New International Medical Ltd

St Mary's Medical Centre

Inspection report

St Mary's Medical Centre,
245 High Street,
Stratford,
London
E15 2LS
Tel: 0208 534 9415
Website: www.stmarysmed.co.uk

Date of inspection visit: 19 March 2018
Date of publication: 09/05/2018

Overall summary

We carried out an announced comprehensive inspection on 19 March 2018 to ask the service the following key questions: Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was not providing effective care in accordance with the relevant regulations.

Are services caring?

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

Are services responsive?

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

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations.

Background

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The St. Marys Medical Centre is an independent health service based in Stratford, East London, providing consultations, treatment and referrals for patients who primarily come from Poland, Russia and Bulgaria.

Our key findings were:

- Most risks were identified and well managed but there were gaps or weaknesses including for patients cervical screening (smear tests), emergency medicines, staff checks, and infection control.
- The service did not monitor or take steps to the improve effectiveness of the clinical care it provided.
- Care and treatment was delivered according to evidence- based guidelines but there was no method to ensure guidelines we cascaded to relevant staff.
- There were no significant events or complaints but systems were in place to identify and manage them appropriately.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

Summary of findings

- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There were systems protect people from avoidable harm and abuse.
- Staff were qualified and had the skills, experience and knowledge to deliver effective care and treatment.
- There was a clear leadership structure and staff felt supported by management and worked well together as a team.

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

- Ensure care and treatment is provided in a safe way to patients.
- Ensure effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

You can see full details of the regulations not being met at the end of this report.

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

- Review and improve arrangements to ensure a fire safety lead is on duty and appropriately trained.
- Review and improve the website to ensure services provided are clear.
- Review and improve arrangements to assess strategy and meeting outcomes.
- Review and improve arrangements for clinical staff induction.
- Review and improve arrangements to ensure appropriate children's privacy.
- Review and improve verification of identity of parents or guardians for patients that are children.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations.

We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

- There were no significant events, however the provider had systems in place to identify and learn from significant events and ensure 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 were gaps in staff checks such as references and medical indemnity insurance.
- The service was clean and tidy but arrangements for the cleaning of patient privacy curtains and managing sharps were not effective.
- Electrical equipment was tested for safety but there was no system in place to ensure it was calibrated according to manufacturer's instructions.
- There were arrangements in place for responding to medical emergencies though some emergency medicines were not available and this had not been risk assessed. The service obtained relevant emergency medicines on the day of our inspection.
- There was no failsafe system to ensure cervical screening (smear test) samples were received or followed up appropriately, including an inadequate smear and smear that showed changed cells.
- The nominated fire safety lead did not have sufficient training and their deputy had no training. However, other arrangements for fire safety and managing other health and safety risks such as legionella were effective.
- There were safe systems and processes in place for managing prescriptions.

Are services effective?

We found that this service was not providing effective care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

- There was no system to ensure cascading of best clinical practice guidelines but evidence showed staff assessed needs and delivered care in line with current evidence based guidance.
- There was no evidence of clinical quality improvement or process to analyse prescribing.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There were no staff job descriptions or induction protocol for clinical staff, but staff understood their roles had appraisals and personal development plans.
- Arrangements for seeking and recording patients consent were effective.

Are services caring?

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

- The service treated patients with kindness, respect and compassion.
- Reception staff told us that if patients wanted to discuss sensitive issues they would offer them a private room to discuss their needs.
- Patient feedback was positive about the service experienced. Patients we spoke to on the day of inspection said that they felt involved in decisions about their care and treatment.

Summary of findings

Are services responsive to people's needs?

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

- Patients were able to access care and treatment from the service within an acceptable timescale for their needs.
- Staff spoke other languages, including Polish, Russian and Bulgarian and informed patients of this when they registered for an appointment.
- The appointment system was easy to use. Patients could make appointments face to face, by telephone or by email and could ask to see a specific clinician.
- There were no complaints; however, the service had a complaints policy in place and information was available which detailed how patients could make a complaint.
- The services website did not show accurate information relating to services offered or a fees structure.

