Poland Medical LLP

Poland Medical

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 24/08/18 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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The CQC inspected the service on 29/08/17 and asked the provider to make improvements regarding safeguarding service users from abuse and improper treatment, staffing and good governance. We checked these areas as part of this comprehensive inspection and found the issues identified at the last inspection had been addressed.

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.

Our key findings were:

- The shortfalls identified at our previous inspection of the service had been mitigated by the provider.
- There was a system for reporting, investigating and learning from incidents, complaints and safeguarding issues.
- There were effective arrangements to respond to emergencies and major incidents.

Summary of findings

- Staff were aware of current evidence based guidance and they were appropriately trained to carry out their roles.
- People's privacy and dignity was respected.
- The provider was focused on meeting the needs of the local population.
- Systems were in place to gather feedback from patients and staff.
- There were appropriate arrangements for managing risk.

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

- Review procedures for sharing information with patients' NHS GPs.
- Continue to develop quality assurance systems and clinical leadership.
- Review the vision and strategy for the service.

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.

- Since our previous inspection safety systems and risks to patients had improved. Improvement was evident in respect of safeguarding, infection control, patient record keeping and prescription pad security.
- There was a system for reporting, investigating and learning from significant events and incidents.
- There were effective arrangements to respond to emergencies and major incidents.

We found areas where improvements should be made relating to the safe provision of treatment. This was because the provider did not have clear procedures in place for when patients decline to share their information with the NHS GP and what action should be taken when it is in their best interests to do so.

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

- Since our previous inspection the systems in place to deliver effective care had improved. Quality improvement activity had been introduced including audits of patient record keeping and the appropriateness of prescribing.
- Staff were aware of current evidence based guidance and updates in guidance were disseminated to the clinicians to incorporate into their practice.
- Staff had received training appropriate to their roles.
- Consent was sought appropriately.

We found areas where improvements should be made relating to the effective provision of treatment. This was because quality improvement activity required further development.

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

- Staff we spoke to were aware of their responsibility to respect people's diversity and human rights.
- People's privacy and dignity were respected.
- People were involved in decisions about their care and treatment.

Are services responsive to people's needs?
We found that this service was providing responsive care in accordance with the relevant regulations.

- The provider was focused on meeting the needs of the local population.
- Appointments were available on a pre-bookable basis, seven days a week.
- Information about the service was readily available including the complaints procedure.

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

- Since our previous inspection the systems in place to deliver well-led care had improved in respect of overall governance and clinical oversight.
- Systems were in place to gather feedback from patients and staff.
- There were appropriate systems for managing risk.

Summary of findings

We found areas where improvements should be made relating to the provision of treatment. This was because quality assurance systems and clinical leadership required further development.

Poland Medical

Detailed findings

Background to this inspection

Poland Medical is an independent provider of medical services and treats both adults and children in the London Borough of Ealing. Services are provided primarily to a population that is mainly Polish. Services are available to people on a pre-bookable appointment basis only. The clinic employs doctors on a sessional basis most of whom are specialists providing a range of services from gynaecology to psychiatry.

The clinic also provides dental services which were not inspected as part of this inspection.

The property where the clinic is based is leased by the provider and consists of a patient waiting room and reception area, one dental surgery and three medical consultation rooms which are all located on the ground floor of the property.

Poland Medical is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, surgical procedures and treatment of disease, disorder or injury.

The clinic employs eleven doctors all of whom are registered with the General Medical Council (GMC) with a license to practice. The doctors work on a demand basis at the West London location and a second location based in Coventry. Other staff include the registered manager and a small team of reception staff. Poland Medical is a designated body (an organisation that provides regular appraisals and support for the revalidation of doctors) and one of the specialist doctors is a responsible officer (individuals within designated bodies who have overall responsibility for helping with revalidation). The doctor is also the medical advisor and the clinical lead.

The clinic is open Monday to Friday 8am to 8pm, Saturday from 8am to 5pm and Sunday from 11am to 6pm. The provider does not offer an out of hours service or emergency care. People who require emergency medical assistance or out of hours services are advised to contact NHS direct or attend the local accident and emergency department.

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

At the inspection we spoke to the registered manager, two specialist doctors one of whom was the clinical lead and reception staff. We reviewed the treatment records of 15 people (10 adults and 5 children) and 12 CQC completed comment cards.

