

Poland Medical - Coventry

Inspection report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. (Previous inspection Jan. 2019 – not rated)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Poland Medical Coventry as part of our inspection programme to rate independent health providers and to follow up on a condition which was issued because of a breach of regulations.

The CQC inspected the service on 13 January 2019 and asked the provider to make improvements regarding strengthening established systems and processes to ensure that accurate, complete and contemporaneous medical records were being maintained securely for each service user. A Notice of Decision with one condition was issued as a result of the findings at the January 2019 inspection. We checked all areas as part of this comprehensive inspection and found that they had been resolved.

Poland Medical is an independent provider of medical services and treats both adults and children at their location in Coventry. Services are provided primarily to Polish people who live in the UK and who choose to access the services as an adjunct to the NHS services for which they are eligible to register.

The owner of the service 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 received 15 comment cards, which were all very complimentary about the standard of services provided and the professionalism of the doctors and non-clinical staff.

Our key findings were :

- The increased focus on continuous learning and improvement that we noted at the January inspection had been maintained.
- The Responsible Officer (RO), who was the clinical lead, carried out regular audits of the patients' medical records which were completed by each doctor. The RO had examined 157 medical records in the three months since April 2019 and we noted a marked improvement in the overall standard of medical record keeping. We therefore found that the condition which related to the standard of clinical oversight had been met.
- We noted that patient consent for care and treatment was recorded for each consultation.
- Overall governance arrangements had been strengthened.
- Discussion of significant events and complaints were standing items on the agenda of every clinical meeting.
- Quality improvement activity had focused on driving up the standard of medical record keeping, so that it was consistent for all doctors.
- The services provided by the clinic fulfilled a useful function for the Polish expatriate community and were much appreciated by patients.
- Patients were able to access specialist doctors very quickly.
- The provider had added Family Planning to its Regulated Activities since the January inspection.

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

- Consistently record the rationale for not sharing information with the patient's NHS GP, especially in relation to children.
- Review the scope of quality improvement activities to include theme or topic based clinical audits.
- Review the system for formally recording reflection or learning points from significant events.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist advisor. The team was supported by a Polish translator.

Background to Poland Medical - Coventry

Poland Medical is registered with the Care Quality Commission (CQC) as an independent provider of medical services. Both adults and children are treated at the Coventry location. Poland Medical, Coventry, is registered with the CQC to provide the regulated activities of diagnostic and screening procedures, family planning and treatment of disease, disorder or injury.

Poland Medical provides non-urgent services to a population which is mainly Polish. Services are available to people on a pre-bookable appointment basis. The clinic employs doctors on a sessional basis most of whom are specialists who provide a range of services from gynaecology to psychiatry. All clinicians are fluent in the Polish language. Medical consultations and diagnostic tests are provided by the clinic. No surgical procedures are carried out.

The clinic employs 14 doctors all of whom are registered with the General Medical Council (GMC) with a licence to practise. The doctors work across both the West London and Coventry locations. Other staff include the registered manager, the duty manager and reception staff. Poland Medical is a designated body (an organisation that provides regular appraisals and support for revalidation of doctors) with one of the specialist doctors as the Responsible Officer (an individual within a designated body who has overall responsibility for helping with revalidation). The Responsible Officer is also the medical lead for the clinic.

Poland Medical is open on Saturdays and Sundays from 10am until 6.30pm. A cardiologist and a gynaecologist

offer appointments on a Thursday evening from 4pm until 7pm. Appointments may be arranged on other days by prior arrangement via the West London clinic. The provider is not required to offer an out of hours service or emergency care. Patients who require emergency medical assistance or out of hours services are requested to contact NHS Direct or attend the local accident and emergency department.

Details about Poland Medical are available to download from the website: .

How we inspected this service

During our inspection we spoke with the owner of the service, two doctors, one of whom was the RO, and one of the reception staff. We also viewed procedures and policies which related to compliance with the remaining condition served in the Notice of Decision as a result of findings during the January 2019 inspection.