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations.

- The leaders had the capacity and skills to deliver high quality, sustainable care and were aware of and receptive to improving areas required, such as to establish systems to monitor and improve clinical care.
- There was no formal strategy but the provider had a clear vision to deliver high quality care and promote good outcomes for patients.
- Most 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.

St Mary's Medical Centre

Detailed findings

Background to this inspection

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, Russian 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.

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. The clinical staff team includes two doctors, four specialist doctors (for anaesthetics, urology, general surgery, and gynaecology and obstetrics) and a phlebotomist. Non-clinical staff are a service manager, reception and administration officer and a cleaner.

The service is open Monday to Saturday 8am to 8pm and Sunday 8am to 6pm. Services provided include dermatology, diagnostic and screening procedures such as blood and urine testing, ultrasound including for gynaecology, cervical screening, and urology. There is no GP service and 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 19 March 2018 and the inspection team was led by a lead CQC inspector and included a GP specialist adviser, a second inspector and a Polish translator. During the inspection we spoke with doctors and the clinical services manager, analysed documentation, undertook observations and reviewed completed CQC comment cards. Feedback from four patients we spoke to and 25 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?

Our findings

Safety systems and processes

The service had systems to keep patients safe and safeguarded from abuse; with the exception of some arrangements for infection control, equipment safety, emergency medicines, cervical screening, and staff recruitment checks.

- The service conducted safety risk assessments including for Legionella (water safety) and had safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the service as part of their induction and refresher training.
- The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed, accessible to all staff and outlined clearly who to go to for further guidance.
- The service had systems in place to work with other agencies to support patients and protect them from neglect and abuse where necessary. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The service carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. 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). However, one doctors' DBS check had not been undertaken since 2012 and no risk assessment had been conducted. There was no evidence of references obtained or medical indemnity insurance for a phlebotomist. After our inspection the service advised us the phlebotomist would no longer be taking patient blood samples until suitable insurance was obtained. Appropriate arrangements were in place for staff appraisal and the revalidation of doctors.
- 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.
- The service premises and equipment were clean and tidy and there were systems to manage infection prevention and control such as annual infection control audit. However, the infection control audit noted 100% compliance including for sharps bins, but sharps bins were not labelled or curtains verified as cleaned although they were visibly clean. There were systems for safely managing healthcare waste. After our inspection the service sent us evidence of sharps bins quarterly collection that was in place at the time of our inspection, and labelling of sharps bins now being implemented.
- The service ensured that facilities were safe and that equipment was tested for electrical safety but there was no system to ensure all equipment was calibrated according to manufacturers' instructions such as weighing scales. Some items were new and were not yet due to be calibrated.

Risks to patients

Not all systems were in place 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 non-clinical temporary staff tailored to their role, but there was no induction process for clinical staff.
- The nominated fire safety lead did not have sufficient training and their deputy had not received any fire safety training. There was a recent fire risk assessment with identified risks followed up and staff undertook regular fire drills.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- Staff received annual basic life support training and the service had an emergency trolley which was equipped with emergency oxygen with adult and child masks, and a defibrillator. There was also a first aid kit available.
- The practice kept a stock of emergency medicines to treat patients in an emergency that were in date and the emergency equipment was regularly checked. However, the service had not risk assessed which emergency medicines to hold in line with guidance on emergency medicines is in the British National Formulary (BNF), including for specific types of patients regularly attending. For example, a large proportion of patients

Are services safe?

were children with an acute infection but there was no injectable benylpenicillin for use in the event of suspected bacterial meningitis. There was also no emergency use hydrocortisone for use in the event of acute severe asthma or anaphylaxis (allergic reaction). Staff ordered these emergency medicines on the day of our inspection.
- There were no failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme. The service had not followed up two women who were referred as a result of an abnormal result and an inadequate smear result. After our inspection the service sent us evidence of its revised policy but this did not contain a method to ensure results would be received and acted on in line to minimise risk to patients and in line with best practice guidelines. The practice subsequently sent us evidence it had followed up for the two patients we identified at our inspection.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan did not include emergency contact numbers for staff but the practice amended the plan after our inspection to add staff contact details.

