

Messina Clinic Limited

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Inspection report

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Overall summary

We carried out an announced focused inspection on 23 May 2018 to ask the service the following key questions; Are services safe, effective and well-led?

We carried out an announced comprehensive inspection at Messina Clinic Limited on 7 February 2018. As a result of our findings during that visit the provider was issued a warning notice for Regulation 12 Safe care and treatment and Regulation 17 Good governance.

The full comprehensive inspection report from that visit was published on 18 April 2018 and can be read by selecting the 'all reports' link Messina Clinic Limited on our website at www.cqc.org.uk.

The service submitted an action plan to tell us what they would do to make improvements and meet the legal requirements. We carried out an announced focused follow-up inspection on 23 May 2018 to check that the provider had followed their plan, and to confirm that they had met the legal requirements. The provider expressed a willingness to improve and had addressed core issues which could improve the quality, safety, and effectiveness of the service.

This report covers our findings in relation to those requirements and also additional improvements made since our last inspection. At this inspection, we found that the practice had made improvements to provide safe, effective and well-led services.

Our findings were:

- Concerns raised at the last inspection had been addressed for example, all staff had received training in basic life support training.
- There were arrangements in place to keep patients safe. The service demonstrated that it was providing safe services in relation to medical emergencies, safeguarding, infection control, and role appropriate training.
- All policies had been reviewed in April 2018 and there was a plan to regularly review the policies in the future.
- The service had devised a written Business Continuity Plan and had reviewed and updated service guidance and procedures since the last inspection.
- The service had conducted a risk assessment and obtained emergency medicines and equipment.
- The service had adequate arrangements to respond to emergencies and major incidents such as power failure.
- There was a policy in place to share information with patients' registered NHS GPs.
- The service had a cleaning schedule and had undertaken an infection control audit.

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

- Review quality improvement arrangements for patients.
- Review keeping records of relevant third party risk assessments and action plans.

Summary of findings

- Continue to review systems for emergency medicine risk assessment.
- Continue to review systems for staff appraisals.

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 well-led?

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

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.

- There was an incident reporting form and a communication book in reception, used to record incidents and significant events, there was a significant events policy. The service told us that they had not had any significant events or incidents in the last 12 months.
- The service had clearly defined and embedded systems, processes and practices to minimise risks to patient safety. The practice had undertaken an infection control audit and sharps bins were signed and dated. There was a cleaning schedule in place for the premises and equipment. There was no evidence of a Legionella risk assessment; the building manager was responsible for this and confirmed an assessment had been undertaken, however the record of this was at head office.
- The service had arrangements in place to respond to emergencies and major incidents such as power failure. There were emergency medicines and access to emergency equipment, a risk assessment had been undertaken in relation to these. All staff had undertaken basic life support training.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Doctors were trained to safeguarding level three.

Are services effective?

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

- The service could demonstrate that all staff had undertaken role appropriate training in basic life support, infection control, safeguarding children and adults, information governance, fire and Mental Capacity Act training.
- The service had a process in place to ensure all members of staff received an appraisal. We saw an appraisal schedule and were told all staff would have their appraisal undertaken in June 2018.
- Staff were aware of current evidence based guidance relevant to their area of expertise.
- Staff had the skills and knowledge to deliver effective care and treatment.
- The service had undertaken case reviews of patients.

Are services well-led?

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

- There were arrangements in place for identifying, recording and managing risks and implementing mitigating actions.
- Policies and procedures had all been reviewed in April 2018.
- The service had systems in place which ensured oversight of staff training.
- There was a business continuity plan in place.
- The service had access to emergency medicines, and equipment, however some emergency medicines were not available as described in recognised guidance.
- There was documented evidence of meetings.

Messina Clinic Limited

Detailed findings

Background to this inspection

We carried out an announced comprehensive inspection at Messina Clinic Limited on 7 February 2018. As a result of our findings during that visit, the provider was issued a warning notice for Regulation 12 Safe care and treatment and Regulation 17 Good governance.

The full comprehensive inspection report from that visit was published on 18 April 2018 and can be read by selecting the 'all reports' link Messina Clinic Limited on our website at www.cqc.org.uk.

The service submitted an action plan to tell us what they would do to make improvements and meet the legal requirements. We carried out an announced focused follow-up inspection on 23 May 2018 to check that the provider had followed their action plan, and to confirm that they had met the legal requirements. Our inspection was led by a CQC inspector.

