21st Century Clinic Ltd

French Medical Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 10 April 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.

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 Care Quality Commission previously inspected French Medical Clinic on 22 July 2013, 19 August 2014, 27 February 2015 and 13 June 2017, under our previous methodology. Following these inspections, reports were issued identifying failures to comply with regulations current at the time of inspection.

Seventeen patients provided feedback about the service. All the comments we received were positive about the service, for example describing the doctors as caring.

Our key findings were:

- The GP could not demonstrate they were delivering effective care and treatment based on evidence based guidelines.
- All staff had not undertaken safeguarding training to appropriate levels, including the safeguarding lead for the service.
- Staff carrying out the role of chaperone had not been trained to do this effectively.
- The provider did not have effective systems in place to record, monitor and analyse significant events.

Summary of findings

- Equipment in the premises had not been serviced or checked by a person experienced to do so, to ensure it was suitable for the purpose for which it was being used.
- The practice did not have any protocols for prescribing and repeat prescribing and there was no system in place to link prescriptions issued to patients with their care records.
- The service did not have any systems in place for knowing about and taking action on notifiable safety incidents.
- The service did not have a quality improvement programme in place to monitor the quality of care and treatment.
- Staff who carried out the ultra sound scanning and gynaecological examinations did not have the qualifications, training, skills and experience to do so safely.
- There was no system in place for following up referrals or pathology results.
- CQC comment cards indicated patients were treated with compassion, dignity and respect.
- Fees were clearly set out and cost saving initiatives available.
- The practice did not have a business continuity plan.
- Staff did not receive formal appraisals or development reviews and were not supported to perform their duties competently through identifying required training.
- The provider did not maintain accurate, complete and contemporaneous records in respect of each patient.
- Information about how to complain was available. The provider had not received any complaints about the service in the last year.

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 persons providing care and treatment have the qualifications, competence, skills and experience to do so safely.
- Ensure equipment used for the care and treatment of service users is properly maintained, serviced and calibrated.
- Establish and operate effective systems or processes to assess, monitor and improve the quality and safety of service users.

Such were the failures to meet regulations we have taken action in line with our enforcement procedures to urgently vary the conditions of the providers registration preventing them from operating the service at this location. The provider has not appealed this decision.

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 Enforcement section at the end of this report).

- The service has a policy for safeguarding children that provided external contact details for referring safeguarding concerns; however the service does not have a policy or procedure safeguarding adults at risk of abuse.
- Staff had not undertaken safeguarding training to appropriate levels, including the safeguarding lead for the service.
- Staff carrying out the role of chaperone had not been trained to do so and care records did not demonstrate the service had offered or used chaperones during intimate examinations of patients.
- The practice did not have an automatic external defibrillator (AED) available for use in medical emergencies and there was no risk assessment in place mitigating the risk to the health and safety of service users.
- Portable Appliance Testing (PAT) had been carried out, however equipment had not been calibrated by a person competent to do so, to ensure it was suitable for the purpose for which it was being used.
- There was no Chlorphenamine, used to treat anaphylaxis, in the services emergency medicines and no risk assessment carried out mitigating the risks to service users of the absence.
- The practice did not have any protocols for prescribing and repeat prescribing and there was no system in place to link prescriptions issued to patients with their care records.
- There was no effective system in place for receiving, assessing and acting on patient safety alerts such as those from the Medicines Healthcare Regulatory Advisory.
- There were no arrangements in place for the identification, recording, reporting, monitoring and learning from significant events in the service.

Are services effective?

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

- Patient care records did not demonstrate service users were being treated in accordance with any recognised evidence based guidelines.
- The service did not have a quality improvement programme in place to monitor and improve the quality of care and treatment provided.
- We found staff that who carried out the ultra sound scanning and gynaecological examinations did not have the qualifications, training, skills and experience to do so safely as they had not received specific training in these areas.
- There was some evidence that non-clinical staff had received training during the last twelve months.
- Patients were referred to other healthcare services where required such as hospitals, however there was no system in place for following up referrals or pathology results.
- Only one of the four GPs had completed Mental Capacity Act 2005 training. The lead GP could not demonstrate they understood the relevant consent and decision-making requirements of the legislation.

Are services caring?

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

- CQC comment cards indicated patients were treated with compassion, dignity and respect.

Summary of findings

- Staff were polite, helpful and aware of the need to maintain patient privacy and confidentiality.

Are services responsive to people's needs?

