The Monteiro Clinic Limited

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Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 4 September2018 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 not 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 not 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 Monteiro Clinic Limited is an independent provider of medical services. The service provides a full range of General Practice services. The service is provided primarily for patients for whom Spanish or Portuguese are their first language who make up 70% of the services list. Services are provided at 2 Clapham Road, Oval, London, SW9 0JG in the London borough of Lambeth. All of the services provided are private and are therefore fee paying, no NHS services are provided at The Monteiro Clinic Limited.

The service is open Monday to Friday from 8:20am to 7pm and Saturday 8:30am to 4pm. The service does not offer elective care outside of these hours, and patients are not specifically directed to other services.

The premise is located on two floors. The property is leased by the provider and the premises consist of a patient reception area, five consulting rooms and a dispensing pharmacy.

The service is operated by a general practitioner who works at the service. The service also employs three nurses, a service manager and four receptionists. There are six other GPs who work at the service but they are not employed by the service, working on a contract basis.

Summary of findings

The lead clinician 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 and diagnostic and screening procedures.

Our key findings were:

- The service had systems in place to manage significant events.
- Medicines were in place to manage some emergencies, but some medicines for use in emergencies were not in place at the time of the inspection. The service did not have a policy to follow a particular medicines formulary.
- Vaccine refrigerators were not systematically temperature checked, and where temperatures were out of the safe range no action was taken. Vaccines were pushed to the back of the refrigerator where they were at risk of frosting, which would impact on the efficacy of the vaccine.
- Policies and procedures were in place to govern all relevant areas, but the service did not have patient group directions in place for the practice nurse. Practice nurses had not been appraised, and the service had not taken steps to ensure that nursing staff were up to date with training specific to their role
- The service had an infection control policy but had not carried out an audit. The rooms and all equipment were clean, but there were no curtains in four of the consulting rooms, and where sharps bins and curtains were in place they were not dated.
- Clinicians assessed patients' needs and delivered care in line with current evidence based guidance.
- The service had systems in place for monitoring and auditing the care that had been provided.
- Staff had not been trained in areas relevant to their role.
- Patients were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services was available and easy to understand. The complaints system was clear and was clearly advertised.
- Patients were provided with information relating to their condition and where relevant how to manage their condition at home.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The clinic sought feedback from patients, which showed that a large majority of patients were satisfied with the service they had received.
- The clinic was aware of and complied with the requirements of the Duty of Candour.

We identified regulations that were 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 management, infection control and equipment to manage emergencies and full infection control processes.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties. This should include ensuring staff are trained in relevant areas, supervision of the nurses working at the service, and completion of appraisals.

You can see full details of the regulations not being met at the end of this report.

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

- Review privacy arrangements in clinical rooms.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

The Monteiro Clinic Limited

Detailed findings

Background to this inspection

The Monteiro Clinic Limited was inspected on the 4 September 2018. The inspection team comprised a lead CQC inspector and a GP Specialist Advisor.

The Monteiro Clinic Limited is an independent provider of medical services. The service provides a full range of General Practice services. The service is provided primarily for patients for whom Spanish or Portuguese are their first language who make up 70% of the services list. Services are provided at 2 Clapham Road, Oval, London, SW9 0JG in the London borough of Lambeth. All patients attending the service referred themselves for treatment; none are referred from NHS services. The patients seen at the service are sometimes just for one appointment, but many patients attend for follow up of long term conditions. The majority of patients who use the service are adults, but some children are also seen.

The service is open Monday to Friday from 8:20am to 7pm and Saturday 8:30am to 4pm. The service does not offer elective care outside of these hours.

The premise is located on two floors. The property is leased by the provider and the premises consist of a patient reception area, five consulting rooms and a dispensing pharmacy.

The service is operated by a general practitioner who works at the service. The service also employs three nurses, a service manager and four receptionists. There are six other GPs who work at the service but they are not employed by the service, working on a contract basis.

The lead clinician is the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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 CQC to provide treatment of disease, disorder or injury and diagnostic and screening procedures.

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?

Our findings

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

Safety systems and processes and track record on safety

The service had some systems, processes and practices in place to minimise risks to patient safety.

