

Origem Limited

London Prevention Clinic

Inspection report

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Overall summary

We previously carried out an announced comprehensive inspection of London Prevention Clinic on 19 April 2018 and found that the service was in breach of Regulation 12: 'Safe care and treatment' and Regulation 17: 'Good governance' of the Health and Social Care Act 2008. In line with the Care Quality Commission's (CQC) enforcement processes we issued two warning notices which required London Prevention Clinic to comply with the Regulations by 15 June 2018.

We then carried out an announced focused inspection of London Prevention Clinic on 19 June 2018 and found that the service remained in breach of Regulation 12 and Regulation 17. We issued two warning notices which required London Prevention Clinic to comply with the Regulations by 17 August 2018.

The full reports of the 19 April 2018 and 19 June 2018 inspections can be found by selecting the 'all reports' link for London Prevention Clinic on our website at www.cqc.org.uk.

We carried out this focused 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 now meeting the Regulations of the Health and Social Care Act 2008.

The previous inspection on 19 June 2018 identified areas where the provider had not complied with Regulation 12: 'Safe care and treatment'. We found:

- Patient records were not written and managed in a way that kept patients safe and we saw evidence of inappropriate prescribing.
- There was no system to ensure medicines or safety alerts were recorded, discussed and acted upon by staff.
- Not all clinical staff had enhanced disclosure and barring service (DBS) checks.

The inspection on 19 June 2018 also identified areas where the provider had not complied with Regulation 17: 'Good governance'. We found:

- Some policies were not specific to the service, as they identified individuals who did not work for the service and outlined processes which were not actually in place.

At this inspection on 17 September 2018 we found that although the provider had taken some action in relation to the provision of safe, effective and well-led care, there were still breaches of the Regulations.

Our key findings were:

- All clinicians had enhanced disclosure and barring service (DBS) checks.
- The system to ensure safety alerts were recorded, discussed and acted upon was not effective.
- Patient records were not written and managed in a way that kept patients safe.

Summary of findings

- We saw instances where the service was not delivering care and treatment in line with current evidence based guidance.
- The service had commissioned an external company to produce new policies. However, some policies were missing and others were not fit for purpose or did not contain adequate information.

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

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

- Establish 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.

The CQC identified breaches of Regulation 12 which gave us serious concerns. The provider has agreed to cease carrying out regulated activities until further notice and the CQC will continue to monitor the service and assess the need for further enforcement action.

London Prevention Clinic

Detailed findings

Background to this inspection

London Prevention Clinic is an independent health service based in Canary Wharf, London. The service offers blood tests, ECGs, physical examinations, health screenings and check-ups for adults over the age of 18, who primarily come from Brazil. The service also provides mammography and ultrasound (abdominal, breasts, pelvic).

The service registered with the CQC in June 2017 to provide the following regulated activities: diagnostic and screening procedures; and treatment of disease, disorder and injury.

The service is open from Monday to Friday from 9am to 6pm and Saturday from 9am to 1pm.

The lead doctor at the service is the nominated individual. A nominated individual is a person who is registered with the CQC to supervise the management of the regulated activities and for ensuring the quality of the services provided.

The other doctor at the service is the registered manager. A registered manager is a person who is registered with CQC to manage the service. Like registered providers, they are

‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We carried out this inspection to review in detail the actions taken by the provider in relation to the warning notices issued by the CQC following the previous inspection on 19 June 2018 and to check whether the provider was now compliant with the Regulations.

Our inspection team was led by a CQC lead inspector, who was supported by a GP specialist advisor.

During this inspection on 17 September 2018 we:

- Spoke with the lead doctor (who was also the nominated individual), the other doctor (who was also the registered manager) and the administration assistant.
- Reviewed a sample of patient care and treatment records.
- Reviewed the service’s policies and procedures, staff files and meeting minutes.

Are services safe?

Our findings

At our previous inspection on 19 June 2018 we identified the arrangements for providing safe care did not comply with Regulations, and we issued warning notices. We found:

- The service had requested new disclosure and barring service (DBS) checks for all clinicians, however they had completed basic checks rather than enhanced checks; we found only one of the doctors had an enhanced DBS check.
- The two doctors had registered to receive safety alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) by email, however there was no system to record or log alerts to ensure they were discussed or actioned appropriately. There was no evidence that the two doctors had discussed any recently received alerts.
- Patient records, written in Portuguese, were not written and managed in a way that kept patients safe. We reviewed the records of all 17 patients that had been seen between 1 May 2018 and the inspection on 19 June 2018 and found issues in relation to 12 of the records:
 - In eight records there was no examination recorded or very little information documented;
 - In two records the prescriptions could not be found on the record system;
 - In one record the incoming referral letter from a consultant psychiatrist was not on the record system (although the doctor had summarised the letter in the notes);
 - In two records we saw evidence of inappropriate prescribing. We saw the doctor had prescribed Isotretinoin (a medicine used in the treatment of acne); MHRA guidance states Isotretinoin should be prescribed only in a consultant-led team. We also saw the doctor had prescribed Co-Trimoxazole (an antibiotic) to treat a urinary tract infection; this is not first line treatment for these infections and National Institute for Health and Care Excellence guidance states it should only be considered for use in infections of the urinary tract when there is bacteriological evidence of sensitivity to Co-Trimoxazole and good reason to prefer this combination to a single antibacterial.

