
- The clinics website was available in English and Polish and posters displayed in the clinic were in English and Polish.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.



Are services responsive to people's needs?

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 improved services in response to those needs.
- The provider told us that demand had increased significantly since first opening the clinic, in response they had recruited more clinical staff.
- The facilities and premises were appropriate for the services delivered.
- Access to the clinic was not suitable for people with limited mobility and those who used a wheelchair. The provider informed us patients were informed of this at the time of booking an appointment.
- The service had a website which could be accessed both in English and Polish.
- All patients attending the service referred themselves for treatment; none were referred from the NHS services.

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.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way and non-clinical staff monitored that referrals had been accepted and actioned.

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.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The clinic contacted patients after each appointment to obtain feedback on the service they had received.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

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 to provide a comprehensive, caring and patient-centred service.
- The service had a realistic strategy and supporting business plans to achieve priorities.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with providing a high quality service.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints.
- 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 needed. This included appraisal and career development conversations. We saw the practice had effective processes to support and develop staff with additional roles and responsibilities
- There was a strong emphasis on the safety and well-being of all staff.
- There were positive relationships between staff and teams.

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 mostly clearly set out, understood and effective. We found the provider did not have effective processes for monitoring the dental service and could not provide evidence of all required and recommended audits. The provider sent us evidence immediately following the inspection to tell us of the action they were taking to improve their governance processes.
- Staff were clear on their roles and accountabilities

Are services well-led?

- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The information used to monitor the medical service's performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

The provider had implemented mostly clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. We found where the clinic used in-house risk assessments these were not always detailed and had not considered all potential risks.
- We saw risk and performance was discussed at staff meetings.
- The service had processes to manage current and future performance. Performance of medical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Medical clinical audits had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.
- The provider took immediate action, following our inspection, and sent us evidence to show what actions they had taken to more effectively mitigate and manage risk.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance of medical services. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, and staff and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was evidence of continuous learning and improvement.

Are services well-led?

- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. However, we found the clinic had not completed required and recommended dental audits. Immediately following our inspection, the provider sent us an audit plan demonstrating their action plan to formalise their improvement in clinical practice to ensure they gave their patients the best care possible.
- The provider benchmarked its medical services against other similar services, to help identify further areas of improvement.
- During the COVID19 pandemic, to help respond to the increased number of phone calls, the provider had introduced the use of a call centre.
- The provider had also introduced online booking to help improve access to appointments.
- The service had expanded since first opening and significantly increased the number of clinicians it employed.
- During the pandemic the clinic continued to offer a reduced service including online consultations where an appointment was needed however face to face appointments where not necessary.