- The service had defined policies and procedures which were understood by staff. The service had not experienced any significant events that related specifically to clinical care provided. There was a system in place for reporting and recording significant events and complaints.
- The service was aware of and complied with the requirements of the Duty of Candour. This means that people who used services were told when they were affected by something which had gone wrong; were given an apology, and informed of any actions taken to prevent any recurrence. The service encouraged a culture of openness and honesty. There were systems in place to deal with notifiable incidents.
- Where there were unexpected or unintended safety incidents there were processes and policies in place which showed the service would give affected people reasonable support, truthful information and a verbal or written apology.
- There were notices advising patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and 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).
- We reviewed four personnel files which demonstrated
- The service maintained appropriate standards of cleanliness and hygiene, the clinical rooms and the waiting area were seen to be clean and well maintained. The cleaning staff had a checklist detailing what should be cleaned. The clinic had an infection control policy and procedures in place to reduce the risk and spread of infection, but the service had not audited its infection control compliance. Only the lead clinician of the service had been trained in infection control. There was a sharps injury policy in place at the service.
- The clinic had clinical waste disposal processes in place. However, sharps bins were not labelled.

Safe and appropriate use of medicines

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

- The service held stocks of all medicines, and did not have risk assessments in place for not holding them. The service did not have a policy to follow a particular medicines formulary for prescribing.
- The service had not adopted Patient Group Directions (PGDs) to allow nurses to administer medicines in line with legislation. (PGDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient, after the prescriber had assessed the patients on an individual basis).
- Vaccine refrigerators were not systematically temperature checked, and where temperatures were out of the safe range no action was taken. Vaccines were pushed to the back of the refrigerator where they were at risk of frosting, which would impact on the efficacy of the vaccine. Following the inspection the practice raised this as a serious incident and had taken action to determine whether the medicines were safe to use.

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 DHSC guidance.

Are services safe?

Risks to patients

The service had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies and protocols had been developed which covered safeguarding, whistleblowing, and consent. The policies clearly outlined processes to be adhered to, and detailed whom the lead clinician should contact in the event of a safeguarding concern.
- The service took formal identification checks for patients, or parents or carers of patients using the service.
- Policies and protocols had been developed which covered safeguarding, whistleblowing, female genital mutilation and consent. The policies clearly outlined processes to be adhered to, and detailed whom the lead clinician should contact in the event of a safeguarding concern.
- Clinicians had received training on safeguarding children and vulnerable people relevant to their role (level 3). All other staff at the service had been trained to safeguarding level 1. The service had policies and protocols in place for management of suspected female genital mutilation (FGM).

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

- We reviewed significant event and incident policies and procedures and saw that there were appropriate systems in place to identify, investigate, monitor and learn from significant events and incident analysis.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was not providing effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

The service was aware of relevant and current evidence based guidance and standards, best practice and current legislation, including National Institute for Health and Care Excellence (NICE) best practice guidelines which the provider reviewed and utilised.

- We saw that guidelines were reviewed by the lead clinician and disseminated to all other clinical staff at team meetings.
- The service assessed needs and delivered care in line with relevant and current evidence based guidance.
- After care plans were provided to patients where required.

Monitoring care and treatment

The service provided yearly audits of antibiotic prescribing and of referrals being completed. Following a referral audit the practice had developed leaflets to give to patients in English, Spanish and Portuguese to ensure that patients followed up their referrals. Antibiotic audits showed that the service was prescribing in line with national guidelines.

Effective staffing

- The service had an induction programme in place for newly appointed staff.
- The service had not ensured that all staff had been appraised. Nurses had not been appraised in line with regulatory requirements. The service was asking nursing staff to cover the full range of duties that a practice nurse might carry out without checking that they were qualified to do so. However, a review of 10 clinical records showed that patients were receiving good care.
- Staff received training that included basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way

- The service referred patients to secondary services or informed patients that they should contact their NHS GP if they were not able to manage a specific condition.
- The service requested details of patients' NHS GPs in order that they could inform them of any care that they had provided. If a patient had refused to provide these details and the service found a medical condition that would require further care, the patient was told that the GP would have to be told and information was provided to GPs securely.

