

# Medicaoptima Ltd

## Inspection report


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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

Inadequate 

Are services safe?

Requires improvement 

Are services effective?

Inadequate 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Inadequate 

# Overall summary

**This service is rated as Inadequate overall.** (Previous inspection March 2018 – not rated. It was judged to be providing a service that was meeting the requirements, however there were some areas the provider should make improvements.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? - Inadequate

Are services caring? - Good

Are services responsive? - Good

Are services well-led? - Inadequate

We carried out an announced comprehensive inspection at Medicaoptima Ltd on 13 June 2019 as part of our inspection programme.

Medicaoptima Ltd provides a private general practice service, primarily to the local German-speaking population. The service is run by a single-handed GP, supported by a team of administrative staff.

As part of the inspection we asked the provider to distribute CQC comments cards to their patients during the two weeks preceding the inspection day. We received 15 comments cards, all of which were positive about the service provided.

## Our key findings were:

- Overall, the service had processes in place to keep patients safe; however, in some areas, such as safeguarding children and vulnerable adults, there was a lack of clear process and staff training.
- There was limited evidence of activity to monitor the care provided in order to make improvements.
- The provider had failed to put in place safe and effective arrangements to ensure that patients' registered GPs were notified about the treatment provided. They had failed to establish an approach to providing treatment to patients who refused consent to information about their treatment being shared with their registered GP.

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The service had failed to put in place systems to ensure good governance; policies and procedures were in place, but many were not fit for purpose. The practice had failed to address areas of weakness highlighted during our previous inspection.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Put in place systems and processes to ensure good governance.
- Ensure care and treatment is provided in a safe way for service users.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

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

## Background to Medicaoptima Ltd

Medicaoptima Ltd provides a private general practice service in Richmond, South West London, primarily to the local German-speaking population. It also serves the nearby German School London. The service is run by a single GP, supported by a team of administrative staff. Other services are provided from the building, including consultations with a psychiatrist, psychologist, nutritionist and Chinese Medicine practitioner; however, these services do not fall within the scope of registration and therefore were not looked at as part of the inspection.

The practice provides appointments Monday to Friday.

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.

Our inspection team was led by a CQC Lead Inspector and included a GP Specialist Advisor.

Before visiting, we reviewed a range of information we hold about the service. During our visit we:

- Spoke with the GP (who is also the registered manager) and a member of the administrative team.
- Spoke with patients who used the service.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed service policies, procedures and other relevant documentation.
- Inspected the premises and equipment in use.

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 rated safe as Requires Improvement because:

### Safety systems and processes

#### The service did not in all cases have clear systems to keep people safe and safeguarded from abuse.

- The service did not have a clear policy on their approach to ensuring children and vulnerable adults were safeguarded from abuse. We found that they had two separate policies in hard copy format in respect of child safeguarding, and a separate policy kept in electronic format. The hard copy policies did not contain contact details of the local safeguarding team (however, these details were available on a separate sheet, kept at the reception desk); we were told that the electronic copy of the policy contained these details, but staff were unable to locate this during the inspection.
- The service had systems in place to ensure that an adult accompanying a child had appropriate authority to consent to treatment on the child's behalf.
- 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 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).
- All staff received up-to-date safety training and training on child safeguarding appropriate to their role (level 3 for clinical staff); however, non-clinical staff had not completed training in adult safeguarding. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. A Legionella risk assessment had been completed, and we saw evidence that the practice undertook regular testing and flushing of their water supply, as indicated in the risk assessment.
- Overall, the provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions;

however, the provider had not ensured that portable appliance testing was carried-out and had not considered the risk. There were systems for safely managing healthcare waste.

- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

### 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.
- 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.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

### 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. We saw medical records were maintained in English.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they ceased trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

### Safe and appropriate use of medicines

# Are services safe?

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

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service's GP prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The GP told us they prescribed controlled drugs rarely and in specific circumstances. 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.
- There were effective protocols for verifying the identity of patients including children.

## **Track record on safety and incidents**

### **Overall, the service had a good safety record.**

- There were risk assessments in relation to most safety issues, such as infection prevention and control, and Legionella; however, they had not carried-out portable appliance testing.