- In one record the patient had a blood test but there was no evidence on the record system or otherwise that the patient was informed of the results.

At this inspection on 17 September 2018 we reviewed the requirements contained in the warning notices issued to the provider, and found the service had made some improvements to the provision of safe care. Specifically:

- We saw enhanced DBS checks for all staff, including all clinicians.

However, there were still areas where the service was not providing safe care in accordance with the Regulations:

- The doctors told us that they logged and discussed all safety alerts received from the MHRA in a weekly meeting. We reviewed the folder which contained the recorded discussions and found that a safety alert sent out by the MHRA on 5 July 2018 in relation to urine analysis had not been logged. When we asked which type of urine analysis test strips were used by the provider we found that the test strips had expired in January 2017. Although some alerts had been logged in the folder, there was no record of what action was required or had been taken by the provider. For example, we saw a safety alert regarding melatonin capsules was included in the folder, however there was no record of whether they had prescribed this medicine to any patients or whether they needed to take any action following receipt of the alert. The service's record system did not enable the doctors to search by prescriptions, and the doctors explained that they relied on their memory to check if patients have been prescribed medicines relevant to a safety alert.
- Patient records, some partly written in Portuguese, were not written and managed in a way that kept patients safe. We reviewed the records of all 22 patients that had been seen between the previous inspection and this inspection on 17 September 2018 and found issues in relation to 16 of the records, including:
 - Poor record keeping and documentation;
 - No evidence of safety netting;
 - No family or sexual history documented;
 - Incomplete or no evidence of examinations and assessments;

Are services safe?

- No documented discussions or consideration of possible treatment and testing options, including testing for statutory notifiable illnesses;
- Treatment and prescribing which was not in line with current evidence based guidance.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 19 June 2018 we identified the arrangements for providing effective care did not comply with Regulations, and we issued warning notices. We found:

- Patient records contained limited detail and we saw examples in records where the service was not delivering care and treatment in line with current evidence based guidance.

At this inspection on 17 September 2018 we reviewed the requirements contained in the warning notices issued to the provider, and found there were still areas where the service was not providing effective care in accordance with the Regulations:

- We saw further examples in records where the service was not delivering effective care and treatment in line with current evidence based guidance.

Are services well-led?

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

Our findings

At our previous inspection on 19 June 2018 we identified the arrangements for providing well-led care did not comply with Regulations, and we issued warning notices. We found:

- Some of the policies were not specific to the service, as they identified individuals who did not work for the service and outlined processes which were not actually in place. For example:
 - The significant event policy identified the 'Practice Manager' as the lead for significant events, when one of the doctors was the lead, and the policy also referred to reporting incidents to the 'Practice Manager's personal assistant' or the 'lead GP partner' who did not work at the service. The policy also stated that learning from events would be shared in 'Nurse team meetings' when these meetings did not take place as no nurses worked for the service.
 - The health and safety policy referred to the 'PN/HCA' and 'GP' as being trained first aiders, when there were no practice nurses, healthcare assistants or GPs working at the service.
 - The emergency drugs policy identified the 'Practice Manager' as the deputy lead, when one of the doctors acted as the deputy lead.

At this inspection on 17 September 2018 we reviewed the requirements contained in the warning notices issued to the provider, and found there were still areas where the service was not providing well-led care in accordance with the Regulations:

- The provider had commissioned an external company to produce new policies for the service. However, some policies were missing and others were not fit for purpose or did not contain sufficient information. For example:
 - There was no complaints policy in place.

- There was no safeguarding policy in place.
- There was no significant events policy in place.
- The chaperone policy referred to Guidance from the College of Optometrists and the Association of British Dispensing Opticians, it did not outline the responsibilities of a chaperone and did not state the presence or refusal of a chaperone should be documented in the patient's notes.
- The control and prevention of infection policy stated that the service would appoint a person with responsibility for infection control, however the policy did not identify who the lead was.
- The disciplinary rules policy only referred to misconduct relating to breaches of health and safety issues, it did not set out any other matters or behaviour which could amount to misconduct, and did not outline the disciplinary procedure that the service would follow.
- The emergency plans policy did not include any information about emergency medicines or equipment kept by the service or about staff responsibilities in respect of checking the medicines and equipment. The policy stated the service will assign responsibilities for dealing with emergencies, but did not detail any staff responsibilities in respect of an emergency.
- The first aid in the workplace policy did not identify any staff as 'first-aiders', did not include any information about emergency medicines or equipment kept by the service, and did not set out a process for staff to follow in the event of a medical emergency.
- The hazard reporting policy stated that the service had implemented a hazard reporting procedure for staff to follow, however the lead doctor told us that they had not created a procedure.
- The needlestick injuries policy stated that wounds would be treated urgently, but did not set out how a needlestick injury should be treated or who it should be reported to.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>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:</p> <ul style="list-style-type: none">• The provider had commissioned an external company to produce new policies. However, some policies were missing and others were not fit for purpose or did not contain adequate information. <p>These matters are in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>