Medelit Back Office

Inspection report

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Date of inspection visit: 10 January 2019
Date of publication: 09/03/2019

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.

Overall summary

We carried out an announced comprehensive inspection on 10 January 2019 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 not 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.

Medelit Back Office is an independent provider of medical services. The service provides home visiting services in general practice, and also visits by geriatricians, psychiatrists and maxillofacial surgeons. The service is provided as a visiting service across London, but the office for the service is based at 74 Victoria Drive, London, SW19 6HL.

The service employs only the clinical lead who is also 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 premises is an office only, no clinical services are provided from the base address.

The service is registered with the Care Quality Commission (CQC) to provide the regulated activity of treatment of disease, disorder or injury.

Our key findings were:

- The service had systems to manage risk so that safety incidents were less likely to happen. The service had not needed to report safeguarding concerns or investigate significant events, but systems were in place should they need to.
- Doctors undertaking home visits did not take medicines with them, including those that would be required to manage unexpected presentations or emergency situations.
- The service did not provide infection control or clinical equipment to doctors utilising the service, and required clinicians to bring their own.
- The service had only seen a relatively small number of patients. on this basis audits had not been carried out at the time of the inspection, but they were planned. However, care and treatment were delivered according to evidence based guidelines.
- Staff had been trained in areas relevant to their role.
- Information about services was available and easy to understand. The complaints system was clear and was clearly advertised.
- Patients were able to access care when they needed it.
- The service had governance procedures in place supported by policies and protocols, and staff were aware of how to access and utilise them.

We identified a regulation that was not being met and the provider must**:**

- Ensure care and treatment is provided in a safe way to patients. This should include ensuring systems are in place to assure medicines availability, infection control and equipment to manage both routine and emergency care are in place.

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

Overall summary

- Commence formal quality review and develop team communication once the service has embedded.
- Consider implementing guidance for prescribing, particularly for antibiotics.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Our inspection team

Our inspection team was led by a CQC lead inspector**.**
The team also included a GP specialist advisor.

Background to Medelit Back Office

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This was a first inspection of a service which became registered with the Care Quality Commission in 2017.

Medelit Back Office was inspected on 10 January 2019. The inspection team comprised a lead CQC inspector and a GP Specialist Advisor.

Medelit Back Office is an independent provider of medical services. The service provides home visiting services in general practice, and also visits by geriatricians, psychiatrists and maxillofacial surgeons. The service is provided as a visiting service across London, but the office for the service is based at 74 Victoria Drive, London, SW19 6HL.

The switchboard for the service is open from 8:30am until 5:30pm seven days per week, although home visits may be undertaken outside of these hours. The service does not provide continued care for long term conditions, and does not prescribe high risk medicines which would require regular review.

The Clinical Director manages the service and triages all calls requesting a home visit. The service also employs (on a contract basis) four general practitioners, two geriatricians, two psychiatrists and a maxillofacial surgeon.

During the inspection we used a number of methods to support our judgement of the services provided. For example, we interviewed staff, and reviewed documents relating to the service.

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

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

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

Are services safe?

We found that the service was not providing safe care in accordance with the relevant regulations. This was because:

- Staff were not provided with medicines to take on home visits. The provider told us that all calls are risk assessed at the point of triage, and no vaccines are provided at visits. However, they had not considered the risks of not having medicines to deal with routine medical emergencies. As the normal emergency medicines that ought to be present on a home visit were they were not able to manage unforeseen emergencies.
- The service did not provide staff who were conducting home visits with Personal Protective Equipment (PPE) or clinical equipment, but requested that doctors provided their own. Doctors to whom we spoke said that they were doing so, but the service did not have assurance that equipment was calibrated and PPE equipment was present.
- The service issued alerts from the Independent Doctors Federation to staff but it relied on staff receiving NICE and MHRA alerts from their NHS roles.