- Where required, the service carried out the required monitoring activity recommended as part of the risk mitigation plans.

## **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. The service informed us that they had not had any significant events, and therefore, we were unable to view any examples of their handling of these incidents.
- 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. The recorded action they had taken in response to safety alerts; however, they did not maintain a comprehensive record of all safety alerts received and their response to them, and therefore they did not have a reliable system which enable them to check whether any alerts had been overlooked.

# Are services effective?

## We rated effective as Inadequate because:

### 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 (relevant to their service)**

- 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 some quality monitoring activity, but there was limited evidence that this led to quality improvement.**

- The service had processes in place to monitor care provided to patients with long-term conditions, which was based on the format of the NHS Quality Outcomes Framework. This process enabled the service to ensure that patients with long-term conditions received the review and monitoring required to manage their health condition.
- The service had not carried-out any clinical audits and they were therefore unable to demonstrate that they were pro-active in assessing their own performance and making changes in order to improve the quality of patient care.

### 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.

- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff whose role included immunisation and 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 to deliver effective care and treatment; however, arrangements in place to provide care to patients in conjunction with their registered NHS GP were inadequate to ensure safe and effective care was provided.**

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate with the exception of patients' registered NHS GP. A clinical psychologist and a psychiatrist provided consultations from the service's premises, and the service could provide examples of referring patients to these professionals where necessary.
- When they registered with the service, patients were asked for consent for the service to share details of their consultation and any medicines prescribed with their registered GP. Where patients consented to this, the service did not correspond directly with the registered GP and instead provided patients with a summary of each consultation, which the patient could give to their registered GP should they wish; the service was therefore unaware of whether the patient shared the summary with their registered GP. During the previous inspection we told the service that they should review this approach, however, they had failed to do so.
- The service informed us that the majority of their patients did not provide consent for information to be shared with their registered GP; however, they had failed to risk assess the treatments they offered, in particular, they had not 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.

# Are services effective?

## 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 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.
- The service monitored the process for seeking consent appropriately.

# Are services caring?

## **We rated caring Good because:**

### **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 conducted their own patient survey by way of questionnaires handed to patients following their appointment; feedback was overwhelmingly positive. Fifteen Care Quality Commission comments cards were completed by patients, all of which were positive about the quality of care provided.
- 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.**

- The service primarily served the local German population and also had a significant proportion of patients from other European countries. The service's GP was multi-lingual and could therefore consult with patients in several European languages. Reception staff were also multi-lingual.
- Patients told us through comment cards, that they 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.
- Appointments lasted from 20 minutes to one hour, depending on each patients' requirements, which allowed a thorough consultation to be undertaken.

### **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:**

## **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 improved services in response to those needs. We saw examples of the service providing tailored care to patients; for example, where a teenage patient was experiencing stress and anxiety, the GP had arranged for an appointment involving relevant family members in order to help address issues within the home which were contributing to the patient's distress.
- 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; for example, home visits were available for patients who were unable to attend the practice.

## **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.
- Patients reported that the appointment system was easy to use.
- 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; however, their complaints policy was not tailored to the service.**

- Information about how to make a complaint or raise concerns was available; however, the practice's complaints policy was not fit for purpose. The policy advised patients that they could escalate their complaint to the Parliamentary and Health Service Ombudsman; however, the Ombudsman is unable to consider complaints about independent healthcare. Staff treated patients who made complaints compassionately.
- The service learned lessons from individual concerns and complaints.

# Are services well-led?

**We rated well-led as Inadequate because:**

## **Leadership capacity and capability**

**Leaders had the clinical capacity and skills to deliver high-quality, sustainable care; however, they lacked the knowledge and skills to maintain a governance structure that was compliant with regulations.**

- Leaders were knowledgeable about issues relating to the provision of patient care and the local health infrastructure, which enabled patients to be provided with a high quality clinical service.
- The provider showed a lack of understanding in respect of their responsibility to ensure effective governance arrangements were in place to enable and monitor the safety and effectiveness of the service provided.

