

Medicare Reading Limited

Medicare

Inspection report

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Overall summary

Medicare Reading is also known as Medicare Polscy Lekarze. This is an independent medical practice, providing a range of GP run services. This includes consultations, diagnosis and treatments related to orthopaedics, cardiology, dermatology, gynaecology, dentistry, aesthetics, and paediatrics. Ultrasound scanning is available, along with blood tests.

The services are delivered from a designated location, with suitable facilities, which were clean and well equipped. The service is open from 8am to 9pm seven days per week. Patients who require urgent medical advice are also able to contact an emergency number between the hours of 7am and 11pm.

The clinical services are delivered by Polish GPs who speak English as a second language. They are registered with the GMC and have admitting rights to undertake their clinics.

Blazej Celmer is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that this practice was providing safe, effective, caring, responsive and well-led care in accordance with the relevant regulations.

Our key findings were:

- The service was not providing any treatment or care to people outside of the regulated activities currently registered for.
- The premises and equipment was well maintained and appeared clean and tidy.
- Medical equipment was stored securely.
- Patient electronic records were stored securely and were comprehensive in the recording of care and treatment.
- Significant events were identified appropriately and mitigating actions and learning

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

- Ensure that the security arrangements for keys used to access medicine cupboards are improved.

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 practice was providing safe care in accordance with the relevant regulations.

Patients self-referred to the service and had access to the following GP specialties; dentistry, gynaecology, orthopaedics, children's services, dermatology, aesthetics and cardiology. We noted the storage of medicines could be further improved.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

The services provided were delivered in accordance with the permissible regulated activities.

Are services caring?

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

Whilst we did not speak to any patients during the course of our visit, we saw caring interactions between the receptionist and people attending appointments. We observed the GP approaching a patient in a caring manner, speaking in a calm and reassuring manner and in the patients' first language.

Patient records we reviewed demonstrated a caring approach to the matters which had been brought to the GP's attention.

Are services responsive to people's needs?

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

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

Processes were in place to monitor standards. For example, medicines management through prescription monitoring and checks on patient records. Management were proactive in addressing concerns where patient safety was at risk or the service could be compromised.

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Detailed findings

Background to this inspection

We carried out this focussed 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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Prior to the inspection we received concerning information. This inspection visit had a primary focus to establish whether the services provided were in accordance with the activities they were registered for. Information provided to us alleged that the location was providing a termination of pregnancy service, for which it was not currently registered to undertake. We found no evidence to substantiate the allegation.

This unannounced inspection took place on Friday 7 August 2015 and was attended by Nicola Cliffe, Inspection Manager and Stella Franklin, Inspector.

We interviewed a member of reception staff, one GP, the registered manager and the nominated individual. We made observations of the environment, staff interactions, checked medications and equipment, and reviewed 15 female patient care records.

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

Learning and improvement from incidents

Safety concerns were recognised and managed by the senior managers. For example, we were made aware by the senior managers that there had been one incident where a GP had given out medicines from a personal supply they had brought into the practice. This had been responded to as a matter of safety and the GP had been reported to the GMC. The medicines were retrieved from the patient before they left the practice. Actions had been put in place to minimise similar occurrences.

Reliable safety systems and processes

Patient needs and their presenting problem were assessed by the appropriate specialist. We found from reviewing 15 female patient electronic records that a review of medical history, current medicines and allergies were considered as part of the risk assessment process.

Staff who spoke with us confirmed the range of services provided and the action they would take if a termination of pregnancy was enquired about. This would include referral to an alternative service provider or referral to a counsellor.

Infection control

From our observations we found that the standards of cleanliness at the location were very high. Arrangements were in place for management of waste. There was access to hand washing and drying, as well as personal protective equipment.

Premises and equipment

The environment in which patients received their consultation or treatment was found to be suitably designed and arranged. The equipment available did not provide us with evidence which suggested the practice was undertaking regulated activities they were not registered for.

The premises, consultation rooms and toilet facilities were accessible to people with disabilities.

We checked the range of equipment available and saw relevant equipment was provided to support the delivery of services. Equipment had been maintained to ensure safe care provision and was suitably clean.

Medicines

A range of medicines were held at the location in locked cupboards and checks on stock were carried out as routine. There were no medicines used in the termination of pregnancies found at the location, which would indicate inappropriate practices had taken place.

However, the keys for medicine cupboards were not always locked away in a secure key store and therefore there was a risk that medicines could be accessed by people who were not supervised.

Medical emergencies

Emergency medicines were noted to be accessible to the GP if needed. These were routinely checked and observed to be in date.

Are services effective?

(for example, treatment is effective)

Our findings

Consent to care and treatment

People attending this service did so by choice and verbal consent to undergo investigations or treatment was obtained by the GPs. We noted consent for care and treatments recorded in some of the patient records we reviewed.

Staffing

We spoke with registered manager and the nominated individual who confirmed the service specific arrangements. They told us about the arrangements for medical staff, which included each doctor being an independent contractor. The doctors had to gain practising privileges, be GMC registered and have up to date training and appraisal.

There were no nursing staffs working at this location.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed staff engaging with patients in a respectful and courteous manner in the reception area and when escorting them to consultation rooms.

Chaperones were not routinely available; however we saw a notice displayed in the waiting area which indicated that a chaperone could be requested. The receptionist advised that they would chaperone if necessary but that Polish patients rarely required such arrangements.

Involvement in decisions about care and treatment

Information recorded in patient records we reviewed demonstrated the discussion and involvement of patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

Patients who attended this service did so by choice. We saw detailed information displayed about the services provided, which included information about treatments, investigations and associated costs. Information was also available via the service public website.

We reviewed patient records and observed that information was recorded which indicated how the individual needs of patient were considered and acted upon. Treatment delivered or recommended, including prescription of medicines were clearly documented in each patient record.

Access to the service

The services were accessible to the local population and provided a range of times to enable flexibility in making

appointments, including Saturdays. Services were delivered by Polish and English speaking doctors and patient records and prescriptions were written in English. There was access to ultrasound scanning and limited gynaecological procedures, along with other specific treatments, such as dentistry and some cosmetic procedures.

Where services required by patients could not be provided at the location, people were referred to alternative providers. For example, if a patient contacted the practice regarding a termination of pregnancy they were referred to their NHS GP or an organisation that could provide the appropriate support and advice.

Concerns & complaints

Information was seen displayed in the reception area, which outlined the process to raise a complaint. Patient satisfaction rates were displayed and indicated the level of satisfaction was 88% at the time.

Are services well-led?

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

Our findings

Leadership, openness and transparency

The GP and associates in the practice have the experience, capacity and capability to run the practice and ensure high quality care. The GPs were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The management team encouraged a culture of openness and honesty.

The registered manager told us that there was an open culture within the practice and staff had the opportunity to raise any issues at meetings. Staff said they felt respected, valued and supported.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- Practice specific policies were implemented and were available to all staff
- There were robust arrangements for identifying, recording and managing risks and implementing mitigating actions.

- Monitoring systems were in place to review and assess the quality of contractors work.

Practice seeks and acts on feedback from its patients, the public and staff

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients and through surveys and complaints received.

Management lead through learning and improvement

The management team were open and transparent in the discussions with CQC about a recent GMC referral then had made. The practice had learned from the events that had led to this and had taken steps to minimise the risk of contracted clinicians dispensing acquired medicines, inappropriately.

The management team described the training and induction new contractors and staff receive when they start working at the practice. This included training on the policies and procedures they are signing up to within their contract.