

Dispensaire Francais

Inspection report

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Date of inspection visit:
Date of publication: 18/12/2019

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 September 2018 – not rated in line with our methodology at that time).

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

As part of our inspection programme we carried out an announced comprehensive inspection at Dispensaire Francais on 15 October 2019 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.

Our key findings were :

- The service had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the systems in place supported learning and improvement.
- The service had adequate equipment and arrangements in place to respond to medical emergencies.
- There was a process for reporting, investigating and sharing learning outcomes for significant events.
- Staff received appropriate training and support to enable them to perform their role.
- Patient feedback indicated staff treated them with kindness, dignity and respect.
- Patients found it easy to get an appointment at a time that was convenient to them.
- There was a strong focus on continuous learning and improvement.
- Policies and procedures were service specific and reviewed regularly.
- The service was up to date with and adhered to local and national guidance.

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Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP Specialist Advisor and a Practice Manager Specialist Advisor.

Background to Dispensaire Francais

Dispensaire Francais is a registered charity of medical and social support for French speaking individuals based in the UK. The organisation provides support to the French speaking community to navigate the healthcare system in the UK and in some cases facilitate their return to France for treatment. The service does not provide on-going medical treatment. Services are provided to adults and children on low income. Patients are charged a small registration and consultation fee.

Dispensaire Francais is CQC registered to provide the regulated activities of Treatment of disease, disorder or injury and Diagnostic and screening procedures. Clinical specialties at the service include general medicine, dermatology, otolaryngology, psychiatry, gynaecology, psychomotricity, psychology, physiotherapy, osteopathy, nutrition and speech therapy (speech therapy and psychology treatments provided are exempt by law from CQC regulation).

Services are provided at 184 Hammersmith Road, London, W6 7DJ. The services' opening times are: Monday to Thursday 9am-5pm and Friday 10am-4pm. The service is closed on Saturday and Sunday. When closed, the services' answer phone message directed people to the NHS 111 service and 999 service in the event of an emergency. Full details can be found on the website <http://www.df-sfb.org.uk/en/>.

Medical support is provided by 27 French speaking health professionals on a volunteer basis. All clinical staff are registered with professional bodies. The service is staffed by four employees: a receptionist, a nurse practitioner, a manager and an assistant manager. The centre is supported by a central operational and governance team based in London.

The service has seven consulting rooms two of which are leased to other healthcare professionals. The provider occupies three consulting rooms, one psychology room, one speech therapy room and a patient reception area. The building has four toilets, which are accessible to people with a disability.

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 the service as good for providing safe services.

Safety systems and processes

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

- All safety and safeguarding processes had a service specific policy and were adhered to. There was a lead member of staff for safeguarding and all staff were trained to the required level for their role. For example, the GPs and nurse were trained to safeguarding level 3 in line with national guidance.
- Staff displayed knowledge of the Mental Capacity Act 2005 and its applications.
- The service carried out comprehensive recruitment checks including references, proof of identification and Disclosure and Barring Services (DBS) check. When we reviewed personnel files saw evidence that all clinical staff received an enhanced DBS check, according to clinical policy. 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.
- Staff had been trained to undertake chaperone duties and patients were made aware they could request a chaperone. There were notices in the waiting room and in consulting rooms advising patients that chaperones were available.
- There was an effective system for managing fire safety. For example, we reviewed a fire risk assessment that had been completed in the last 12 months. We found that actions identified in the risk assessment has been addressed by the service.
- The service had a building risk assessment and undertook the relevant checks for the infection prevention and control and Legionella. Infection prevention and control and cleaning audits were completed annually to ensure best practice was maintained. Legionella is a term for a bacterium which can contaminate water systems in buildings.
- The premises were clean, tidy and décor was in good condition. There was evidence of regular cleaning confirmed by a cleaning schedule which identified method, frequency and areas to be cleaned.
- Equipment was single use and within the expiry date.
- Staff immunity status was monitored, and all staff were up to date with their own immunisations.