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, with the exception of cervical screening results.
- Referral letters such as to patients GPs included all of the necessary information.

Safe and appropriate use of medicines

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

- Medicines kept on site were limited to emergency medicines and there were no vaccines or refrigerated medicines. The service kept prescription stationery securely and monitored its use.
- Staff prescribed and administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. There was evidence of actions taken to support good antimicrobial stewardship.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues including fire safety, trips and falls, and the Control of Substances Hazardous to Health (COSHH).
- 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 provider was aware of the Duty of Candour. There had been no significant events but the provider encouraged a culture of openness and honesty and had systems in place for knowing about notifiable safety incidents. For example, after there has been a flood in the premises in the floor above the service that had not affected the clinical areas. This event was not documented but the flood was contained, relevant repairs were made and areas confirmed as safe.
- There was a system for receiving and acting on safety alerts. The service learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

There was no method to ensure cascading of relevant and current evidence based guidance and standards to clinicians, such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. However, all doctors we interviewed provided evidence that they assessed needs and delivered care in line with relevant and current evidence based guidance and standards. The service offered a range of in-house diagnostic tests and had developed links with specialists to facilitate appropriate referrals.

Monitoring care and treatment

The service did not have systems in place to monitor the quality of care and treatment.

There were no methods of analysing prescribing, audits of medical record keeping or clinical audits to drive continuous clinical quality improvement.

Effective staffing

Staff had the skills and knowledge to deliver effective care and treatment.

- Staff did not have job descriptions but were clear about their roles and responsibilities.
- The practice had a comprehensive induction programme for newly appointed non-clinical staff but there was no formalised induction for clinical staff.
- With the exception of fire safety staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included gynaecology and obstetrics and urology were on the General Medical Council (GMC) specialist register.
- The service 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 provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals and clinicians were revalidated.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

The service shared information to plan and co-ordinate patient care effectively, with the exception of cervical screening.

- 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 hospital consultants to assess and plan ongoing care and treatment, including when the patient was moving out of the UK for example returning to Poland.
- Information was shared between services with patients' consent. Patients were actively encouraged to allow the practice to share information about their treatment with their NHS GP.

Supporting patients to live healthier lives

The service supported patients to live healthier lives by providing same day doctor access for patients mostly in the Polish and Russian 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.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they considered the need to assess and record a patient's mental capacity to make a decision.

Are services caring?

Our findings

Kindness, respect and compassion

We observed that members of staff were courteous and helpful to patients and treated people with dignity and respect. All feedback we saw about patient experience of the service was positive. We made CQC comment cards available for patients to complete two weeks prior to the inspection visit. We received 25 completed comment cards all of which were positive and indicated that patients were treated with kindness and respect. Comments included that patients felt the service offered was excellent and that staff were caring and professional. The service also asked patients for feedback that was in line with patients CQC comment cards. Staff we spoke with demonstrated a patient centred approach to their work and this was reflected in the feedback we received in CQC comment cards and through the provider's patient feedback.

Involvement in decisions about care and treatment

Patient's feedback indicated that staff listened to patients concerns and involved them in decisions made about their care and treatment. The service employed clinicians who spoke Polish, Russian and Bulgarian to accommodate the needs of its patients. The service did not have a hearing loop for deaf or hard of hearing patients, and staff told us they would communicate with these patients in writing. After our inspection the service sent us evidence it had bought a portable hearing loop.

