

La Maison Medicale

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

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 unrated inspection of this service on 25 April 2018, and as a result, identified breaches of regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. A warning notice under regulation 12 and a requirement notice in respect of regulation 17 were issued, requiring the provider to make improvements regarding the provision of safe care and treatment, effective care and well-led services.

A focused follow-up inspection was carried out on 12 September 2018 to confirm that the practice had addressed the issues in the warning notice. At this time, we found that the service had satisfactorily addressed all issues identified at the April 2018 inspection.

This inspection on 16 October 2019 was undertaken as part of our programme of inspecting (and rating) independent doctor services registered with the Commission. This inspection was the first rated inspection of this service.

Our key findings were:

- Staff had been trained with the skills and knowledge to deliver care and treatment.
- The service had systems to keep people safe and safeguarded from abuse.
- The service did not undertake clinical audits but used data to make quality improvements to its service.
- Information about services, how to complain and the range of services and fees was available.
- The service treated patients with kindness, respect and compassion.
- The service organised and delivered services to meet patient need.

The areas where the provider should make improvements are:

- Monitor the usage of prescription stationery.
- Look at current systems to enable the service to conduct clinical audits.
- Continue to review and update service policies and procedures.
- Document identified risks within the service and their mitigation in a timely way.

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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. The team included a GP specialist advisor.

Background to La Maison Medicale

La Maison Médicale is a private doctors' clinic based in South Kensington, in the south-west part of central London. The service provides services to the whole community. Many patients registered with the service have French as either their primary or second language. The service provides patients with access to several clinical specialists, a number of whom are located primarily in France, but are registered to practice medicine in the UK. These specialists have experience in several areas including general medicine, dermatology, gynaecology, urology, as well as providing physiological and lifestyle assessments. These clinical specialists are contracted to work at the service when their services are required by a registered patient.

The services offered by La Maison Médicale are provided to adults and children as private patients.

The service is situated in a rented basement floor of a terraced converted building, which has consultation/treatment rooms, a patient waiting area, patient toilets and rooms for administrative staff.

The nominated individual (the point of contact between the Commission and 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.

La Masion Médicale is registered to conduct the following regulated activities under the Health and Social Care Act 2008:-

- Treatment of disease, disorder and injury
- Diagnostic and screening procedures

Prior to our visit, the service was provided with feedback cards for their customers to complete with their views about the service by completing comments cards. Nineteen feedback cards were completed prior or during our inspection of the service.

The service is open at the following times: -

- 8:30am – 8:30pm (Monday – Friday)
- 8:30am – 1:00pm (Saturday)

How we inspected this service

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:

- *The provider had systems and procedures which ensured that users of the service and information relating to service users were kept safe. Medicines at the service were kept securely and regularly monitored to ensure that they were fit-for-purpose.*

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 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.
- The service had systems in place to assure 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. 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). All staff who worked at the service had been DBS or Extrait de Casier Judiciaire (French equivalent) checked.
- 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.
- There was an effective system to manage infection prevention and control. The service conducted regular in-house infection control audits. These were undertaken by the practice nurse or a member of the administrative team along with a nurse consultant employed by the service. The most recent legionella assessment had been undertaken by the building landlord in July 2018.

- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. We saw evidence that medical equipment had been professionally checked and calibrated in October 2019. Similarly, portable appliance testing of electrical equipment used at the service had been conducted in October 2019. There were systems for safely managing healthcare waste.

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. This was monitored by the service manager.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place. Of the records we checked, clinical members of staff had their own indemnity insurance, and this was noted on the staff records we looked at.

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 a bespoke clinical recording system. Each patient had a patient record which detailed information needed to deliver care and treatment. The patient record had different levels of accessibility and it

Are services safe?

was possible for clinical staff to lock certain parts of the clinical record so that it was only accessible to a certain member of clinical staff. Access to all patient records was by individual password staff log-in and was available to staff in a timely and accessible way. Patient records contained a record of all consultations, test results, assessments and treatment plans. We viewed a sample of these records and found that these had been completed to a satisfactory standard. Some patient records were completed in French, with an English translation alongside.

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- 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, controlled drugs, emergency medicines and equipment minimised risks. Whilst the service kept prescription stationery securely, there was no system to monitor its use.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.

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. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned, and shared lessons identified themes and acted to improve safety in the service. The service was able to talk with the inspection team regarding an incident between a patient and a member of staff. Following the reporting of the incident to service management, the service spoke with both parties involved in the incident to ascertain why the incident occurred. As a result, a new protocol was put in place to deal in future with similar incidents at the service.
- 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 reasonable support, truthful 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 manager disseminated alerts to the lead doctor, who would in turn, forward the alert on to all other doctors at the service. Whilst the inspection team, could not fully assure themselves that this was being completed in a timely manner, one of the consultant doctors we spoke to on the day was able to show us the latest medicines alert they had received.

Are services effective?

