

Medicaoptima Ltd

# Medicaoptima Ltd

## Inspection report

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### Overall summary

We carried out an announced comprehensive inspection on 6 March 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 providing safe care in accordance with the relevant regulations; however, there were some areas where the provider should make improvements.

##### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations; however, there were some areas where the provider should make improvements.

##### **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 providing well-led care in accordance with the relevant regulations; however, there were some areas where the provider should make improvements.

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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Medicaoptima Ltd provides a private general practice service, primarily to the local German-speaking population. The service is run by a single-handed GP, supported by a team of administrative staff. Other services are provided from the building, including consultations with a psychiatrist, psychologist, nutritionist and Chinese Medicine practitioner.

The GP 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.

During the inspection we spoke to four patients, all of whom were happy with the service they received from the

# Summary of findings

practice. We also reviewed all of the 21 CQC comments cards which had been completed by patients prior to the inspection and all of these contained positive feedback about the standard of care provided.

## **Our key findings were:**

- The practice had systems to manage risk so that safety incidents were less likely to happen; however, at the time of the inspection, in some areas these systems had not been formalised or risk-assessed; immediately following the inspection the practice provided evidence that a formal risk assessment in relation to Legionella and Infection Prevention and Control had been completed. When incidents did happen, the practice learned from them and improved their processes.
- The practice ensured that care and treatment was delivered according to evidence based guidelines. There was some evidence of formal structured reviews of the effectiveness and appropriateness of the care provided; however, this required some further development.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a focus on continuous learning and improvement.

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

- Review their current arrangements for checking the identity of patients and checking parental responsibility to ensure they are effective.
- Continue to embed their newly introduced risk assessment process for managing the risk of infection and Legionella.
- Review their current arrangements for sharing information with patients' registered NHS GP to ensure that risks are mitigated.
- Review their arrangements for documenting action taken in response to safety and medicines alerts.
- Review their arrangements for monitoring and reviewing the quality of care provided.
- Review their policies and procedures to ensure they contain current, practice-specific information.

# 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 providing safe care in accordance with the relevant regulations.

We found areas where improvements should be made relating to the safe provision of treatment. This was because:

- The provider did not have formal documented processes for carrying-out identity checks on patients, and they had not conducted a risk assessment on the arrangements they had in place, to ensure it was effective.
- At the time of the inspection the provider had not conducted a formal risk assessment in relation to the risk of Legionella, or audits in relation to infection prevention and control; however, they provided evidence that these had been completed immediately following the inspection.
- The provider had arrangements in place to share information with patients' registered NHS GP which relied on patients providing their GP with a letter summarising the care provided; however, they had not risk assessed this approach.
- The provider did not keep a record of the action they had taken in response to safety and medicines alerts.

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### **Are services effective?**

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

We found areas where improvements should be made relating to the safe provision of treatment. This was because:

- The practice did not have a programme of continuous clinical audit, as required by their own audit policy, to ensure that they could monitor and improve the quality of care being delivered.
- The practice did not have a formal documented process for establishing that individuals giving consent to treatment on behalf of children had appropriate parental responsibility, and they had not conducted a risk assessment on the arrangement that they had in place, to ensure it was effective.

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### **Are services caring?**

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

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### **Are services responsive to people's needs?**

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

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### **Are services well-led?**

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

We found areas where improvements should be made relating to the running of a well-led service. This was because:

- There were some areas where the provider needed to review their governance arrangements in order to ensure care was provided safely; for example, they had no formal arrangements in place in relation to managing the risks of infection, no formal arrangements to assure themselves of the identity of patients and those consenting to treatment on behalf of children, and risks relating to their arrangements for sharing information with patients' NHS GPs had not been assessed.

# Medicaoptima Ltd

## Detailed findings

### Background to this inspection

Medicaoptima Ltd provides a private general practice service in Richmond, South West London, primarily to the local German-speaking population. The service is run by a single GP, supported by a team of administrative staff. Other services are provided from the building, including consultations with a psychiatrist, psychologist, nutritionist and Chinese Medicine practitioner; however, these services do not fall within the scope of registration and therefore were not looked at as part of the inspection.

The GP is recognised by the German Embassy as a “physician of confidence” and also serves the nearby German School London.

The practice provides appointments Monday to Friday by appointment.

We carried out this comprehensive 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.

Our inspection team was led by a CQC Lead Inspector and included a GP Specialist Advisor and an Expert by Experience.

Before visiting, we reviewed a range of information we hold about the service. During our visit we:

- Spoke with the GP (who is also the registered manager) and a member of the administrative team.
- Spoke with patients who used the service.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed service policies, procedures and other relevant documentation.
- Inspected the premises and equipment in use.