Risks to patients

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

- Staffing levels were sufficient for the demands of the service. All sickness and absences were covered by the staff themselves.
- Staff felt they had received a good induction to the service, personnel files we reviewed confirmed this. Staff felt supported by the training and support they received.
- Staff spoken to on the day were familiar with the emergency procedures regarding the safety of the building and also any medical emergencies. They were aware of the location of emergency equipment and emergency medicines. All the medicines and equipment were appropriate, accessible and fit for use. The service also had its own stock of emergency medicines. We saw evidence there was an effective system in place for ensuring the emergency medicines were available and in date.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. Non-clinical staff demonstrated knowledge in identifying the red flags symptoms for severe infection including sepsis.
- The service had all the appropriate indemnity arrangements in place to cover all potential liabilities.
- The service had a business continuity plan in place for major incidents such as power failure or building damage.
- There was a policy in place to ensure adults accompanying patients under the age of 16 had the authority to do so.

Information to deliver safe care and treatment

The GP had the information needed to deliver safe care and treatment to patients.

- There was an effective system in place to manage patient safety alerts for example those issued by the Medicines and Healthcare products Regulatory Authority (MHRA). Clinicians we spoke with on the day of inspection demonstrated an awareness of the most recent safety alerts.

Are services safe?

- There was a system in place to check the identity of patients accessing the service including verifying the parental authority for patients under sixteen years of age.
- All patients to the service had to undertake an initial assessment in order to ensure their medical history and needs were completely understood and noted. Patients were required to present identification when registering. Notes and records were securely accessed and stored.
- The care records we saw showed that information needed to deliver safe care and treatment was available. Referral letters we reviewed included all of the necessary information to ensure coordinated patient care.
- There was a system in place for sharing information with other agencies to enable the safe delivery of care and treatment.

Safe and appropriate use of medicines

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

- There were effective systems for managing medicines, including prescribing and storing of medicines. Appropriate checks were undertaken for emergency medicines and emergency equipment to minimise risks. The service did not stock any medicines that were required to be stored in a refrigerator. The service did not prescribe high risk medicines or controlled drugs. Private prescriptions were occasionally issued, we saw evidence prescriptions were securely stored.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The service had reviewed its antimicrobial prescribing and took action

to support good antimicrobial stewardship in line with local and national guidance. For example, by completing a two-cycle clinical audit on antibiotic prescribing.

Track record on safety

The service had a good track record on safety.

- There had been no significant events recorded within the last 12 months. We saw evidence there was a system for managing significant event which promoted recording, analysing and sharing identified learning and any resulting improvement made. For example, there was a clear, service specific policy in place to inform staff through the reporting process.
- There were comprehensive risk assessments in relation to safety issues for example, annual fire risk assessments, health and safety risk assessment, annual infection prevention and control audits, annual portable appliance testing, annual calibration of medical equipment and risk assessments were in place for any storage of hazardous substances.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- 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.
- Staff understood their duty to raise concerns and report incidents and near misses.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. We reviewed the log held of all relevant medicines and safety alerts and actions undertaken for relevant alert.

Are services effective?

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

The provider had systems to ensure staff were kept up to date with current evidence-based practice. We saw evidence clinical staff assessed and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patient outcomes were monitored using personalised treatment programmes, information and after care advice.
- The service monitored these guidelines through risk assessments, audits and random sample checks of patient records.
- Reception staff knew to contact clinical staff for any patients presenting with high risk symptoms such as chest pain or difficulty in breathing.

Monitoring care and treatment

There was evidence of quality improvement and the service routinely reviewed the effectiveness and appropriateness of the care provided. For example:

- There was a system in place to ensure consultation notes were peer reviewed for clinical effectiveness, we saw evidence to support this.
- The service reviewed prescribing of antibiotics, we saw evidence of this through a completed two-cycle clinical audit of antibiotic prescribing.

Effective staffing

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

- Clinical staff were registered with the appropriate medical authorities, had valid qualifications and could provide evidence of update training where required.
- Personnel files indicated mandatory training was completed by all staff as well as role-specific training. For example, the nurse had completed cytology update training.

- The service provided staff with ongoing support including annual appraisals. There was an induction programme for new staff. This included one to one meetings and coaching and mentoring.

Coordinating patient care and information sharing

The GP worked together with other services to deliver effective care and treatment.

- Patients received specific care options appropriate to their needs.
- The service co-ordinated care in order to ensure the treatments and referrals were relevant to the needs of the client and in line with their underlying medical needs. Referrals to private or NHS care were comprehensive and included all relevant patient information.

