

Medicare Francais

Medicare Francais

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 4 July 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

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.

Medicare Francais is a private clinic providing GP, dental and paramedical diagnostics, treatment, management and treats both adults and children at 198-200 Earls Court road, London. The building is owned and maintained by a private landlord. Services are provided primarily to French people. Services are provided on the first and second floors. The GP service consists of one full time GP and two locum GPs providing 12 clinical sessions per week, with shared use of reception and administrators amongst the services.

The clinic also provides dental services. A copy of the full report of the dental service is available on our website:

<http://www.cqc.org.uk/search/services/doctors-dentists>

The service was in the process of changing 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.

We received feedback from 90 people about the service, including comment cards, most of which were very

Summary of findings

positive about the service and indicated that clients were treated with kindness and respect. Staff were described as helpful, caring, thorough and professional. There were eight that were positive about the service but mentioned access being an issue due to the stairs.

Our key findings were:

- Systems and processes were in place to keep people safe. The registered manager was the lead member of staff for safeguarding and had undertaken adult and child safeguarding training.
- The provider was aware of current evidence based guidance and they had the skills, knowledge and experience to carry out his role.
- The provider was aware of their responsibility to respect people's diversity and human rights.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- There was a complaints procedure in place and information on how to complain was readily available.
- Governance arrangements were in place. There were clear responsibilities, roles and systems of accountability to support good governance and management.
- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The service had systems in place to collect and analyse feedback from patients.

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

- Review practice's recruitment procedures to ensure that appropriate background checks are completed prior to new staff commencing employment at the practice.
- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.
- Review their quality improvement activity and introduce two cycle clinical audits.

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 were systems in place to ensure that when things went wrong, patients would be informed as soon as practicable, receive reasonable support, truthful information, and a written apology, including any actions to improve processes to prevent the same thing happening again.
- The service had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- The service had a recruitment policy, but not all references had been documented.
- Procedures were in place to ensure appropriate standards of hygiene were maintained and to prevent the spread of infection.
- The service had policies to govern its activities.
- There was a system in place for the reporting and investigation of incidents and significant events.
- There were arrangements in place to deal with emergencies and major incidents

Are services effective?

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

- Assessments and treatments were carried out in line with relevant and current evidence based guidance and standards.
- We did not find any evidence of quality improvement measures including clinical audits, although the service did intend on establishing them.
- The provider had records to demonstrate that staff had appropriate training to cover the scope of their work.
- The service obtained consent to care and treatment in line with legislation and guidance.

Are services caring?

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

- We received feedback from 90 clients including Care Quality Commission comment cards. All comments were highly positive about the service experienced, eight were mixed one citing access to the service being harder as they were on the second floor, all were very happy with the clinical care they received.
- Staff helped clients be involved in decisions about their treatment and information about treatments were given if indicated.
- There was evidence that the service respected privacy and dignity.
- Information for patients about the services available was accessible in a patient leaflet in the reception area and on the service website.
- We saw systems, processes and practices allowing for patients to be treated with kindness and respect, and that maintained patient and information confidentiality.

Are services responsive to people's needs?

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

- The service had good facilities and was well equipped to treat patients and meet their needs.
- Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs.

Summary of findings

- The service was not accessible for some people with mobility needs as there was no lift, but there was a chair lift for patients who were able to use it. Staff told us that they would help patients who needed assistance.
 - Information about how to complain and provide feedback was available and there was evidence systems were in place to respond appropriately and in a timely way to patient complaints and feedback.
 - Treatment costs were clearly laid out and explained in detail in the patient's leaflet.
 - The service was open from Monday to Saturday and patients were told to go to the urgent care centre for out of hours emergencies.
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Are services well-led?

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

- The provider had the capacity and skills to deliver high-quality, sustainable care.
 - The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.
 - There were clear responsibilities, roles and systems of accountability to support good governance and management.
 - The service engaged and involved patients to support high-quality sustainable services.
 - All staff had received inductions, performance reviews and up to date training.
 - The provider was aware of and had systems in place to meet the requirements of the duty of candour.
 - There was a culture of openness and honesty.
 - The service had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
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Medicare Francais

Detailed findings

Background to this inspection

Medicare Francais was inspected on the 4 July 2018. The inspection team comprised a lead CQC inspector and a GP Specialist Advisor.

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

The service is registered with the CQC to provide the regulated activities of: diagnostic and screening procedures; family planning; treatment of disease, disorder and injury and surgical procedures.

During the inspection we utilised a number of methods to support our judgement of the services provided. For

example, we asked people using the service to record their views on comment cards, interviewed staff, observed staff interaction with patients 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 providing safe care in accordance with the relevant regulations.