The Messina Clinic Limited is an independent provider of medical services and was founded in 2008. The service provides the Brazilian community with medical services from its location at 14-16 Dowgate Hill, London EC4R 2SU in the London Borough of City and Hackney. The doctor provides private general practice, and cosmetic treatments which are available to any fee-paying patient.

The service sees children aged 12 and over, however most patients are adults.

The service is open Monday to Friday from 9am to 6pm and Saturday 9am to 5pm. The service does not offer out of hours services.

The service is located on the lower ground floor of a leased building, which is wheelchair accessible via a lift. The

premises consist of a patient reception area, and two consulting rooms. There are two toilets on the lower ground floor and four toilets, including an accessible toilet, in the main reception area.

The service is operated by three doctors (not on the GP register) including one director, supported by a service manager and two reception staff. Two of the doctors are responsible for the private service and one doctor is responsible for cosmetic treatments. The cosmetic treatments are not CQC regulated activities and were not included in this inspection.

The lead doctor 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.

The service is registered with the Care Quality Commission (CQC) to provide the regulated activity of treatment of disease, disorder or injury. The service also provides cosmetic treatments which are not part of our remit.

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 7 February 2018, we issued a warning notice because there were insufficient safety risk assessments carried out to keep people safe. No oxygen was available or emergency medicines and equipment and no risk assessment had been undertaken. There were no cleaning schedules and no record of infection control audits. The sharp bins had not been signed or dated and there was no policy in place to share information with patients' registered NHS GPs.

We carried out a follow up focused inspection of the service on 23 May 2018. At this inspection, we found arrangements had improved. We found that this service was providing safe care in accordance with the relevant regulations.

Safety systems and processes

- The service conducted safety risk assessments and had policies which were reviewed in April 2018 and communicated to staff.
- The service had systems to safeguard children and vulnerable adults from abuse. The service had reviewed policies since the last inspection and these were accessible to all staff. The policies outlined clearly who to go to for further guidance and how to identify and report safeguarding concerns to relevant external agencies. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding.
- All staff had received training on safeguarding children and vulnerable adults relevant to their role. The service doctors were trained to child safeguarding level three, and non-clinical staff members was trained to level one.
- The practice carried out staff checks, including checks of professional registration where relevant. All the clinical staff had undertaken professional revalidation as required.
- There was an effective system to manage infection prevention and control, an infection control audit had been undertaken in May 2018.
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- All staff had received annual basic life support training. There were emergency medicines, and staff knew where they were located, however some emergency medicines were not available as described in recognised guidance. The service provided us with a resuscitation policy and told us they referred to guidance from the Resuscitation Council regarding emergency medicine and equipment.
- There was oxygen with adult and children's masks. There was a first aid kit, and accident book.
- The service had access to a defibrillator at Cannon Street tube station which was a short walk from the service, and the service had undertaken a risk assessment.
- All the medicines we checked were in date and stored securely.
- The service had a business continuity plan for major incidents such as power failure or building damage.

Information to deliver safe care and treatment

- The service reviewed the process for identifying patients with an NHS GP, they amended the registration form patients completed and requested NHS GP contact details. The service reviewed the process for passing on information to patients' GPs if medicines were prescribed.
- The service identified patients by asking them to bring photo identification when they first registered. The service understood their responsibility to communicate with other health professionals, for example when referring patients over to secondary care.

Safe and appropriate use of medicines

- The service had monitored and reviewed activity to understand risks and where identified had made necessary safety improvements (including obtaining, prescribing, recording, handling, storing, security and disposal).
- The arrangements for managing medicines, had improved, however, there was limited evidence of a documented system for risk assessment of emergency medicines.

Track record on safety

Are services safe?

- The service maintained appropriate standards of cleanliness and hygiene, there were cleaning schedules in place, and an infection control audit had been undertaken in May 2018.
- We observed the premises to be clean and tidy, including the clinical environment.
- We saw evidence that staff members had undertaken infection control training.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 7 February 2018, we found that the service was not providing an effective service and there was insufficient evidence that clinical audits were driving improvement in performance to improve patient outcomes. In addition, staff had not undertaken role appropriate training and doctors were trained only to level two for safeguarding children. There was no business continuity plan and there was no evidence that the service manager had received an appraisal.

We carried out a follow up focused inspection of the service on 23 May 2018. At this inspection, we found arrangements had improved, for example all staff had completed role appropriate training, doctors were trained to child safeguarding level three, the service had undertaken one case review, a business continuity plan had been undertaken. We saw a schedule of appraisals to be undertaken in June 2018 for the service manager and reception staff. We found that this service was providing an effective service in accordance with the relevant regulations.