Supporting patients to live healthier lives

The provider ensured all the treatment and advice offered was in accordance to national guidelines and that all health advice was aimed towards ensuring patients were safe and aware of the best practice and prevention advice.

Consent to care and treatment

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

- The service understood the requirements of legislation and guidance when considering consent and decision making. We saw evidence clinicians were up to date with legislation and guidance. For example, by ensuring the most up to date guidance was available on the clinical system.
- Clinical staff supported patients to make decisions. Where appropriate, mental capacity was assessed and recorded to support the patient's decision making.
- The service monitored the process for seeking consent appropriately, there was a system for obtaining patient consent to share information with the patient's NHS doctor. We saw evidence of the provider sharing information of treatment were shared with the patient's own GP in line with general medical council guidance.

Are services caring?

We rated the service as good for caring.

Kindness, respect and compassion

Patient feedback reflected the GP treated patients with kindness, respect and compassion.

- We received 13 completed CQC comment cards and patient feedback was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- Staff completed training on equality and diversity.
- The service gave patients timely support and information.
- Patient feedback was collected and analysed regularly and was consistently positive.

Involvement in decisions about care and treatment

The provider helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard; a requirement to make sure patients and their carers can access and understand the information they are given.

- Staff communicated with people in a way they could understand, for example, by providing individual advice in French.
- The website was used to inform patients of symptoms and treatments and included a section on what information the service required of them prior to a consultation.

Privacy and dignity

The service respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. The service took account of patient needs and preferences.

- The facilities and premises were appropriate for the service delivered.
- The service was located in a four-storey building and was accessible by stairs and a lift, although the lift only went to the first floor. Patients with mobility issues were offered appointments on the ground floor or first floor.
- The facilities and premises were appropriate for the services delivered.
- Information about the services provided and associated costs were available to patients on the website, the service information leaflet and by reception staff when scheduling appointments. The website was available in French and English.

Timely access to care and treatment

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

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

- Waiting times and delays were minimal and managed appropriately.
- The appointment system was simple to use with booking available over the phone or via the provider's website.
- Consultations were available Monday to Friday by appointment only.

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. Staff treated patients who made complaints compassionately. There were no complaints within the last 12 months. There was a service specific policy for complaints, staff we spoke with during the inspection demonstrated an understanding of the policy and the management of complaints.
- The complaint policy and procedures were in line with recognised guidance. The service told us lessons were learned from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

Leadership capacity and capability;

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

- Leaders had the experience to deliver the treatment that was offered and to address and manage any risks associated with it.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were able to address them.
- Service specific policies were implemented and were available and reviewed regularly.
- There were appropriate arrangements for identifying, recording and managing risks.

Vision and strategy

The service had a clear vision and strategy to deliver high quality treatment and advice to patients the majority of whom were living and working in the London area.

- The service had a business plan in place.
- The service encouraged a holistic approach to care where appropriate. Advice and guidance was delivered according to national guidelines.

Culture

The service had a culture of high-quality care.

- Staff we spoke with told us they felt valued and enjoyed working for the service.
- There was a focus on tailoring advice and treatment to each client on an individual basis.
- There was a culture of openness and honesty, this was demonstrated through the reporting and management of incidents. Leadership had oversight of complaints and incidents and systems in place to ensure it complied with the requirements of the duty of candour.
- The service operated safely, with consideration given to potential emergency situations and how staff would manage them.
- Patients were encouraged to be involved in their own care and were given the appropriate choices and options in order to make an informed decision.

Governance arrangements

There were clear 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.
- Staff were clear on their roles and accountabilities and there were policies and procedures to ensure the service was being operated safely with a patient centred approach.

Managing risks, issues and performance

There was a clear and effective process 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.
- Clinical audits had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The service had plans in place to deal with major incidents.
- The service considered and understood the impact on the quality of care of service changes or developments.

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.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- There were robust 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 provider encouraged staff and patient feedback to support ongoing sustainable treatment.

Are services well-led?

- There were feedback processes and the service used its own feedback form to measure patient opinions.
- The service engaged with staff through appraisal and documented meetings. Staff told us they felt their feedback was appreciated.

Continuous improvement and innovation

- The service supported staff learning through its induction and training programme for staff.
- The provider had quarterly meetings to discuss case reviews and share learning.