

Medirex

Inspection report

Medirex Pharmacy
28-29 Wilcox Close
London
SW8 2UD
Tel: 07985941464

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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.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Medirex (Pop Up Docs Limited) on 23 February 2023 as part of our inspection programme.

Medirex (Pop Up Docs Limited) is an independent provider of GP services to adults and children.

The clinical lead is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- There was an effective system in place for reporting and recording significant events.
- Risks to patients were not always assessed and monitored effectively. For example, there was no clear system in place to act on safety alerts issued by government departments such as the Medicines and Healthcare products Regulatory Agency (MHRA). However, the provider had made changes following the inspection and had addressed the identified issues.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff had the skills, knowledge, and experience to deliver effective care and treatment.
- Staff assessed patients' needs and delivered care in line with current evidence-based guidance.
- To ensure and monitor the quality of the service, the service completed audits which showed the effectiveness of the service.
- Information about services and how to complain was available and they were easy to understand.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- Patients said they were treated with compassion, dignity, and respect and they were involved in their care and decisions about their treatment.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The service held a range of policies and procedures which were in place to govern activity; staff were able to access these policies.
- We saw there was leadership within the service and the team worked together in a cohesive, supported, and open manner.
- The service proactively sought feedback from patients, which it acted on.

Overall summary

The areas where the provider **should** make improvements are:

- Undertake safeguarding training relevant to staff role.
- Implement a system in place review and act on medicines and safety alerts.
- Undertake appropriate environmental risk assessments.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

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

Background to Medirex

Medirex is located at 28-29 Wilcox Close, London SW8 2UD.

The provider offers private GP services to adults and children including medical consultations and specialist referrals.

The clinical team at the service is made up of 1 male private GP clinical lead. The non-clinical tasks are also managed by the GP clinical lead. The provider did not employ any non-clinical staff.

The service is open between 8am and 8pm on Mondays and Fridays, 9:30am and 6pm on Tuesdays, 8am and 4pm on Wednesdays, 6pm and 8pm on Thursdays and 9am and 12pm on Saturdays. Out of hours cover is offered by the clinical lead.

At the time of inspection the premises were due to close for refurbishment and reopen in mid-March 2023.

How we inspected this service

Before visiting, we reviewed a range of information we hold about the service and asked them to send us some pre-inspection information which we reviewed.

During our inspection we:

- Spoke with the clinical lead remotely through video conferencing.

During our site visit we:

- Spoke with the clinical lead.
- Reviewed personnel files, practice policies and procedures and other records concerned with running the service.
- Reviewed a sample of records.
- Looked at information the service used to deliver care and treatment plans.

To get to the heart of clients' experiences of care and treatment, we always ask the following 5 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 rated safe as Good because:

The provider had systems and procedures which ensured that users of the service and information relating to patients were kept safe. Information needed to plan and deliver care was available to staff in a timely and accessible way.

Safety systems and processes

The service had systems to keep people safe and safeguarded from abuse.

- The service had systems to safeguard children and vulnerable adults from abuse. It had appropriate safety policies, which were regularly reviewed and communicated to staff.
- The service worked 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.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- 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 knew how to identify and report concerns. The service used a staff member from the pharmacy they were operating from as a chaperone; they were trained for the role and had received a DBS check. However, the service had not risk assessed the use of chaperones and they had not completed safeguarding training relevant to their role. Following the inspection, the provider undertook a risk assessment for this staff and sent us evidence to support this; we reviewed the risk assessment and found them to be satisfactory. They also informed us that safeguarding training would be completed by end of March 2023. The provider informed us that they decided to recruit another staff member from the pharmacy as a chaperone who had already completed safeguarding training and was due to complete the chaperone training by end of March 2023; they provider had risk assessed this member of staff.
- There was a system to manage infection prevention and control (IPC) and the provider undertook regular IPC audits. However, the sharps bin in the consulting room had not been dated or signed and was not secured to a wall. Following the inspection, the provider assured us that the sharps bin will be dated and signed and would be secured to a wall in the consulting room before the clinic reopens in March 2023.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. The provider informed us that they replaced clinical equipment every year; however, we found 2 pulse oximeters which were over a year old and had not been replaced or calibrated appropriately. Following the inspection, the provider informed us that they had ordered new pulse oximeters and sent us evidence to support this.
- The provider carried out appropriate environmental risk assessments (fire, health and safety and premises). The provider had not undertaken a legionella risk assessment; however, they tested the water regularly. Following the inspection, the provider informed us that they had booked for a legionella risk assessment to be undertaken and this would be completed by end of March 2023.
- We found that a fire procedure was not displayed in the waiting area and we were unsure if the fire extinguishers were regularly checked. Following the inspection, the provider created a fire procedure and sent evidence to support this; they informed us that they had displayed the fire procedure in the waiting area. They had also purchased new fire extinguishers and sent us evidence to support this.
- The provider informed us that the fire alarms were tested weekly and that they had included fire extinguisher checks as part of their weekly checks.
- There were no fire marshals in place; following the inspection, the provider informed us that the clinical lead would complete fire marshal training before the clinic reopens in March 2023.