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

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

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

# Are services safe?

## Our findings

### Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice had safety policies including adult and child safeguarding policies, which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and periodically during regular practice meetings. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients on records.
- The practice 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.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. 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).
- We saw evidence that risks relating to the spread of infection were managed; however, at the time of the inspection, the practice lacked formal systems for recording the activities undertaken; for example, they had not conducted an infection control audit. Immediately following the inspection the practice provided evidence that an infection control risk assessment had been conducted. The GP was responsible for infection prevention and control. We saw evidence that processes were in place to control the spread of infection; for example, we saw examples of cleaning schedules being followed and of regular

discussions in team meetings about current infection risks. We also saw examples of the practice being responsive to infection risks; for example, there was a process in place to ensure that where a child attended the practice who was found to have an infectious illness, the toys in the waiting area were disinfected.

- At the time of the inspection the practice had not completed a Legionella risk assessment; they provided evidence that this was completed immediately following the inspection.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

### Risks to patients

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

- The practice had a single GP who attended the practice daily. All patients were encouraged to register with an NHS GP, so patients had access to treatment when the GP was away. The practice also had a reciprocal arrangement with another nearby private practice and would signpost patients to that service when the GP was absent from the practice.
- Overall, the practice was equipped to deal with medical emergencies; however, on the day of inspection they did not have access to a paediatric oxygen mask (this was ordered immediately and following the inspection we were provided with evidence that it had been received). Staff were suitably trained in emergency procedures.
- 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.
- We saw evidence that the GP had appropriate professional indemnity insurance.

### Information to deliver safe care and treatment

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

# Are services safe?

- 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 practice had some processes in place to check the identity of patients. When patients registered with the practice they were asked to provide details such as name, address and date of birth. A large proportion of the practice's patients were referred to the practice via the German Embassy, and in these cases, the patient's identity would be verified by the Embassy; however, there was no formal documented process for carrying-out identity checks and they had not risk-assessed these processes to ensure that they were safe and effective.
- The practice had systems for sharing information with other agencies to enable them to deliver safe care and treatment; however, this process required review in order to ensure that risks were managed. The practice collected information about patients' NHS GPs (and where patients had recently moved from abroad, they encouraged them to register with an NHS GP). Following a consultation, the practice would provide the patient with a letter, summarising the consultation and treatment provided, and it was then the patient's responsibility to pass this information to their NHS GP. The practice had not conducted a risk assessment to consider the risks resulting from them not knowing whether the patient had chosen to pass on the letter to their GP. They had also not considered whether there were circumstances whereby it would be appropriate for them to directly notify the patient's NHS GP about the treatment provided (for example, where the medicines prescribed were potentially addictive). We saw an example of the practice sharing information directly with a patient's NHS GP where staff had safeguarding concerns relating to a child.

## Safe and appropriate use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice had carried out an appropriate risk assessment to identify medicines that it should stock. The practice kept prescription stationery securely.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

## Track record on safety

Overall, the practice had a good safety record; however, in some areas a more formal risk assessment process was required.

- The practice provided examples of their regular infection prevention and control (IPC) activities; however, they had not conducted a formal IPC audit in order to ensure that they had identified and were managing all IPC risks. Arrangements were in place to ensure that IPC risks were managed; for example, the practice used disposable instruments, they had schedules in place for the cleaning of clinical equipment, and staff were provided with regular training updates relating to IPC; however, they did not always formally record when these activities had been carried-out.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses, and we saw examples of incidents being recorded in the practice's daily recording log and being discussed in practice meetings. Not all staff were aware of how to record a significant event using the practice's formal recording form; however, staff said that they felt confident that they would be supported by the GP in formally recording an incident should they need to do so.
- There was a system for receiving and acting on safety alerts and staff gave us examples of the action they had taken in response to these alerts; however, there was no record kept of these.

## Are services safe?

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.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The practice followed up on patients discharged from hospital. It ensured that their prescriptions were updated to reflect any extra or changed needs.
- We saw evidence that the practice had a system in place to follow-up on patients who had attended for a smear test.
- Patients with long-term conditions had ongoing reviews to check their health and medicines needs were being met. The practice's patient records system allowed the GP to monitor patients with certain long-term conditions and alerted the GP when certain indicators, such as blood pressure or blood sugar level were out of range.
- 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.

### Monitoring care and treatment

The practice had some quality improvement arrangements in place; for example, the GP showed us some examples of clinical audit which had been completed as part of their NHS appraisal; however, there was no comprehensive programme of quality improvement activity in place. The practice's audit policy stated that an audit programme should be put in place at the beginning of each year, but there was no evidence that this policy was being followed.

### Effective staffing

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

- The practice 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 encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, appraisals, and regular whole-team meetings.

### Coordinating patient care and information sharing

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- The practice premises was used by other clinical staff such as a psychiatrist, psychologist and nutritionist and we were given examples of cases where the GP worked collaboratively with these specialists in order to provide an holistic package of care.