Safety systems and processes

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

- The service had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. The service carried out staff checks, including DBS checks, checks of professional registration and indemnity where relevant. Clinical staff were qualified and registered with the General Dental Council (GDC) and General Medical Council (GMC) had professional indemnity cover. We looked at eight staff recruitment records and found that there was no reference in the record of one person who worked at the practice. We spoke with the practice manager about this and they told us that a verbal reference had been taken but a written reference had not been pursued because the person was self-employed. They told us they would note verbal references, and pursue references for self-employed members of staff in the future.
- The service had defined policies and procedures which were understood by staff. Although the service had not experienced any significant events. There was a system in place for reporting and recording significant events and complaints.
- The registered manager demonstrated they understood their responsibilities regarding safeguarding and had received training to level three for safeguarding children (although the service only saw adults) as well as training on vulnerable adults to a level relevant to their role.
- Notices advised patients that chaperones were available if required; administration staff would act as chaperone 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).
- 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.

- We found the premises appeared well maintained and arrangements were in place for the safe removal of healthcare waste.
- There was an effective system to manage infection prevention and control.

Risks to patients

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

- All the medicines we checked were in date and stored securely.
- There had been a fire risk assessment in September 2017, Staff had all had fire training and all fire equipment had been serviced and checked.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Information to deliver safe care and treatment

Arrangements for safeguarding reflected relevant legislation and the service had processes in place to access relevant information for patient's local safeguarding teams where necessary.

- Policies were accessible to all staff and policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- The registered manager was the lead member of staff for safeguarding and had undertaken adult and child safeguarding training.
- The provider had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

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

Are services safe?

- The systems for managing medicines, including vaccines, and emergency medicines and equipment minimised risks.
- The service kept prescription stationery securely and monitored its use.
- The service imported its medicines from France and did not hold a wholesalers license, these medicines are referred to as unlicensed. MHRA guidance states that unlicensed medicines may only be supplied against valid special clinical needs of an individual patient. The General Medical Council's prescribing guidance specifies that unlicensed medicines may be necessary where there is no suitable licensed medicine. At Medicare Francaise we found that patients were treated with unlicensed medicines. Treating patients with unlicensed medicines is a higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. The service informed us that patients were fully aware that these medicines were unlicensed in the UK and all of their prescribing doctors informed patients of the possible side-effects and/or other safety issues of all of their prescribed medicines.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The service involved patients in regular reviews of their medicines.

Track record on safety

The clinic had arrangements in place to respond to emergencies and major incidents in line with the Resuscitation Council (UK) guidelines and the British National Formulary (BNF).

- There was a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. Emergency medicines were easily available to staff in a secure area of the premises. All the medicines were in date, appropriate and stored securely.
- All staff had received annual basic life support training.
- The service had a business continuity plan for events such as power failure or building damage.

Lessons learned and improvements made

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.
- There was an incident reporting policy and there were procedures in place for the reporting of incidents and significant events. There had been no significant events in the last two years.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Guidelines were accessed through the service computer system and used to deliver care and treatment that met patients' needs.
- We saw no evidence of discrimination when making care and treatment decisions.
- We saw that the GP attended regular clinical meetings and courses.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Monitoring care and treatment

The service had reviewed the effectiveness and appropriateness of the care provided.

- The service had conducted five audits in the last two years including an Infection Control Audit and a Hepatitis B Audit but no two cycle clinical audits.

Effective staffing

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

- Learning and development needs were identified through a system of appraisals, meetings and reviews of service development needs.

- Staff had access to appropriate training to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching, mentoring and clinical supervision. All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

- The service had effective arrangements in place for working with other health professionals to ensure quality of care for the patient. There were clear protocols for onward referral of patients to specialists and other services based on current guidelines, including the patients NHS GP.
- Where patients consent was provided, all necessary information needed to deliver their ongoing care was appropriately shared in a timely way and patients received copies of referral letters.

Supporting patients to live healthier lives

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- The service supported national priorities and initiatives to improve the population's health, for example, the lead GP gave a wide range of nutritional and lifestyle advice.

Consent to care and treatment

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

- The provider had a consent policy in place and the provider had received training on consent.
- The provider understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The patient leaflet given to all patients explained all services and prices before commencing a consultation.

Are services caring?

Our findings

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

Kindness, respect and compassion

- Staff treated clients with kindness, respect, dignity and professionalism.
- Staff we spoke with were aware of their responsibility to respect people's diversity and human rights. We saw that staff treated patients respectfully and kindly and were friendly towards patients at the reception desk and over the telephone.
- Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room.
- We received feedback from 90 clients including Care Quality Commission comment cards. All comments were highly positive about the service experienced, eight were mixed, one citing access to the service being harder as they were on the second floor and another mentioned poor responses to emails two years ago. All were very happy with the clinical care they received and felt that they were treated with respect and compassion.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- A patients' guide leaflet was available in the reception area, which described the service's contact details and appointment times, how to complain and how to give positive feedback, and the service's responsibilities to keep patients' information private and confidential.
- The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and dental implants.
- Patients feedback indicated that staff listened to them, did not rush them and discussed options for treatment.