We rated effective as Good because:

- The provider had systems and procedures which ensured clinical care provided was in relation to the needs of service users. Staff at the service had the knowledge and experience to be able to carry out their roles. Care was provided in accordance with national guidelines.

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.
- Arrangements were in place to deal with repeat patients. If a patient was required to have ongoing treatment, this would be discussed with them during their consultation and a follow-up appointment arranged before the patient left the service.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service had limited quality improvement activity.

- The service did not routinely conduct clinical audits. We were told that due to the way the service was run (clinical staff working at the service have practicing privilege) it was not an area of work that the service currently did. It was an area of work that the service hoped to develop in the future. The service used information about care and treatment to make improvements. The bespoke clinical system that the service used allowed the service to obtain data giving an overview of the service. From this data, the service was able to conduct quality improvements to the service. An

example of this was the increase in opening hours after the analysis of data which highlighted the demand from patients for appointment towards the end of the working day.

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.
- Relevant professionals (medical and nursing) were registered with either the General Medical Council (GMC) or Nursing and Midwifery Council 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 by the practice manager. Staff were encouraged and 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.
- 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.
- 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.
- 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.

Supporting patients to live healthier lives

Are services effective?

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.
- 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. This was achieved through random checks on patient records.

Are services caring?

We rated caring as Good because:

- *The service sought to treat service users with kindness, respect and dignity. The service involved service users in decisions about their treatment and care.*

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on customer satisfaction of the service they received.
- Feedback from patients was positive about the way staff treat people.
- 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 received 19 CQC comment cards regarding the service, all of which were positive about the care and service received from the practice.

Involvement in decisions about care and treatment

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

- Patients told us through comment cards, that they felt listened to and supported by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available (if requested).

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:

- *The provider was able to provide all service users with timely access to the service. The service had a complaints procedure in place and it used service users' feedback to tailor services to meet user needs and improve the service provided.*

Responding to and meeting people's needs

The service organised deliver 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. The service had recently extended its opening hours to take account of the rising demand for after work appointments. The service opened between the hours of 8:30am - 8:30pm (Monday - Friday), and 8:30am -1pm (Saturday).
- Home visits were available on request.
- The facilities and premises were appropriate for the services delivered. The service was however restrictive to those who had mobility issues, as it was located on the basement floor of a converted listed building in South Kensington. The service told us that they would assist patients with young children down the iron staircase. The service also told us that they would direct prospective patients with mobility issues to other French-speaking independent doctors services who had level access for patients.
- The service had a website which listed all clinical services available. The website was available in English and French.

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.
- Waiting times, delays and cancellations were minimal and managed appropriately. Patients would be notified in advance if a scheduled appointment had to be cancelled.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. For example, when requiring blood tests for patients, the service had an account with an independent provider of clinical laboratory diagnostic services based in the UK, who undertook testing on behalf of the service.

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. This information was available at the reception area of the service. Staff treated patients who made complaints compassionately.
- 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 complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. We viewed a complaint made to the service regarding the attitude of one of the doctors. We noted that the service spoke with the doctor concerned about the complaint before the service responded to the complainant. The response was responded to in a satisfactory manner and within an acceptable timescale.

Are services well-led?

We rated well-led as Good because:

- *The service leaders were able to articulate the vision and strategy for the service. Staff worked together to ensure that service users would receive the best care that the service could provide. The provider was able to provide all service users with timely access to the service. The service had a complaints procedure in place and it used service users' feedback to tailor services to meet user needs and improve the service provide.*

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. This was evidenced through the increase of opening hours and the service seeking to recruit further clinical staff.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- 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 vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners (where relevant). For example, the service spoke with us about a recent initiative where as part of a group of local independent doctor services, they have started meeting together to share experiences and identify areas of work where they can work closer together.
- Staff were aware of and understood the vision and values and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance which they found inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. 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 regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was an emphasis on the safety and well-being of all staff.
- There were positive relationships between staff and teams.

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. 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
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Not all policies we

Are services well-led?

viewed had been recently updated. The service told us that they were aware of this and that there was a programme in place to have all the policies and procedures up-dated within the coming months.

Managing risks, issues and performance

There was some clarity around processes for managing risks, issues and performance.

- There were some processes to identify, understand, monitor and address current and future risks including risks to patient safety. However, the service was not able to evidence fully what plans they had to address risks. For example, we spoke with the service about safety of reception staff staying to the end of service to close the building on their own in the evenings. The service acknowledged that this was a risk, and had ideas how to mitigate this risk, but there was no formal risk register/ document held by the service at a local level where this or any other risk and action to be taken was documented.
- The service manager told us that they received safety alerts, which was then disseminated to clinicians, but there was no check to see if clinicians had read the alert.
- 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. Leaders had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications 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

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. Patients were given feedback forms when they attended the service.
- Staff could describe to us the systems in place to give feedback, through team meetings for example. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. This was evidence through the collaborative working with other local independent health providers and the local pharmacy.