Safety systems and processes

The service had systems to keep people safe and safeguarded from abuse in some areas, but not in others.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff, including contractors. They outlined clearly who to go to for further guidance.
- The service had systems in place to work 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.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Staff who undertook home visits were not provided with personal protective equipment, the service required that staff bring their own. The service did not have systems in place to assure itself that this was happening.
- Staff who undertook home visits were required to use their own equipment when undertaking home visits. The service did not have systems to assure itself that equipment was calibrated and suitable for use.
- The service issued alerts from the Independent Doctors Federation to staff but it relied on staff receiving NICE and MHRA alerts from their other professional roles.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. However, they did not have access to emergency medicines.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance.

Are services safe?

- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service did not have reliable systems for appropriate and safe handling of medicines.

- The service did not issue medicines to be taken by doctors on home visits, so they were not able to manage unforeseen emergencies.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance, although there was no formulary in place to govern the prescription of antibiotics.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events, although none had been raised. Staff understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong.
- The provider was aware of and complied with the requirements of the Duty of Candour. The service had systems in place for knowing about notifiable safety incidents.

Are services effective?

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

Effective needs assessment, care and treatment

Clinicians were up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service had seen a relatively small number of patients since it opened. These records had been reviewed and the care provided was of an appropriate standard. However, at the time of the inspection there had been insufficient consultations to begin a full programme of quality improvement and audit, although this was planned. A review of patient notes showed that patients were being managed in line with relevant guidance.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. Staff were also provided with protected time to attend training courses.
- Health professionals were registered with the General Medical Council GMC and were up to date with revalidation.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- The practice shared information with patients' registered NHS GPs where the patient had consented to this. All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered NHS GP on each occasion they used the service. The service did not prescribe specific medicines where the patient did not disclose the details of their NHS GP.
- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who have been referred to other services.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making, including consent to provide treatment to children.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service had received limited feedback from patients as it was relatively new. However, the feedback from patients was positive about the way staff treat people.
- The service gave patients timely support and information.

The nature of the service being provided meant that no comment cards were received and that we were not in a position to interview patients.

Involvement in decisions about care and treatment

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

- The service was recruiting multilingual staff so that patients need could be met.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Visits could be arranged at a number of location types (home, hotels, offices), and the service checked with patients that a private space was available for their consultation.

Are services responsive to people's needs?

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

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and offered home visits at convenient times for their patients.
- Home visits for general practitioners were typically arranged within three hours, and within three days for secondary care clinician visits.

Timely access to the service

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

- Patients had timely access to initial assessment, diagnosis and treatment.
- The service operated seven days per week and could be accessed at any time between 8:30am and 5:30pm. Outside of this time appointments could not be requested.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and although the service had not received any complaints the protocol for managing them was clear.

- Information about how to make a complaint or raise concerns was available.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedures in place.

Are services well-led?

We found that the service was well-led to ensure compliance with the requirements of the regulations.

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care. Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service monitored progress against delivery of the strategy.

Culture

The service had a business plan in place and staff that we spoke to said that were involved in this.

- The service focused on the needs of patients.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. These were followed in all cases that we reviewed.

- 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
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Although they had not considered if emergency medicines might be required when doctors carried out home visits. The service had not developed a system to ensure doctors carried their own personal protective equipment and had not considered the need to check doctors clinical equipment was calibrated.
- The service had not implemented regular meetings with its contract staff at this stage.

Managing risks, issues and performance

There were clear and effective processes 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. We saw that the practice had taken action to mitigate risk.
- The service had processes to manage current and future performance. Leaders had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were 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 service had processes for gathering feedback from patients about the service that they had received. Patients received an invitation to provide feedback after consultations. Limited numbers had been received, and all were positive.

Continuous improvement and innovation

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

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** • Staff were not provided with medicines to take on home visits. The normal emergency medicines that ought to be present on a home visit were not, so clinicians were not able to manage unforeseen emergencies. • The service did not provide staff who were conducting home visits with Personal Protective Equipment (PPE) or clinical equipment, but requested that doctors provided their own. The service did not have assurance that equipment was calibrated and PPE equipment was present. • The service issued alerts from the Independent Doctors Federation to staff but it relied on staff receiving NICE and MHRA alerts from their NHS roles. There were no assurances that staff were receiving these notifications. **This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**