Eleven people provided feedback about the service through CQC completed comment cards. All the feedback we received was positive about the service provided. People reported that staff had a professional, caring and helpful approach.

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

At our previous inspection on 29/08/17 we found that the service was not providing safe care in accordance with the relevant regulations. We identified shortfalls in relation to safeguarding people from abuse and improper treatment, infection control, the management of prescription pads, patient record keeping and the reconciliation of pathology results. At the inspection on 24/08/18 we found evidence of improvement.

Safety systems and processes

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patients welfare. There was a lead member of staff for safeguarding. Safeguarding referral protocols were displayed in the consultation rooms.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults. All staff had been trained to child protection or child safeguarding level 3. Meeting minutes we reviewed showed evidence that safeguarding concerns were discussed and action taken where necessary.
- The clinic had a chaperone policy in place. A notice was displayed in the waiting room to advise patients that chaperones were available if required. We saw records of patients being offered a chaperone during consultations including intimate examinations. Reception staff acted as chaperones, they had received chaperone training, understood the role and they had received 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).
- The responsible officer supported doctors with the requirements of professional revalidation.
- There was an effective system to manage infection prevention and control.
- The clinic had arrangements to ensure that facilities and equipment were safe and in good working order. Staff carried out actions to manage risks associated with legionella in the premises (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements for managing waste and clinical specimens kept people safe.
- At our previous inspection we found concerns in relation to the reconciliation of pathology results as there was no system in place to ensure test results were reviewed by a clinician. At this inspection we found the provider had not addressed this issue however after a discussion with the registered manager we were promptly sent evidence that a comprehensive policy had been introduced to alleviate our concerns. The effectiveness of the policy can be assessed at our next inspection of the service.

Risks to patients

- The clinic was equipped to deal with medical emergencies and staff were trained in emergency procedures. Equipment included an oxygen cylinder, defibrillator and emergency medicines. There was a flowchart for the management of medical emergencies which included doses of emergency medicines.
- Arrangements were in place to monitor the stock levels and expiry dates of emergency medicines and medical gases.
- The provider had developed an emergency response plan in relation to medical emergencies.
- The clinic had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.
- All the doctors working at the clinic were appropriately registered with the General Medical Council (GMC) the medical professionals' regulatory body with a license to practice.
- All the doctors had professional indemnity insurance that covered the scope of their practice.
- All the doctors had a current responsible officer. (All doctors working in the United Kingdom are required to follow a process of appraisal and revalidation to ensure their fitness to practice). All the doctors were following the required appraisal and revalidation process.

Information to deliver safe care and treatment

Are services safe?

- The provider had procedures in place requiring patients to provide identification when registering with the clinic to verify the given name, address and date of birth provided.
- The provider had procedures in place to make a reasonable assessment that adults accompanying child patients had the authority to do so and provide consent on their behalf.
- At our previous inspection on 29/08/17 we found medical records were not always recorded in English and not always legible. General Medical Council guidance on keeping records is that any documents that doctors use to formally record their work must be clear, accurate, legible and usable in a UK context. At this inspection we found significant improvement in this regard. The provider had developed structured clinical record forms and the clinical lead was auditing the record keeping standards of all the doctors. Most records were now recorded in English.

Safe and appropriate use of medicines

- There was a medicine management policy in place.
- The clinic had a system to receive and comply with patient safety alerts.
- All prescriptions were issued on a private basis. Prescription pads were stored securely and access was restricted to one responsible member of staff.
- The doctors followed National Institute for Health and Care Excellence (NICE) and British National Formulary (BNF) guidance for prescribing. The clinical lead had carried out prescribing audits to ensure it was appropriate. However, the audits required further development to include auditing of all the doctors prescribing.

Track record on safety

There was an incident reporting policy for staff to follow and there were procedures in place for the reporting of incidents and significant events. There had been eleven significant events recorded since our last inspection all of which had been investigated and action taken to prevent recurrence.

Lessons learned and improvements made

There were adequate systems for reviewing and investigating when things went wrong. Incidents were discussed at clinical governance meetings and the meeting minutes were emailed to all the doctors so that they were informed of the outcome of the discussions and any 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 reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

Are services effective?

