Baltic Medical Centre Limited

The Baltic Medical Centre

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 22 March 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 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, in one area, this service was not 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 Baltic Medical Centre is an independent health service based in Canary Wharf, London, providing consultations, treatment and referrals for patients who primarily come from Eastern Europe.

Our key findings were:

- Patient feedback was positive about the service and staff told us that they felt supported and able to raise concerns.
- There was no clinical oversight of the treatment and care being provided by individual clinicians. The service was not signed up to receive any medicines safety alerts and did not carry out clinical audits for clinicians.
- Not all staff had completed child safeguarding training to the appropriate level.
- There was a system for recording significant events and complaints. However, there was no evidence of analysis of events or complaints and no evidence that lessons learned were shared with all staff.
- Staff told us that regular staff meetings took place, however these were not minuted.

Summary of findings

- Disclosure and Barring Service (DBS) checks in two staff members' files did not have any details of the outcome of the check.
- There were no curtains or screens available in most of the treatment rooms for patients to maintain their dignity.
- On the day of inspection, the service did not have all appropriate emergency medicines. There was also no evidence that regular checks of the emergency medicines were being completed.
- We found risks relating to infection prevention and control on the day of inspection, including in relation to clinical specimens, sharps bins, cleaning of equipment, and the flooring and sinks.
- We found three boxes of medicines that were not licenced for use in the UK, medicines being used for patients which had been obtained through individual prescriptions in staff members' names, open tubes of cream which we were told were being used for multiple patients which had no opening date recorded, and we saw that blank prescriptions were not kept securely.
- The service had policies in place which were available to all staff. However, the policies did not always include all relevant and necessary information.
- The service did not have an adequate system to verify patients' identities, including checking that adults attending with children had parental responsibility.
- The service did not carry out any regular fire alarm tests or fire drills, and there were no trained fire marshalls.

We identified regulations that were not being met and the provider **must**:

- Ensure that all patients are treated with dignity and respect.
- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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 the arrangements for ensuring the competency and professional development of staff in relation to training.

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 not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Enforcement section at the end of this report).

- The service did not have reliable systems for appropriate and safe handling of medicines and was not signed up to receive any medicines safety alerts.
- The service did not carry out regular fire alarm tests or fire drills, and there were no trained fire marshalls.
- Not all of the clinical staff had the required level of child safeguarding training.
- DBS checks in two staff members' files did not have any details of the outcome of the check.
- There were arrangements for planning and monitoring the number and mix of staff needed.
- On the day of inspection the service did not have all appropriate emergency medicines, and there was no evidence that the service was undertaking regular checks of the emergency medicines.
- The practice had systems for sharing information with other agencies to enable them to deliver safe care and treatment. Staff told us that information was shared with patients' NHS GP if the patient consented.
- Although there was an infection control policy in place, and the service had completed an infection control audit in February 2018, we found risks relating to infection prevention and control.

Are services effective?

We found that this service was not providing effective care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Enforcement section at the end of this report).

- Clinicians told us that they assessed and delivered care in line with current evidence based guidance, however this not reviewed or monitored by the service.
- Individual clinicians completed their own clinical audits. However, there was no evidence of outcomes or learning from these individual audits being shared with other staff members. The service did not carry out any quality improvement activity, such as clinical audits, and there was no evidence that the service regularly reviewed the effectiveness and appropriateness of the clinical care being provided by the clinicians.
- We saw up to date records of skills, qualifications and training for staff. However, the Nurse, who was primarily carrying out phlebotomy, had not had any updated training in this area since 2014.
- Clinicians understood the requirements of legislation and guidance when considering consent. We saw evidence that consent was recorded for patients having minor surgical procedures at the service.

Are services caring?

We found that, in one area, this service was not providing caring services in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Enforcement section at the end of this report).

- The service treated patients with kindness, respect and compassion.
- Reception staff told us that if patients wanted to discuss sensitive issues they would offer them a private room to discuss their needs.

Summary of findings

- Patient feedback was positive about the service experienced. Patients we spoke to on the day of inspection said that they felt involved in decisions about their care and treatment.
- Staff spoke other languages, including Lithuanian and Russian, and informed patients of this when they registered for an appointment.
- There were no curtains or screens available in the treatment rooms (except for one) to ensure patients' privacy.

Are services responsive to people's needs?

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

- Patients were able to access care and treatment from the service within an acceptable timescale for their needs.
- The service's website provided details of the clinicians, services and procedures available, and the associated fees.
- The appointment system was easy to use. Patients could make appointments by telephone or by email via the service's website, and could ask to see a specific clinician.
- The service had a complaints policy in place and we saw a poster in the reception area which detailed how patients could make a complaint.

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Enforcement section at the end of this report).