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

- The service was responsive to patient needs for example, arranging appointments on request and at a time convenient to the patient.
- Information about how to complain was available. The provider had not received any complaints about the doctor's consultation service in the past two years.
- The service offered appointments primarily to French speaking patients and all staff spoke French and other languages.
- Fees were clearly set out and cost saving initiatives available.
- The service was only accessible via stairs; however this was clearly communicated via the service leaflet and website. The provider told us patients requiring level access or assisted access were offered a home visit.

Are services well-led?

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

- The provider did not have a clear vision about the scope of the service and the needs of patients who used the service or supporting business plan in place to achieve any identified priorities.
- The practice did not have a business continuity plan.
- Staff did not receive formal appraisals or development reviews and were not supported to perform their duties competently through identifying required training.
- Policies and procedures were available to all staff which were updated and reviewed regularly. However, the GP did not have any systems in place to assure these were operating as intended, thus some policies and procedures were not effective in managing risks.
- The provider was not aware of and did not have systems to ensure compliance with the requirements of the duty of candour with patients.
- The provider had systems in place to ensure patient records were stored securely and treated confidentially. However, we found they were not accurate, complete contemporaneous records in respect of each patient.

French Medical Clinic

Detailed findings

Background to this inspection

The provider 21st Century Clinic Limited has two locations registered with the Care Quality Commission. The French Medical Clinic is located in the basement of Harley House, Brunswick Place in London and provides general medical services to any fee paying patient; however the service is predominantly aimed at French speaking patients from Britain and overseas. The service has a high number of patients from French speaking African nations, as well as Somalia, and British patients from Somali communities across England.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines.

Professor Boyde 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.

The service includes the full range of non-emergency services you would expect from a private GP service, and is available by appointment or on a 'walk in' basis.

The service offers appointments with the GP with referral to specialist services as required. The practice is open from Monday to Friday from 8am to 6pm.

The practice treats adults and children. Patients can book appointments by telephone or in person. It has a registered patient list receiving primary care as required and also provides services on an ad hoc basis, for example to tourists. The practice estimates that it currently has around 1600 registered patients actively using its services.

Patient facilities are provided in a basement room of rented premises in Brunswick Place, however there is no lift. The staff team include three GPs - two males and one female, a practice manager, part-time nurse and two reception staff.

We carried out this inspection on 10 April 2018. The inspection team comprised a lead CQC inspector, GP specialist advisor and a second inspector.

The Care Quality Commission had previously inspected French Medical Clinic on 22 July 2013, 19 August 2014, 27 February 2015 and 13 June 2017. Following these inspections, reports were issued identifying failures to comply with Regulations current at the time of inspection

Before this inspection visit, we reviewed a range of information we hold about the service and asked the practice to send us some information about the service which we also reviewed.

During our visit we:

- Spoke with the lead GP, the practice manager and a receptionist.
- Reviewed comment cards where patients had shared their views and experiences of the service in the days running up to the inspection.
- Reviewed documentary evidence relating to the service and inspected the facilities, equipment and security arrangements.
- We reviewed a number of patient records alongside the GP. We needed to do this to understand how the service assessed and documented patients' needs, consent and any treatment required.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

• Is it safe?

Detailed findings

- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

We found that this service was not providing safe services in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the enforcement notices at the end of this report).

Safety systems and processes

The providers systems, processes and procedures did not always keep patients safe and safeguarded from abuse:

- We looked at policies and procedures designed to keep patients safe and safeguarded from abuse. We found that the service had a policy for safeguarding children that provided external contact details for referring safeguarding concerns; however the service did not have a policy or procedure safeguarding adults at risk of abuse.
- Arrangements to safeguard children and vulnerable adults from abuse did not fully reflect relevant legislation. We found that safeguarding arrangements did not include the identification and prevention of harm or risk of harm from Female Genital Mutilation (FGM), despite a high proportion of service users from communities linked to high risk areas.
- We found not all staff had undertaken safeguarding training to appropriate levels, including the safeguarding lead for the service. Non clinical staff had completed level 1 and one GP had completed level 3 safeguarding training.
- A chaperone service was offered, however staff carrying out the role had not been trained to do so effectively and care records did not demonstrate the service had offered or used chaperones during intimate examinations of patients.
- We looked at personnel records and found appropriate information including, proof of identification, qualifications, registration with the appropriate professional body and DBS checks. (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). The GP had also provided evidence of indemnity insurance; however it was not clear whether the insurance adequately covered all clinical staff.
- The service maintained appropriate standards of cleanliness and hygiene and we saw cleaning schedules and monitoring systems in place. There were infection prevention and control procedures and staff had received up to date training on these. The provider disposed of clinical waste appropriately.
- We found equipment in the premises had not been serviced or checked to ensure it was suitable for the purpose for which it was being used. The types of equipment included weighing scales, thermometers and blood pressure monitors and Ultrasound scanning equipment. We saw stickers attached to weighing scales which indicated it had been self-calibrated by the provider.
- We saw evidence that electrical equipment had been checked under portable appliance testing (PAT) in January 2018 to ensure the equipment was safe to use.
- An external fire risk assessment was carried out in July 2017.. It had identified actions to be carried out which were assessed as high or medium risk. We did not see evidence that the recommended actions had been taken or that any actions taken or still required had been recorded and monitored.

