

St Mary's Medical Centre

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. (Previous inspection 19 March 2018 – Unrated)

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 St Mary's Medical Centre on 26 April 2019 to follow up on breaches of regulations. CQC inspected the service on 19 March 2018 and asked the provider to make improvements regarding breaches of 12 (Safe care and treatment) and 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We checked these areas as part of this comprehensive inspection and found this had been resolved.

The St. Marys Medical Centre is an independent health service based in Stratford, East London, providing adult and children patients consultations, treatment, and referrals where needed.

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 regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. St Mary's Medical Centre also provides massage which are not within CQC scope of registration. Therefore, we did not inspect, or report on these services.

Dr Ivelin Petrov Uzunov and Mrs Agnieszka Bilinska are the registered managers. 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.

Feedback from a patient we spoke to and ten CQC patient comment cards showed patients found the service accessible and were satisfied with their care and treated with dignity and respect.

Our key findings were:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

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

- Review and improve arrangements for specific types of records retention to ensure to ensure medical records are retained in line with Department of Health and Social Care (DHSC) guidance in the event the provider ceases trading.
- Review and improve arrangements to ensure clinical quality improvement activity is seen through and embedded.
- Review and improve timescales set out in the complaint's procedure.
- Review and improve signposting arrangements for patients attempting to access care and treatment out of hours when the service is closed.
- Review and improve arrangements to formalise the process for non-clinical staff continuous professional development.

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

Our inspection team

The inspection was led by a lead CQC Inspector. The inspection team included a GP specialist adviser, a Practice Manager specialist adviser, and a Polish translator.

Background to St Mary's Medical Centre

St Mary's Medical Centre operates under the provider New International Medical Ltd and was formed in 2012 to facilitate clinical care delivery predominantly to the local Polish and Bulgarian communities. The provider is registered with the Care Quality Commission to carry on the regulated activities of maternity and midwifery services, treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures. The location site address that we visited as part of this inspection is St Mary's Medical Centre, 245 High Street, Stratford, London E15 2LS.

The clinical staff team includes one doctor, two specialist doctors (for anaesthetics and respiratory medicine) and a phlebotomist. Non-clinical staff are a service manager, reception and administrative staff, and a cleaner. The scope of the service had significantly reduced since our previous inspection, staff told us this was due to both specialists that were employed (e.g. in gynaecology) and Doctors that due to join the service leaving the UK. The corresponding number of consultations provided per month had also reduced between approximately 51 and 100.

The service is open Monday to Saturday 8am to 8pm and Sunday 8am to 6pm. Services provided include diagnostic procedures such as blood and urine testing. The service refers patients to NHS or private services including services outside of the UK where necessary.

Prior to the inspection we reviewed information requested from the provider about the service they were providing.

The inspection was undertaken on 26 April 2019. During the inspection we spoke with doctors and the clinical services manager, analysed documentation, undertook observations and reviewed completed CQC comment cards. Feedback from a patient we spoke to and ten CQC patient comment cards showed patients found the service accessible and were satisfied with their care and treated with dignity and respect.

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:

Patients were safeguarded and systems were in place to keep patients safe, including emergency equipment for children, infection control and fire safety training. Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The provider had systems in place to support compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. There was evidence of shared learning across organisation and through dissemination of safety alerts and guidelines.

Safety systems and processes

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

- The service conducted safety risk assessments including for Legionella (water safety) and had safety policies which were regularly reviewed and communicated to staff.
- There were no locum staff because staff across all roles covered each other effectively. Staff received safety information from the service as part of their induction and refresher training.
- 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.

- 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 provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them.

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 agency staff, if they would be needed in the future, and 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.
- When reporting on medical emergencies, the guidance for emergency equipment is in the Resuscitation Council UK guidelines and the guidance on emergency medicines is in the British National Formulary (BNF).
- 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

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 staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance if they cease trading, but it did not set out timescales for types of records retention.

Are services safe?

- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- There were effective protocols for verifying the identity of patients including children.

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, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- 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. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were no controlled drugs or high risk medicines kept on the premises.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive 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

The service had not identified a significant event where things had gone wrong, but had reviewed and learned from an incident that was well managed.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses and leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong, but no such occasion had been identified. Evidence indicated the lack of things identified going wrong was due to the provider being able to pay close attention to detail for all patients due to a reduction of services and patient appointments, and correspondingly the provider now had relatively high staffing capacity to proactively and thoroughly attend to patient's needs.
- The service had systems in place for knowing about notifiable safety incidents.
- The provider was aware of and had systems to comply with the requirements of the Duty of Candour, including to give affected people reasonable support, truthful information and a verbal and written apology.
- The provider encouraged a culture of openness and honesty and kept written records of verbal interactions as well as written correspondence.

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 including sessional and agency staff.

Are services effective?

We rated effective as Good because:

The service carried out assessments and treatment in line with relevant and current evidence-based guidance and standards. The service operated an effective and timely referral process. Competence and knowledge was recognised as being integral to ensuring that high quality care was delivered by the service. Written consent was understood and implemented the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

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. Patients predominantly attended for treatment of acute infections, and where necessary the service referred patients to their own GP for ongoing management of long term conditions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

There was a limited program of clinical quality improvement.

At our previous inspection (Date of report publication: 9 May 2018), the service did not have systems in place to monitor the quality of care and treatment, and there was no activity to drive continuous clinical quality improvement.

At this inspection 26 April 2019 the service had started to use information about care and treatment to make improvements. A two cycle audit prescribing was commenced after our previous inspection with the first cycle undertaken in May 2018, and the second cycle due one year later in May 2019.

At the time of our inspection there was clear evidence of action to identify and resolve concerns and improve quality. For example, the prescribing audit undertaken by the clinical lead during May 2018 was of 100 prescriptions and measured eight parameters for each prescription, to assess the safety and effectiveness of prescribing.