(for example, treatment is effective)

Our findings

At the previous inspection on 29/08/17 we found that the service was not providing effective care in accordance with the relevant regulations. We identified shortfalls in relation to monitoring clinical outcomes and the supervision and support of clinical staff. At the inspection on 24/08/18 we found evidence of improvement.

Effective needs assessment, care and treatment

There was evidence that the doctors assessed needs and delivered care in line with relevant and current evidence based guidance and standards. All the doctors were able to access online resources such as the National Institute for Care and Excellence (NICE) during consultations and NICE updates were disseminated to clinicians by the registered manager and incorporated into clinical practice.

Monitoring care and treatment

At our last inspection we found limited evidence of quality improvement activity particularly in reation to monitoring clinical outcomes. At this inspection we found some improvement however quality improvement required further development. Since our last inspection the clinical lead had:

- Carried out a clinical records audit of all the doctors and as a result the clinic had developed structured clinical record forms to ensure consistency of record keeping. A second cycle of the audit demonstrated improved record keeping for all the clinicians.
- Completed three prescribing audits based on the British Pharmacological Society ten principles of good prescribing to monitor the standard and appropriateness of prescribing.

Effective staffing

- There was an induction programme for newly appointed staff. This covered such topics as safeguarding, infection prevention & control, fire safety, health & safety and confidentiality.
- The provider could demonstrate role-specific training and updating for relevant staff. There was evidence of Continual Professional Development (CPD) for all clinical staff.
- The learning needs of staff were identified through a system of appraisals. All staff had received an appraisal in the last 12 months.
- Staff received training that included safeguarding, basic life support, fire safety awareness, chaperoning, consent, confidentiality and equality & diversity.
- At our previous inspection we found there was no formal supervision, mentorship or support for clinical staff. At this inspection we were told that the medical advisor had assumed responsibility as clinical lead and systems were being developed to ensure effective clinical leadership and oversight.

Coordinating patient care and information sharing

- At our previous inspection it was unclear how doctors communicated with the patients' NHS GPs. (Details of the patients' NHS GPs were not always recorded on their registration forms, because it was optional and the question about permission to share information with the NHS GP was only asked at the initial visit). At this inspection we found improvement in this regard. Permission to share information was now sought at every consultation and we saw evidence of information sharing. However, it was still unclear on what the procedure was when a patient declined to share information with the NHS GP and what action should be taken where it would be in their best interests to do so.
- Patients were referred to a range of primary and secondary care services if they needed treatment the practice could not provide. For example, community mental health services.
- A log was kept of all outgoing referrals.

Supporting patients to live healthier lives

- Health promotion was provided on an opportunistic basis however a structured approach to health promotion was not clearly evident in the practice or on the website.

Consent to care and treatment

- The provider had a consent policy in place and the clinicians had received training. We saw documented evidence that consent had been sought appropriately.
- The clinicians had received training on Gillick competence in respect of the care and treatment of children under 16 and this was understood by the clinician and manager we spoke to. (Gillick competence is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).

Are services effective?

(for example, treatment is effective)

- The clinicians had received training on the Mental Capacity Act 2005.

Are services caring?

Our findings

Kindness, respect and compassion

- Staff we spoke to were aware of their responsibility to respect people's diversity and human rights.
- We were unable to speak to patients at our inspection. However, we noted that staff treated people respectfully, courteously and in a kind manner when speaking to them over the telephone.
- Feedback from CQC comment cards were positive in this regard.

Involvement in decisions about care and treatment

- The provider gave patients clear information to help them make informed choices including information on the clinics website. Information included details of the specialist doctors, the scope of services offered and fees.
- Feedback from CQC comment cards were positive in this regard.

Privacy and Dignity

- Curtains were provided in the consultation rooms to maintain peoples privacy and dignity during intimate examinations, investigations and treatments.
- A private room was available if patients wished to discuss sensitive issues or appeared distressed.
- Peoples medical records were stored in lockable cabinets which were located in a secure area of the premises.
- Feedback from CQC comment cards was positive in this regard.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- Access to the clinic was not suitable for disabled persons or those with prams and pushchairs as there were steps leading up to the main entrance. The registered manager told us that the property owner did not permit any modifications to the building and therefore people with access problems were referred to alternative local private clinics that were able to cater for their needs.
- Baby changing facilities were available and a hearing induction loop.
- The majority of people attending the clinic were either Polish or English speakers and the provider had access to online translation services.
- There was a clinic leaflet which included all the necessary information about the service provided.
- Information was available on the clinic website in both Polish and English.
- All people attending the clinic referred themselves for treatment, none were referred from NHS services. Staff told us patients were referred to NHS or other services where appropriate and we saw evidence of this.