Risks to patients

The service had some arrangements in place to respond to emergencies and major incidents:

- All staff had received annual basic life support training.
- The practice did not have an automatic external defibrillator (AED) available for use in medical emergencies and there was no risk assessment mitigating the risks to the health and safety of service users of the absence.
- There was emergency oxygen with adult and child masks which were in date.
- We were not given any evidence to demonstrate the GP was aware of the presenting symptoms of acutely unwell patients including sepsis.
- The practice kept a small stock of medicines to treat patients in an emergency, however we noted that although regular checks were carried out, there was no Chlorphenamine, used to treat anaphylaxis, and no risk assessment carried out mitigating the risks to service users of the absence.

Are services safe?

Information to deliver safe care and treatment

On booking an appointment, and at each consultation, the GP had access to the patient's previous records. Patients making an appointment for the first time were asked to complete a new patient registration form with their contact details and date of birth. However, we noted they were not asked for any details about their medical and family history, any current treatment or health conditions or any details of their NHS GP if they had one.

There were no systems in place to seek patients' consent to share information about care and treatment provided by them with their NHS GP (if they had one).

Safe and appropriate use of medicines

The provider did not have arrangements for managing medicines (including obtaining, prescribing, recording, handling, storing and security).

- The practice did not have any protocols for prescribing and repeat prescribing and there was no system in place to link prescriptions issued to patients with their care records.
- We found recognised national prescribing guidelines for antimicrobial medicines had not been taken into account, implemented or followed and we saw evidence in patient care records demonstrating non-compliance.
- There was no effective system in place for receiving, assessing and acting on patient safety alerts such as those from the Medicines Healthcare Regulatory Advisory.
- No vaccines or controlled drugs were kept at the practice.

Track record on safety

There were no arrangements in place for the identification, recording, reporting, investigation, management, monitoring and learning from significant events in the service.

Staff told us that if any incident occurred they would enter it in the accident book that was kept in reception. However, although we were told of an incident that had occurred there was nothing noted in the accident book. There was some evidence that the incident had been discussed in a clinical meeting.

We also found the provider did not have any arrangements in place in relation to backing up or encryption of patient records.

Lessons learned and improvements made

The provider was did not demonstrate awareness of the requirements of the Duty of Candour. The service did not have any systems in place for knowing about notifiable safety incidents

We did not see any evidence to demonstrate that when there were unexpected or unintended safety incidents the service gave affected people reasonable support, truthful information and a verbal and written apology as we were told no incidents relating to patients had taken place.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

We looked at patient care records and they did not demonstrate service users were being treated in accordance with any recognised evidence based guidelines, or that these guidelines were being taking into account. The service had access to the British National Formulary which was out of date with the 2016 version being available and care records and discussions with staff did not demonstrate it was being followed.

Monitoring care and treatment

The service did not have a quality improvement programme in place to monitor the quality of care and treatment. There had not been any clinical audits completed since 2014 to assess, improve and monitor the quality of care provided. Further, no action was taken in relation to the results in the 2014 audit as the GP did not agree with the outcome.

Effective staffing

We found staff who carried out the ultra sound scanning and gynaecological examinations did not have the qualifications, competence, skills and experience to do so safely as they had not received specific training in these areas.

We did see evidence that other clinical staff had completed training that included information governance, equality and diversity, preventing radicalisation and infection control. They also had opportunities to complete some clinical training.

There was some evidence that non-clinical staff had received training during the last twelve months in areas such as fire safety, basic life support and infection control.

Coordinating patient care and information sharing

The service shared information to plan and co-ordinate patient care effectively.

- Patients were referred to other healthcare services where required such as hospitals, however there was no system in place for following up referrals or pathology results. Further, there was no evidence that the service worked with other relevant health care professionals such as hospital consultants to assess and plan ongoing care and treatment.
- We saw evidence that information was shared on one occasion with an NHS GPs with patients' consent.

Supporting patients to live healthier lives

The GP told us they would provide information and advice about healthy living, on an ad-hoc basis to patients, for example in relation to smoking and diet.