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

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

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

Are services safe?

We rated safe as Good because:

Poland Medical Coventry demonstrated that they provided services for patients in a manner that ensured patients' and staff safety.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. Policies were accessible to all staff and included details for points of contact if further guidance was needed.
- The service had systems in place to assess appropriately that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. It was the clinic's policy that all staff had a Disclosure and Barring Service (DBS) check. (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).
- We saw evidence that all staff had received up-to-date safeguarding and safety training appropriate to their role. The RO was the nominated safeguarding lead. Staff knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC). We saw that IPC audits were carried out every six months. The most recent audit was carried out in June 2019. No issues were highlighted. The premises were clean and appropriate for the clinical activities that were carried out.

- There was a legionella management policy and we noted that water checks were carried out and logged every month.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Portable appliance testing and equipment calibration were carried out annually by external contractors.
- Healthcare waste was managed safely.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Clinical staff and senior administrative staff had received training in the identification and management of patients with severe infections, for example sepsis. There were sepsis flowcharts in consulting rooms and posters about sepsis in the reception area.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. We noted a marked improvement in the overall standard of record keeping since the last inspection in January 2019. We viewed 16 patient medical records during the inspection and found that they were all accurate, complete and contemporaneous. Information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

Are services safe?

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. This was documented in the patient's medical record.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks. We checked the emergency medicines and found that they were all in date and that the range of medicines stocked was appropriate for the services provided.
- The service kept prescription stationery securely and monitored its use.
- The RO, who was also the clinical lead, carried out regular checks of each doctor's prescribing as part of the audit of their medical record keeping. There was an expectation that prescribing was in line with national guidance, including antimicrobial guidance. At the time of our inspection, audits had been carried out every month for the last three months. This was to ensure that prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Guidance on antimicrobial prescribing was displayed in each consulting room.
- There were effective protocols for verifying the identity of patients including children. We saw that checks were carried out and recorded for each visit to the clinic and that parental responsibility was assessed.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. We noted that 13 appropriate non-serious events had been recorded in the previous 12 months. Staff understood their duty to raise concerns and report incidents and near misses. The management team supported them when they did so.
- The system for reviewing and investigating when things went wrong had been strengthened since the last inspection in January 2019. We noted that discussion of significant events was a standing item on the agenda of every clinical meeting, but there was minimal evidence of reflection or learning. The provider said that this would be added to each significant event form, so that there was a formal record of reflection and learning.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service gave affected people support, information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team. Hard copies of all alerts were kept in a folder that was accessible to all staff. We viewed three recent alerts and saw that they had been appropriately actioned and discussed at meetings.

Are services effective?

We rated effective as Good because:

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

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service had prioritised improving the standard of medical record keeping for their quality improvement activity. The RO carried out regular audits of the patients' medical records completed by each doctor (including prescribing). Each doctor received one to one feedback and was supported to improve where necessary. We observed a considerable improvement in overall standards of record keeping as a result of these audits.
- We noted that theme or topic based clinical audits were not currently included in the quality improvement activity. We were told that an audit on antimicrobial prescribing was planned.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Doctors were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were expected to complete online modules of topics that the service considered to be mandatory, for example, information governance, health and safety, infection prevention and control and basic life support. Staff told us that they were given opportunities to develop.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, the patient's NHS GP or secondary care when the patient had consented to this.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. Consent was recorded in the patient's medical record. However we noted that the rationale was not always recorded for not sharing information with the patient's NHS GP, especially in relation to children.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.

Are services effective?

- We were given examples of when patients assessed as being vulnerable were referred to appropriate external services for support.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. Patients who were referred to other services were followed up on an individual basis.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their NHS GP for additional support.

- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately. We saw that consent for each consultation was recorded in the patient's medical record.

Are services caring?