Timely access to the service

The clinic was open Monday to Friday from 8am to 8pm, Saturday from 8am to 5pm and Sunday from 11am to 6pm. Appointments were available on a pre-bookable basis either in person or over the telephone. No urgent appointments or home visits carried out.

Listening and learning from concerns and complaints

The provider had a system for handling complaints and concerns

- There was a complaints policy and well defined procedures for handling complaints.
- The registered manager was the designated lead who handled all complaints received.
- A complaints leaflet was available to help people understand the complaints system and there was information on the clinics website.
- There had been no complaints received for the West London location since our last inspection of the service.

Are services well-led?

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

Our findings

At our previous inspection on 29/08/17 we found that the service was not providing well-led care in accordance with the relevant regulations. We identified shortfalls in relation to quality assurance systems, governance and clinical oversight. At the inspection on 24/08/18 we found the provider had made significant improvement.

Leadership capacity and capability;

- At our last inspection the registered manager had overall oversight of the clinic however clinical leadership was absent. Since the last inspection the doctor who was the medical advisor and responsible officer had assumed the additional role of clinical lead. At this inspection we found significant improvement in clinical oversight. The registered manager and clinical lead could articulate the issues and priorities relating to the quality of the services and they were working collaboratively to improve the treatment and care provided.

Vision and strategy

- The provider had a vision to deliver high quality care and promote good outcomes for patients.
- There was no strategy or business plans in place to deliver the vision.

Culture

- The culture of the service encouraged candour, openness and honesty. We saw that incidents were handled in a timely way with openness and transparency.
- Staff told us they felt respected, supported and valued.
- Staff said that they felt confident to raise any issues with the manager.
- The clinic focused on the needs of the patients and adapted their services to meet them.
- Staff received annual appraisals which included career development conversations. Clinical staff were supported to meet the requirements of professional revalidation where necessary.
- The provider promoted equality & diversity and staff had received training.

Governance arrangements

Governance arrangements including clinical governance had improved since our last inspection. The provider had begun to identify ways to develop structured quality improvement activity however quality improvement and quality assurance required further development.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. All policies had been reviewed since our last inspection.
- Clinical governance meetings were held quarterly and clinical meetings monthly which was evidenced by the meeting minutes we reviewed.
- Since our last inspection the provider had introduced structure to the meetings to allow lessons to be learnt and shared with the whole team following incidents and complaints.
- At our last inspection clinical record keeping was not of a consistent standard and most were written in Polish. At this inspection we found significant improvement in this regard. The provider had developed structured clinical record forms and the clinical lead was auditing the record keeping standards of all the clinicians. We randomly reviewed 15 clinical records and found improvements in all aspects of record keeping. The majority of records were written in English which was not the case at our last inspection. The registered manager told us that they were aiming to complete all records in English.
- Since our last inspection the clinical lead had introduced audits to monitor the rationale for prescribing with a view to monitor the prescribing of all the doctors working at the clinic.
- Although we found improvements in clinical leadership clinical governance systems needed further development to ensure responsibility did not rest upon one person.

Managing risks, issues and performance

- Since our previous inspection the provider had made improvements to the systems in place for managing

Are services well-led?

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

risks. For example, health & safety monitoring had improved as infection control audits were now in place and audits of prescribing and patient record keeping had been introduced to mitigate clinical risk.

Appropriate and accurate information

The provider acted on appropriate and accurate information

- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data and records including appropriate retension of clinical records should the provider cease trading.

Engagement with patients, the public, staff and external partners

- The provider had a system in place to gather feedback from patients. The results were collated and displayed on the clinics website.
- Feedback from staff was gathered through a formal staff meeting structure and through appraisal and personal development conversations.

Continuous improvement and innovation

- Since our previous inspection a formal meeting structure had been introduced, learning from significant events, complaints and safeguarding cases were discussed and outcomes disseminated to staff who could not attend.