Consent to care and treatment

The GP sought patients' consent to care and treatment in relation to specific procedures such as joint injections. However, only one of the four GPs had completed Mental Capacity Act 2005 training. The lead GP could not demonstrate they understood the relevant consent and decision-making requirements of the legislation and guidance relating to adults and children.

Are services caring?

Our findings

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

Kindness, respect and compassion

We received seventeen CQC comment cards from patients which were wholly positive about the service. Patients commented that the service was very good and described the GP as very caring.

Involvement in decisions about care and treatment

The service ensured that patients were provided with information, including costs, to make decisions about their treatment.

The practice provided facilities to help involve patients in decisions about their care:

- All staff spoke French and English and also offered a range of other languages such as Arabic, Portuguese, Italian, Russian, Somali, Swahili and Lingala.
- Information leaflets were available explaining the services available.
- The practice supported patients with the referral process. The GP met with patients to confirm referral preferences (for example suitable dates and times); however the GP did not actively track the referral to ensure that appointments had been made or that the referral was appropriate.

Privacy and Dignity

Screens were provided in the consulting room to maintain patients' privacy and dignity during examinations, investigations and treatments. The provider displayed information informing patients that chaperones were available. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. The GP was aware of the importance of protecting patient confidentiality, all staff signed a confidentiality agreement and some staff had undertaken training on information governance.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences. The service understood the needs of its population and tailored services in response to those needs. The service offered appointments primarily to French speaking patients; however the service was open to any fee paying patient, with fees clearly set out and cost saving initiatives available.

The service was only accessible via stairs; however this was clearly communicated via the service leaflet and website. Patients requiring level access or assisted access were offered a home visit.

Timely access to the service

Appointments could be made over the telephone, face to face or on a 'walk-in' basis. The practice was open from Monday to Friday from 9am to 5pm. Patients seeking urgent or emergency treatment were referred to other services and the NHS.

Patients were able to pre-book appointments with same and next day appointments usually available. Waiting times, delays and cancellations were minimal and managed appropriately.

Listening and learning from concerns and complaints

Information about how to make a complaint or raise concerns was available from reception, in the service leaflet and via the website.

The complaint policy and procedures were in line with recognised guidance. There was a designated responsible person who handled complaints. The service had not received any complaints in the last two years.

Are services well-led?

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

Our findings

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

Leadership capacity and capability

The practice was led by the doctor. The service had a patient focussed ethos to deliver good, inexpensive care.

Staff told us the lead GP was approachable and staff felt supported. However staff did not receive formal appraisals or development reviews and were not supported to perform their duties competently through identifying required training.

Vision and strategy

The provider did not have a clear vision about the scope of the service and the needs of patients who used the service. The aims and objectives were set out in the mission statement for the service. The service did not have strategy or supporting business plan in place to achieve identified priorities.

Culture

There was a positive working culture in the service and staff stated they felt respected, supported and valued. They told us they were able to raise any concerns and were encouraged to do so with the GP where applicable.

The provider was not aware of and did not have systems to ensure compliance with the requirements of the duty of candour with patients.

Governance arrangement

The registered manager was the lead in all aspects of the service. Staff were clear about their roles and responsibilities. Policies and procedures were available to all staff which were updated and reviewed regularly. However, the GP did not have any systems in place to assure these were operating as intended, thus some policies and procedures were not effective in managing risks to service users, including the safeguarding policy.

Managing risks, issues and performance

Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not effective. For example the service did not have adequate arrangements in place for dealing with medical emergencies.

There were no systems in place to ensure lessons were learnt and shared following significant events and complaints.

Monthly checks were in place to monitor the environment and the health and safety of the service.

The lead GP did not have oversight of relevant safety alerts, incidents, audit results and complaints and there was no evidence of action to change practice or to improve the quality of the care and treatment provided.

The service did not have a business continuity plan including contact details for key contractors and utilities should there be a major environmental issue.

Appropriate and accurate information

The provider had systems in place to ensure patient records were stored securely and treated confidentially. However, we found the records were not accurate, complete and contemporaneous in respect of each patient. Care records were not clearly written and did not always include a diagnosis, a record of the treatment provided, safety netting or follow up arrangements.

Engagement with patients, the public, staff and external partners

The provider told us they encouraged and valued feedback from patients, the public and staff. There was a suggestions box in reception and the service had a patient satisfaction survey form that they would give to patients following a consultation. There was no evidence however to demonstrate that any action had been taken following feedback.

Continuous improvement and innovation

The lead GP did not have a focus on continuous learning and improvement and did not attend any regular learning and clinical update sessions.