The audit showed all the prescriptions (100%) had been completed to all the standards measured that were:

- Accurate patient details (such as name address and date of birth).
- Prescribing standards (such as dose dosage form, generic name and duration of treatment).
- Doctors' name, signature and GMC number.
- The prescription was scanned into the patients file before being given to the patient. prescriptions bore the services stamp and checked to ensure patients name on the records and registration form matched the prescription.
- The relevant BNF (for adult / child as appropriate) was in date and available to the Doctor.
- Only drugs and medicines registered and available in the UK are prescribed to patients.
- Relevant MHRA alerts have been checked; and communicated to clinical staff.
- Patient returning due to inaccuracy or error on the prescription. (Zero patients returned due to prescription error/ inaccuracy).

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 were up to date with revalidation.

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.
- The service did not provide immunisation or ongoing reviews of patients with long term conditions.

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 service shared information to plan and co-ordinate patient care effectively. From the sample of documented examples we reviewed, we found that the service shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other relevant health care professionals such as to plan ongoing care and treatment, including when the patient was moving out of the UK for example when returning to Poland.
- 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. For example, medicines liable

to abuse or misuse, and those for the treatment of long term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.

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.

The service supported patients to live healthier lives by providing same day doctor access for patients mostly in the Polish local community, including those in London who did not have an NHS GP or who were visiting from abroad. These patients were able to receive a diagnosis and medication where required in a quick and convenient appointment. If the provider was unable to provide a service, the patient required they would refer them to other services either within the private sector or NHS. For example, for a patient with a long term condition that needed ongoing clinical care, the service encouraged the patient to register with an NHS GP which they did, to ensure appropriate continued clinical monitoring and treatment. There were a wide range of health screening and health promotion leaflets in the waiting area and one patients feedback referred a Doctor providing smoking cessation advice/ signposting.

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.

Are services caring?

We rated caring as Good because:

During our inspection we observed that members of staff were courteous and helpful. Staff we spoke with demonstrated a patient centred approach to their work. In addition, completed CQC comment cards were very positive and indicated that patients were treated with kindness and respect. Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- 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.

- Staff communicated with people in a way that they could understand. For example, the service employed clinicians who spoke Polish and Bulgarian to accommodate the needs of its patients and had a hearing loop for available for deaf or hard of hearing patients.
- Patients told us through comment cards, that they felt listened to and supported by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them.
- The service did not have any patients with a learning disability or dementia, but all staff were appropriately trained, for example as on the Mental Capacity Act to assist as appropriate/ needed.
- Systems were in place to involve social workers were appropriately for potential patients with complex social needs and carers.

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:

The premises were suitable for the service provided and translation services were available. Patients had a choice of time and day when booking their appointment. Results of the services latest customer satisfaction survey indicated that patient satisfaction levels were high. The service had a complaints policy in place and information about how to make a complaint was available for patients.

Responding to and meeting people's needs

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

- The service was open and welcoming to patients from all over the world but predominantly provided services to Polish and Bulgarian speaking patients, including weekend and outside normal working hours. The service was designed to ensure relevant clinical communications were sent to patient's local doctor in these countries including patients that had not accessed NHS services.
- The facilities and premises were appropriate for the services delivered.

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.
- Appointments could be made over the telephone, face to face, or by email. The service was open Monday to Saturday 8am to 8pm and Sunday 8am to 6pm.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised. However, there was no system to ensure patients telephoning or checking the service website out of hours would be appropriately directed such as to the NHS 111 service.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

There were no complaints received by the service and evidence of patient feedback we saw was consistently positive with no concerns or complaints expressed. The service was committed to taking complaints and concerns seriously and information about how to make a complaint or raise concerns was available from the reception area and by asking staff members. The complaint policy and procedures were generally in line with recognised guidance; however, the timescale for a final response to the complainant was within six months.

Are services well-led?

We rated well-led as Good because:

The leaders had the capacity and skills to deliver high quality, sustainable care and were aware of and receptive to making necessary improvements which they had done since our previous inspection. The provider had a clear vision to deliver high quality care and promote good outcomes for patients. Processes for managing risks, issues and performance were effective. There was a positive and professional working culture at the service. Staff stated they felt respected, supported and valued. The service took on board the views of patients and staff and used feedback to improve the quality of services.

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 and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- 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 the vision and values.

- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed and demonstrated openness, honesty and transparency during our inspection.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff were provided with the development they needed. Clinicians had regular annual appraisals and were supported to meet the requirements of professional revalidation where necessary and were considered valued members of the team. All staff were given protected time for professional time for professional development, including clinicians time for evaluation of their clinical work. There was no formalised process for providing non-clinical staff with regular annual appraisals but staff we spoke to and training records across all roles demonstrated staff were appropriately skilled and trained.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.
- 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 clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders 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 clear and effective processes for managing risks, issues and performance.



Are services well-led?

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had commenced to underpin sustainable high care and outcomes for patients.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to monitor and maintain performance. Performance information was combined with the views of patients such as patient's feedback on the services Facebook page, and patient feedback surveys the provider undertook.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor 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.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the patients, and staff and external partners and acted on them to shape services and culture. For example, it had improved information provided on its website in response to patient's feedback.
- Staff could describe to us the systems in place to give feedback. For example, regular staff meetings, and an open leadership and management culture.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was limited evidence of continuous improvement and innovation, but related systems were in place.

- There was a focus on continuous learning and improvement but there had not been any patient's complaints, and the significant event that was identified showed actions taken in the event of a clinical emergency directly outside the practice had been well managed, no improvement actions were necessary.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance but this was not formalised for non-clinical staff by way of a documented annual performance appraisal.