## **Vision and strategy**

**The service had a clear vision to deliver high quality care and promote good outcomes for patients; however, this was not supported by an effective governance structure.**

- There was a clear vision and set of values.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

## **Culture**

**The service aspired to a culture of high-quality sustainable care.**

- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. 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 needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There were positive relationships between staff and leaders.

## **Governance arrangements**

**There were clear responsibilities, roles and systems of accountability to support good governance and management; however, these were not supported by appropriate formal policies and procedures.**

- The service had procured a package of generic policies and procedures from an external company; however, these had not been sufficiently tailored to the service to be fit for purpose; we had raised this with the service during the previous inspection in March 2018 but found that little improvement had been made since that inspection. During the most recent inspection we saw examples of multiple versions of policies being in place, policies containing incorrect information that could be misleading to patients, and of policies being filed in a way that made them difficult to locate.

## **Managing risks, issues and performance**

**In some areas there was a lack of clarity around processes for managing risks, issues and performance.**

- The service had policies in place which set out how they would monitor performance; however, this was not being followed. For example, the audit policy stated that a programme of audit would be put in place annually; however, this was not been done. A policy also stated that consultations would be regularly audited, but the service confirmed that this had not been undertaken. This had been identified and raised with the provider during the previous inspection, but no action had been taken. After the inspection the service informed us that they discussed the management of patient consultations, however, they had not recorded this.
- Leaders had oversight of safety alerts, incidents, and complaints; however, the recording of safety alerts was insufficient to ensure that a comprehensive record of all alerts considered was kept.
- There was no programme of clinical audit in place. The provider monitored the care of patients with long-term conditions using a process of indicators based on the NHS Quality Outcomes Framework; however, whilst this enabled the service to ensure that appropriate monitoring and care planning arrangements were in place for these patients, it did not serve as a tool for wide-scale improvements in the quality of care being provided.

# Are services well-led?

## Appropriate and accurate information

### The service acted on appropriate and accurate information.

- The service submitted data or notifications to external organisations as required.
- There were effective 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 views of patients, and staff were used in the development of the service.

- The service carried-out a patient survey in order to measure whether those using the service were satisfied.

- Staff meetings were carried-out monthly, during which training updates were delivered and staff were given the opportunity to discuss concerns and ideas.

## Continuous improvement and innovation

### **There was some evidence that the service aspired to continuous learning and improvement; however, this was limited by their lack poor governance arrangements.**

- An audit policy was in place; however, this was not followed and there was little evidence of clinical audit resulting in improvements in service and outcomes for patients.
- Several areas highlighted for attention during the previous CQC inspection had not been reviewed, such as the lack of clinical audit, lack of risk assessment in relation to providing treatment to patients without directly updating their registered GP, and lack of tailored and effective governance arrangements.

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
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had failed to provide care and treatment in a safe way for service users; in particular:</p> <ul style="list-style-type: none"><li>• The provider had failed to establish a clear policy in respect of the arrangements in place to safeguard children and vulnerable adults from abuse; different versions of policies were in place, containing different information and not all were filed in a way that would enable easy access. Non-clinical staff had not received training in adult safeguarding.</li><li>• The provider had failed to ensure that electrical equipment was safe to use, as portable appliance testing had not been carried out.</li><li>• The provider had failed to maintain a comprehensive record of external safety alerts received.</li><li>• The provider had failed to put in place effective processes to ensure that, where patients consented, their registered GP was informed of the treatment provided by the service.</li><li>• The provider had failed develop any formal approach, or to risk assess the treatments they would provide to patients who did not consent to information being shared with their registered GP.</li></ul>
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had failed to establish formal systems and processes to ensure good governance. In particular:</p>

This section is primarily information for the provider

## Requirement notices

- The provider had procured a package of generic policies; however, these were not sufficiently tailored to the service to be fit for purpose.
- The provider had failed to put in place processes to assess, monitor and improve the quality of service; for example, by means of clinical audit.
- The provider had failed to demonstrate that they had taken action in respect of areas highlighted for improvement during their previous inspection.