Effective needs assessment, care and treatment

- The service provided evidence of minutes from clinical meetings and all staff meetings.
- At the last inspection the service did not have organisational care pathways, protocols or care plans for patients. The lead doctor was not available on the day of this inspection so we were unable to see if organisational care pathways, protocols and care plans had improved.
- There were information leaflets that were provided to patients in their choice of language.

Monitoring care and treatment

- Since the last inspection the service told us they had developed a clinical audit programme and a quality circle improvement plan, however we did not see this on the day of the inspection. After the inspection the service provided evidence of one case review: the service looked at hormone therapy and insulin resistance levels in transgender men patients. They looked at 15 patients and monitored hormone levels, they identified from the first review to the second review

over a period of a year increases in insulin resistance and fasting glucose level, as well as changes in body fat redistribution. The review indicated that the service followed up on these patients and they continuously monitored them.

Effective staffing

- The service had an appraisal schedule and told us, all staff would have an appraisal undertaken in June 2018. The service manager told us she had received an informal appraisal since the previous inspection. However, there was no evidence of this.
- The service could demonstrate that staff had undertaken role-specific training and relevant updates including basic life support, infection control, safeguarding and mental capacity act training. All doctors had conducted safeguarding children level three training.

Coordinating patient care and information sharing

- There were some systems in place for coordinating patient care and sharing information although improvements were required. The service informed us they had reviewed the process for communicating with patients' NHS GPs, in line with GMC guidance. We saw an updated policy to reflect this.

Consent to care and treatment

- The service now had a formal mechanism for sharing information with patients' NHS GPs if required for example if the service had prescribed medication. The patient registration form had been amended for patients to include this information. We were told receptionists would also start to ask if patients had a registered GP and record the contact details.
- At the last inspection in February 2018 we identified that the lead doctor did not demonstrate understanding of the concept of Gillick competence in respect of the care and treatment of children under 16. We were told this was due to the misinterpretation of the question asked. (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). The lead doctor was not there on the day of this inspection, so we were unable to verify his understanding.

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 7 February 2018, we issued a warning notice Regulation 17 good governance, for the service not having effective systems and processes in place.

We carried out a follow up focused inspection of the service on 23 May 2018. At this inspection, we found arrangements had improved. For example, the service had undertaken a risk assessment and obtained emergency medicines and equipment. Staff had undertaken role appropriate training. Policies and procedures had been reviewed, a business continuity plan had been devised. An infection control audit had been undertaken and cleaning schedule were in place for the premises and equipment. We found that this service was providing a well led service in accordance with the relevant regulations.

Leadership capacity and capability;

- Since the last inspection the leadership focus on adequate systems of governance and management of risks had improved.
- The service manager said they felt respected, valued and supported, there was an open culture within the service and staff felt they could raise any issues with the lead doctor.

Vision and strategy

- The service had a vision to deliver high quality care and promote good outcomes for patients.
- There were strategy and business plans in place to deliver the vision.
- There was a mission statement available and staff were aware of it.

Culture

- The service had a culture of high-quality sustainable care. Staff stated they felt respected, supported and valued. They were proud to work in the service.
- The service focused on the needs of patients.

- 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 positive relationships between the service manager and the lead doctor.

Governance arrangements

- There was oversight for emergency medicines and equipment, there was consideration for how to deal with medical emergencies. Although the arrangements for managing medicines, had improved, there was limited evidence of a documented system for risk assessment of emergency medicines.
- The service had specific policies and they had been reviewed in April 2018. The policies and procedures folder now defined organisation specific protocols.
- There was a formal process of sharing information with patients registered with an NHS GP.
- The service provided us with evidence of one case review monitoring a specific group of patients. Although the arrangements for quality improvement had improved there was still limited evidence.
- The service had undertaken an infection control audit.

Managing risks, issues and performance

- There were processes for managing risks, issues and performance of staff. The service manager told us she had received an informal appraisal since the last inspection and all staff were scheduled to have an appraisal in June 2018.

Continuous improvement and innovation

- The lead doctor was planning to introduce Vitamin D deficiency treatment to support patients' Vitamin D levels which is important for maintaining bone strength. The service manager told us the lead doctor had researched this and would be going to Brazil in June to attend a conference regarding this.