Privacy and Dignity

Staff recognised the importance of patients' privacy and dignity.

- Reception staff told us that patient information and records were held securely and were not visible to other patients in the reception area.
- We saw that doors were closed during consultations and conversations taking place in the consultation room could not be overheard.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs.

- The facilities and premises were appropriate for the services delivered.
- The website contained information regarding the services offered and price lists.
- The service made reasonable adjustments when patients found it hard to access services. For example, when the service relocated, consultations were carried out on the first and second floors, it was not possible to install a lift so the service installed a stairlift.

Timely access to the service

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

- The service was open from 8am to 8pm Monday to Friday and 8am to 2pm on Saturdays.

- The appointment system was easy to use; patients could book by telephone, in person or online.
- Consultation length was tailored to the patient's needs.
- Patients described high levels of satisfaction with the responsive service provided by the practice.

Listening and learning from concerns and complaints

The service had a complaints policy in place.

- There was information in the patients' guide booklet which detailed how patients could make a complaint.
- Reception staff told us any complaints would be reviewed and dealt with by the Registered Manager. The complaint policy and procedures were in line with recognised guidance. Four complaints had been received in the last year and we found they were handled in a timely way.
- The practice manager was responsible for dealing with complaints. Staff told us they would tell the manager about any formal or informal comments or concerns straight away so patients received a quick response.
- The service discussed outcomes with staff to share learning and improve the service.

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 well-led in accordance with the relevant regulations.

Leadership capacity and capability;

The service had a clear vision to deliver high quality care for patients. There was a governance framework which supported the delivery of care. This outlined service structures and procedures and ensured that:

- The provider had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- Service specific policies were implemented and were available to all staff.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The provider was visible and approachable.

Vision and strategy

There was a clear vision and set of values.

- The vision was to keep up to date with new developments in the field to provide the best quality service possible.
- There was a realistic strategy to deliver it through continuous professional development and attendance at national conferences.

Culture

- Staff stated they felt respected, supported and valued.
- Staff told us that they felt able to raise concerns and were confident that these would be addressed.
- The service was aware of and had systems to ensure compliance with the requirements of the duty of candour (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents.
- There were processes for providing all staff with the development they needed; this included annual appraisals and regular meetings during which any concerns could be raised.

- The service had a dignity and respect policy and staff told us that they felt they were treated equally.

Governance arrangements

- The service had a governance framework in place, which supported the delivery of quality care.
- Governance of the organisation was monitored and addressed during monthly meetings. Issues discussed including training requirements and the induction of new staff.
- There was a clear staffing structure in place. Staff understood their roles and responsibilities, including in respect of safeguarding and infection control.
- Service specific policies and processes had been developed and were accessible to staff in paper and electronic formats. This included policies in relation to safeguarding, complaints, significant events, infection control, disciplinary procedures, chaperoning and consent.

Managing risks, issues and performance

There were clear, effective processes for managing risks

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, health and safety risk assessment had been completed including fire and portable appliance testing (PAT). However, the service imported its medicines from France and did not hold a wholesalers' license - these medicines are referred to as unlicensed. MHRA guidance states that unlicensed medicines may only be supplied against valid special clinical needs of an individual patient.
- The service had business continuity procedures in place and had advised staff of the processes in the event of any major incidents; copies of what action to take in the event of various major incidents and key contact details were available on their shared drive.
- The GP received and reviewed medicines safety alerts from the Independent Doctors Federation (IDF).
- The service had completed five clinical audits in the last two years, however none of them were two cycle audits, the provider told us they were developing a programme to drive quality improvement.

Appropriate and accurate information

Appropriate, accurate information was effectively processed and acted upon.

Are services well-led?

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

- The service adhered to data security standards to ensure the availability, integrity and confidentiality of patient identifiable data and records.
- The service submitted data and notifications to external bodies as required.

Engagement with patients, the public, staff and external partners

- The GP worked with other specialists, such as Paediatricians and Physiotherapists, to discuss patients' needs and ensure that these were addressed.
- The provider told us they encouraged and valued feedback from patients, the public and staff.
- Staff told us they encouraged clients to leave online reviews but also, they actively encouraged complaints and comments online and in writing.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- The practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff; there was evidence of staff performance appraisals having been undertaken for staff.
- Staff records showed us they completed mandatory training, including medical emergencies and basic life support, each year.