Are services safe?

Risks to patients

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

- 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.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- There were medicines and equipment to deal with medical emergencies which were stored appropriately. There were monthly checks in place for emergency medicines; however, defibrillator and oxygen were only checked every 6 months. Following the inspection, the provider informed us that defibrillator and oxygen checks were included in their monthly checks.
- There were no paediatric oxygen masks in place. Following the inspection, the provider obtained a paediatric oxygen mask and sent us evidence to support this.

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 service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- 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 had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

Track record on safety and incidents

The service had a good safety record.

- There were 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. Staff understood their duty to raise concerns and report incidents and near misses.

Are services safe?

- 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 provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. However, there was no clear system in place to review and act on medicines and safety alerts. Following the inspection, the provider informed us they would include weekly checks for medicines and safety alerts and these will be disseminated to staff appropriately.

Are services effective?

We rated effective as Good because:

The provider had systems and procedures which ensured clinical care provided was in relation to the needs of patients. Staff at the service had the knowledge and experience to be able to carry out their roles. The service undertook clinical audits or quality improvement activities where improvements were implemented and monitored.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians 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.

- 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.
- 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.
- Arrangements were in place to deal with repeat patients.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service used information about care and treatment to make improvements.
- For example, the provider undertook an audit to ascertain if patients undergoing STI (Sexually Transmitted Infections) testing were undertaken in accordance to evidence based guidelines. In the first cycle of the audit, they found 3 patients meeting this criterion and found that a detailed sexual history was undertaken; however, documentation of the symptoms were not consistent. Following the audit, the provider created a sexual health template and made some of the sexual health questions mandatory. In the second cycle of the audit, they found 2 patients meeting this criterion and found that a detailed history was undertaken including documentation of all symptoms.

Effective staffing

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

- All staff were appropriately qualified.
- Relevant professionals (medical) were registered with the General Medical Council and were up to date with revalidation.
- Up to date records of skills and qualifications were maintained.
- Staff whose role included reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

Coordinating patient care and information sharing

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

Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- 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.

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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- 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 care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

The service sought to treat patients with kindness, respect and dignity. The service involved patients in decisions about their treatment and care. Staff we spoke with demonstrated a patient-centred approach to their work.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people. The service sought feedback from patients on the quality of care they received. The provider had received 5/5 stars in Google with 71 reviews (accessed 1 March 2023) and received 4.9/5 stars in Trustpilot with 75 reviews (accessed 1 March 2023).
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language.
- Patients felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

The provider was able to provide all patients with timely access to the service. The service had a complaints procedure in place, and it used patients' feedback to tailor services to meet user needs and improve the service provided.

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.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.

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, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- 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 complaint policy and procedures in place. There had been no complaints since the provider started the service.

Are services well-led?

We rated well-led as Good because:

The leader was able to articulate the vision and strategy for the service. Staff ensured that patients would receive the best care and treatment that would allow patients to lead active lives. There were good systems in place to govern the service and support the provision of good quality care and treatment.

Leadership capacity and capability

The leader had the capacity and skills to deliver high-quality, sustainable care.

- The leader was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The leader was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

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.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

The service had a culture of high-quality sustainable care.

- The service focused on the needs of patients.
- The leader acted on behaviour and performance inconsistent with the vision and values.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need.
- Staff were supported to meet the requirements of professional revalidation where necessary. They were given protected time for learning and development.
- There was a strong emphasis on the safety and well-being of all staff.
- Staff had received equality and diversity training.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were understood and effective.
- Staff were clear on their roles and accountabilities.

Are services well-led?

- The leader had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- The service had information technology systems. All clinical records were completed on the computer.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance.
- The leader had oversight of safety alerts, incidents, and complaints.
- The provider did not have a business continuity plan in place. However, during the inspection the provider put a plan in place and sent us evidence to support this; we reviewed the plan and found it to be satisfactory.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- Patients, staff and external partners' views and concerns were heard and acted on.
- Staff reported their views were heard and were happy to work at the service.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. For example, they reviewed significant events and made improvements.