Privacy and Dignity

Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations and treatments, with the exception of the children's treatment room. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Staff were aware of the importance of protecting patient privacy and confidentiality and told us they would review arrangements for children's privacy.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service was set up predominantly to provide services to Polish, Russian 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 providers website showed what services were offered but showed no pricing/ fee structure and included services that were planned but not yet provided; such as private GP, dentistry, and orthopaedics. Services were not provided for childhood immunisations. If a patient attended for these services they were referred to a relevant service either within the private sector or the NHS.

Discussions with staff indicated the service was person centred and flexible to accommodate people's needs.

Timely access to the service

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. Patients were able to pre-book appointments with walk in, same and next day appointments available. The service provided and waiting times, delays and cancellations were minimal and managed appropriately.

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 in line with recognised guidance.

Are services well-led?

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

Our findings

Leadership capacity and capability:

The service was led by the founding two lead doctors, one (female) undertook most of the clinical work including at weekends and the other (male) had management oversight but did not undertake clinical work and was a specialist doctor (anaesthetist) in the NHS. The lead doctors were supported by a service manager. The service was run by a small established team and leaders had the capacity and skills to deliver good quality, sustainable care and were aware of and receptive to improving areas required. Leaders had identified clear priorities for maintaining the reputation, quality and future of the service and were working to expand on current service provision in collaboration with appropriate health care professionals. They understood the challenges facing the business and were address them such as making improvements to the decontamination area in the proposed dental room. We were consistently told by staff and patients that the service leads were visible and approachable.

Vision and strategy

The provider had a clear vision to deliver high quality care and promote good outcomes for patients but there was no formal strategy.

- There were clear values that staff worked to and plans for future development.
- The provider's plans were focused on expanding service provision including for rehabilitation and physiotherapy, a pain management clinic and dentistry.
- Staff were aware of and understood the vision and values and their role in delivering them.

Culture

There was a positive and professional working culture at the service. Staff stated they felt respected, supported and valued. They told us they were able to raise any concerns and were encouraged to do so. They had confidence that these would be addressed. The provider was aware of and had systems to ensure compliance with the duty of candour requirements.

Governance arrangements

- There was no organisation structure or staff job descriptions but staff were clear about their roles and responsibilities, including in respect of safeguarding and infection prevention and control.
- Structures, processes and systems to support good governance and management were mostly effective but there were no job descriptions and gaps in staff checks and induction.
- Service leaders had established proper policies and procedures.

Managing risks, issues and performance

Most processes for managing risks, issues and performance were effective.

- The service had a system to verify patients' identities, but not to check that adults attending with children had parental responsibility.
- The management team had oversight of relevant safety alerts.
- Risks were assessed and well managed apart from some weaknesses such as fire safety lead cover and infection control.
- There was no evidence of action to improve processes for clinical or non-clinical quality.
- Safety and patient cervical screening had no failsafes or formal follow up. Staff told us patients had been followed up but this was not documented or verifiable.
- The service had trained staff for major incidents and had ready access to the premises business continuity plan including contact details for key contractors and utilities should there be a major environmental issue.

Appropriate and accurate information

- Meeting minutes did not contain a framework to agree and deliver actions but quality and sustainability were discussed in relevant meetings where all staff had access to information.
- The service submitted data to external organisations as required.
- There were 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

Are services well-led?

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

- The service took on board the views of patients and staff and used feedback to improve the quality of services; for example, to improve the visibility of its website.
- Patients could feedback about the service and we saw that the provider had taken action in response to patient feedback. For example some patients had feedback that the website was difficult to find when searching. As a result the provider undertook actions to improve its search engine ratings and online visibility.

Continuous improvement and innovation

- The service had developed international links enabling referral and access to a range of specialists for patients working or living abroad.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: • To ensure equipment safety such as calibration • Cervical screening failsafes and results follow up There were insufficient quantities of medicines to ensure the safety of service users and to meet their needs. In particular: • Emergency use medicines **This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: • To monitor and improve the quality of clinical care • Job descriptions

This section is primarily information for the provider

Requirement notices

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- Staff checks including medical indemnity insurance
- Infection control

This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.