We rated caring as Good because:

We found that the service was providing care for patients in a compassionate and supportive manner. Patients' needs were always respected and doctors involved them in decisions about their treatment options.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback on comment cards evidenced the caring, friendly and helpful staff.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. We heard how much new mothers appreciated the level of support that they received.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- All patients who attended the clinic spoke either English or Polish. Staff spoke both languages, which meant that interpreters were not needed.
- Information on the clinic's website could be downloaded in Polish or English.
- Patients wrote on comment cards that they felt listened to and supported by staff.
- The clinic's website included details of all the specialist doctors, the scope of services offered and the schedule of fees.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

We found that staff at Poland Medical Coventry were responsive to patients' needs and that the clinic was fully equipped to deliver services.

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 provider understood the needs of their patients and improved services in response to those needs. For example, appointments with a gynaecologist were available on a Tuesday evening and appointments with a gynaecologist or a cardiologist were available on a Thursday evening. This provided extra flexibility for patients who could not attend during the weekend.
- The facilities and premises were appropriate for the services delivered.
- The premises were not suitable for patients who had mobility difficulties, because there was a step leading up to the main entrance and there was no toilet for patients who required additional space for access. Patients with access problems were advised to contact the clinic in advance, so that they could be directed to an alternative local NHS or private clinic, which provided facilities for disabled patients.
- A hearing loop was provided for patients who were hard of hearing.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.

- Patients could book appointments on alternative days by prior arrangement via the West London clinic. All appointments were pre-bookable. Urgent appointments were not provided.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients wrote on comment cards that the appointment system was easy to use. This was also evidenced by results of the in-house patient survey (97% of respondents said that it was easy to make an appointment).
- Referrals and transfers to other services were undertaken as appropriate.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available in the reception area. Staff treated patients who made complaints compassionately.
- The registered manager was the designated lead for handling complaints.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaints policy and procedures for staff to follow in the event of a complaint.
- We noted that the registered manager responded promptly to email complaints. We looked at one complaint that concerned a procedure at the Coventry location and saw that it had been dealt with appropriately in accordance with the complaints policy.

Are services well-led?

We rated well-led as Good because:

Poland Medical Coventry was well organised and had a range of clear policies and procedures. All staff shared the vision to promote a high-quality service with the focus on continuity of care.

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- The management team could articulate the issues and priorities relating to the quality and future of services. They understood the challenges and were working to address them.
- Staff told us that the management team was visible and approachable.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a strategy and supporting business plan to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They enjoyed working at the clinic.
- The service focused on the needs of patients.
- The RO and registered manager acted on behaviour and performance which was inconsistent with the vision and values.
- The service's culture promoted openness, honesty and transparency. Incidents and complaints were dealt with in a fair and timely manner. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- Staff told us that the relationship between staff and the management team was very positive.

Governance arrangements

There were responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. We noted that the standards of clinical oversight and overall governance had improved since the last inspection in January 2019.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- There was a comprehensive range of policies and procedures to promote safety.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.

Are services well-led?

- The registered manager and RO had oversight of safety alerts, incidents, and complaints.
- The provider had a Business Continuity Plan, which contained detailed contingency arrangements in the event of an emergency.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and sustainability were discussed in relevant meetings where all staff had access to information.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data and medical records.

Engagement with patients and staff

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

- The service encouraged feedback and concerns from the patients and staff. Comment cards were available in reception and an in-house survey was carried out every year. Results from the survey were uploaded to the clinic's website. Data collated from the 2018 survey showed that 97% of respondents found it easy or very

easy to make an appointment. 92% of respondents waited less than 10 minutes for their appointment and 100% said that they were satisfied or very satisfied with their appointment.

- Staff said that they could provide feedback verbally to the duty manager or registered manager. The duty manager attended the staff meetings which were held at the West London clinic.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement

There was evidence of systems and processes for learning and continuous improvement.

- The increased focus on continuous learning and improvement that we noted at the January inspection had been maintained.
- The service discussed incidents and complaints. We viewed minutes of meetings where these had been discussed.
- The RO spoke with each doctor regularly and encouraged them to review their performance. We received feedback that the level of support for doctors was very good.