### Supporting patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice encouraged patients to also register with an NHS GP, so that they could access services which were better suited to being delivered by the NHS, such as access to out-of-hours care.
- The practice ensured that where a patient was suspected to have cancer, they were urgently referred for assessment, and the practice maintained contact with the patient to ensure they had received and attended an appointment.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

### Consent to care and treatment

Overall, the practice ensured that staff had an understanding of the principles of the Mental Capacity Act, and that the appropriate consent was provided by patients prior to treatment being provided.

- The practice was aware of the need to ensure that only adults with the appropriate parental responsibility were able to provide consent to treatment on behalf of a

# Are services effective?

(for example, treatment is effective)

child. In the case of German-born children (who made up the majority of the practice's patients aged under 18 years), the practice required that the child-development book was provided (this was a book issued in Germany to pregnant mothers to record details of pregnancy and the early healthcare and development of the child, such as records of growth and immunisations). In the case of

British-born patients, the practice asked to see the child's immunisation record book. The practice considered that the possession of these books was sufficient evidence of parental responsibility; however, following discussions during the inspection, the practice committed to risk assess this approach to ensure that it was effective.

# Are services caring?

## Our findings

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced.

### **Involvement in decisions about care and treatment**

Staff helped patients be involved in decisions about their care.

- The practice's patient list was largely made up of German-speaking patients who lived locally due to a German school being located in the area. The GP and administrative staff were all German-speakers and were therefore able to communicate with these patients in their own language.

### **Privacy and Dignity**

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Due to the constraints of the very small practice premises, it was difficult for staff to hold private conversations with patients in the reception area; however, staff could speak to patients in one of the consultation rooms if necessary. The practice had done all that was practicable to ensure that information on the reception desk and reception computer could not be seen by patients.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example, they provided late evening appointments for patients who were at work or school during the day. They also provided home visits for patients who were unable to attend the practice.
- The facilities and premises were appropriate for the services delivered.
- The practice provided urgent appointments and home visits for those patients who required them.
- Staff interviewed had a good understanding of how to support patients with mental health needs.

### Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable 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 with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

### Listening and learning from concerns and complaints

The practice 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 expressed dissatisfaction with any aspect of the service compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice had not received any formal complaints in the past year; however, staff were able to provide examples of the prompt handling of minor negative feedback from patients.
- The practice had processes in place to log feedback from patients, in order to ensure that comments from patients were shared via the practice's fortnightly staff meeting.

# Are services well-led?

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

## Our findings

### Leadership capacity and capability;

The registered manager had the capacity and skills to deliver high-quality, sustainable care.

- The registered manager had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The registered manager was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had limited opportunities for internal career progression due to its size; however, they ensured that staff were engaged in the running of the practice and were able to use their knowledge and skills by designating each staff member particular areas of responsibility, such as finance or the ordering of medicines and clinical equipment.

### Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

### Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- We saw evidence that there were processes in place to ensure that when responding to incidents and complaints, the practice did so with openness, honesty and transparency. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff we spoke with told us they were able to 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 conversations about how staff could make best use of their skills. All staff received regular annual appraisals in the last year.

### 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 set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety; however, in some areas these required review to ensure that they were practice-specific and continued to be relevant.

### Managing risks, issues and performance

There were some processes for managing risks, issues and performance; however, in some areas these required review.

- Overall, there was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety; however, at the time of the inspection the practice had not conducted formal, documented risk assessments in relation to some areas such as infection prevention and control, and the risk of Legionella; we received evidence that these were completed immediately following the inspection.
- The practice had some processes in place to check the identity of patients and to check that, where the patient was a child, the accompanying adult had appropriate authority to consent to treatment on the patient's behalf; however, there was no formal documented process for carrying-out these checks, and they had not risk-assessed these processes to ensure that they were safe and effective.

# Are services well-led?

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

- The practice had processes to manage current and future performance. The registered manager had oversight of national and local safety alerts, incidents, and complaints.
- We saw examples of clinical audit being undertaken by the GP in order for her to demonstrate quality improvement activity as part of her GP appraisal; however, there was no ongoing programme of clinical audit within the practice, which breached the practice's own policy which stated that the practice should set out a planned programme of audit at the beginning of each year.

## **Appropriate and accurate information**

The practice 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 information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice 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 views of staff and patients were used to shape and improve the services and culture.

- Staff told us they were able to make suggestions and provide feedback and ideas about the running of the service. We saw examples of the services "day sheets", which were used by staff to record issues and then used to formulate the agenda for staff meetings.

## **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 at all levels within the practice.
- Staff knew about improvement methods and had the skills to use them.
- The practice had processes in place to ensure that, where incidents and complaints occurred, the learning could be identified and shared.