Consent to care and treatment

- The service sought patients' consent to care and treatment in line with legislation and guidance.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance.
- 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.

Are services caring?

Our findings

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

Kindness, respect and compassion

We saw that the service treated patients with dignity and respect.

- Clinical appointments were 15 minutes long so all elements of care could be explained and there was sufficient time to answer patients' questions.
- The service had access to a range of information and advice resources for patients that they could take away with them to refer to at a later time.
- Staff we spoke with were aware of their responsibility to respect people's diversity and rights.

The service received 14 Care Quality Commission comment cards prior to the inspection. These were positive regarding the care delivered by the clinic and the caring attitude of staff.

Involvement in decisions about care and treatment

We saw evidence that the service gave patients clear information to help them make informed choices about the services offered. The clinical lead showed us that details of any costs were clearly discussed (and discussions recorded) before treatment commenced.

Privacy and Dignity

- Doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- Staff receiving patients knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients' medical records were securely stored electronically.
- Curtains were not available in four clinical rooms in the event that an intimate examination was required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

- The service was based on two floors, but patients could request to see a clinician on the ground floor, so it was therefore accessible to all patients.
- The website for the service was very clear and easy to understand. In addition it contained clear information about the procedures offered.
- The waiting area was large enough to accommodate the number of patients who attended on the day of the inspection.
- Toilet and baby changing facilities were available for patients attending the service.

Timely access to the service

The service was offered on a private, fee-paying basis only, and as such was accessible to people who chose to use it.

The service was open Monday to Friday from 8:30am to 7pm and Saturday 8:30am to 4pm. The service did not offer elective care outside of these hours, patients were able to use NHS out of hours services when the service was closed.

Standard appointments at the service were 15 minutes long to allow time for all elements of potential treatments to be discussed.

Listening and learning from concerns and complaints

The service had a system in place for handling complaints and concerns.

- There was a designated responsible person who handled all complaints. The provider signposted to independent complaints services where required.
- Leaflets were in place at reception and there were notices on the website and in the waiting room advertising the complaints process.
- Patients could leave feedback on several social media platforms and the service analysed this feedback.

We reviewed four completed complaints received in the last year. All four were of a relative minor nature, and the service had managed them in line with its own guidelines.

Are services well-led?

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

Our findings

We found that this service was not providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability;

- There was clinical leadership and oversight.
- Staff told us that there was an open culture within the service and felt they could raise any issues with the Directors of the service.

Vision and strategy

- The service had a vision to deliver high quality care and promote good outcomes for patients. However, the systems in place did not always ensure safe or effective care.
- There was a mission statement for the service 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 rather than identifying and responding to areas affecting patient safety.
- 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 all staff at the service.

Governance arrangements

The service had a governance framework in place in some areas. However, the service did not have sufficient protocols and measures in place to ensure that patients were safe and staff trained:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. However, staff had not undertaken all requisite training to undertake their roles, and the service did not appraise staff and ensure they were capable of undertaking their roles.
- Service specific policies were implemented and were available to all staff. All staff that we spoke to were aware of how to access policies.
- In some areas the service did not have equipment or processes in place to ensure safe care.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- The service did not have systems to identify and manage risks, particularly those relating to keeping patients safe.
- The service had systems of quality review in place.

Engagement with patients, the public, staff and external partners

- The service used social media to monitor its service, and the majority of feedback provided was positive.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose Regulation 12 HCSA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The service did not have systems in place for the appropriate management of medicines. • The service did not have systems in place to ensure patient and staff safety. Fire alarms had not been tested regularly since May 2018, the service is required to check that fire alarms are working on a weekly basis. • The service had not adopted annual infection control audit. Sharps bins and curtains at the service had not been labelled with the date they were first used. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 HCSA (RA) Regulations 2014 Staffing • Nurses at the service had not been appraised. • Nurses at the service were being asked to provide a wide range of services managing long term conditions. We viewed training records which did

This section is primarily information for the provider

Enforcement actions

not show nurses were trained to provide care and treatment for all long term conditions in particular diabetes, and the service could not assure itself that nursing staff were competent to perform their roles.

This was in breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.