- There was no clinical oversight of the treatment and care being provided by individual clinicians, and clinicians had not received an appraisal by the service since 2016.
- The service had policies in place which were available to all staff. However, the policies did not always include all relevant and necessary information.
- The service did not have an adequate system to verify patients' identities, including checking that adults attending with children had parental responsibility.
- There was a system for recording significant events and complaints. However, there was no evidence of analysis of events or complaints and no evidence that lessons learned were shared with all staff.
- Staff told us that regular staff meetings took place, however these were not minuted.
- We saw evidence that the service had made some changes and improvements as a result of incidents, complaints and feedback.

The Baltic Medical Centre

Detailed findings

Background to this inspection

Baltic Medical Centre is an independent health service based in Canary Wharf, London. The service provides consultations for male and female children and adults (in particular people who come from Eastern Europe), prescribes medicines, makes referrals to specialists and carries out some surgical procedures.

The service employs a Practice Manager, receptionists, and a Nurse. A number of self-employed clinicians also work for the service on a contractual basis including one General Practitioner, two general internal medicine specialists, one Paediatrician, two Gynaecologists, three Surgeons, one Cardiologist, one Neurologist, one Gastroenterologist, one Psychologist, two Physiotherapists and one Sonographer.

The service undertakes regulated activities from one location and is registered with the CQC to provide treatment of disease, disorder or injury, family planning, and diagnostic and screening procedures.

The service is open from Monday to Saturday, with appointments available from 9.00am to 7.00pm.

The Practice Manager for the service is also the registered manager. A registered manager is a person who is registered with the 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.

We carried out this inspection as a part of our comprehensive inspection programme of independent health providers.

Our inspection team was led by a CQC lead inspector, who was supported by a second CQC inspector, a member of the CQC Medicines Optimisation team, a GP specialist advisor, and a Practice Manager specialist advisor.

The inspection was carried out on 22 March 2018. During the visit we:

- Spoke with a range of staff, including the Practice Manager, a GP, an internal medicines specialist, a Paediatrician, a Nurse, and a receptionist.
- Reviewed service documents and a sample of patient care and treatment records.
- Spoke to patients and reviewed patient feedback.

We asked for CQC comment cards to be completed by patients prior to the inspection. We received 42 comment cards which were all positive about the standard of care received. Staff were described as professional, friendly and helpful.

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

- There were systems for safely managing healthcare waste, and we saw cleaning schedules for regular cleaning of the premises and the majority of the medical equipment (but not for the ear irrigator).
- Electrical equipment had been checked to ensure it was working safely.
- A legionella risk assessment was in place and we saw evidence of staff carrying out weekly water temperature testing.
- The service had completed a safety risk assessment in November 2016, but some of the hazards identified had not been acted upon. For example, the assessment identified sharps bins should not be placed on the floor, but on the day of inspection we saw a large sharps bin placed on the floor in one of the clinicians' rooms.
- The service did not carry out any regular fire alarm tests or fire drills, and there were no trained fire marshalls. The Practice Manager told us that this was because the fire alarm company advised that there was no need to test the alarm or carry out fire drills. There were also no notices on display to inform patients where the fire assembly point was. Following the inspection, the service sent us an email stating that stickers for the assembly point information had been ordered and that they had contacted the fire alarm company to attend the premises.
- Not all of the clinical staff had the required level of child safeguarding training, as set out in The Intercollegiate Guideline "Safeguarding Children and Young People: roles and competences for health care staff" (2014). The Nurse did not have level 2 child safeguarding training and we saw no evidence in staff files that one of the clinicians had completed any child safeguarding training. In addition, some of the staff we spoke to were not clear on what might constitute a safeguarding concern beyond violence or physical abuse.
- There was a system in place for reporting and recording significant events and complaints, and we saw significant events and complaints policies which demonstrated that patients would be provided with a written explanation of the service's investigation and outcomes, including details about any actions taken to change or improve processes, and an apology or refund where appropriate. We were told that significant events and complaints received by the service were discussed at staff meetings, however on the day of inspection we did not see any meeting minutes which confirmed this. Following the inspection, the service provided a copy of an email sent to staff which discussed a comment left on Facebook by a patient and reminded clinicians to telephone patients back if they had promised to do so.
- DBS checks in two staff members' files did not have any details of the outcome of the check and there was no evidence to confirm a decision was made to continue employment following a risk assessment; all other staff had appropriate checks. (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).
- There was a poster in the reception area advising patients that they could have a chaperone during the appointment. All staff had received training to be a chaperone from the Practice Manager and had a good understanding of what this required.

Risks to patients

- There were arrangements for planning and monitoring the number and mix of staff needed. Staff told us that when there was increased demand for the service at certain times of year, the service assessed the impact on safety and staff would work increased hours to meet this demand.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. One of the clinicians had sourced a clear reference sheet regarding symptoms of sepsis which they found easy to refer to.
- However, the service did not have a medical oxygen cylinder, atropine or hydrocortisone/ prednisolone in

the event of a medical emergency, and there were no risk assessments in place to support the absence of these. Following the inspection, the service sent us evidence that these had been ordered.

- There was also no evidence that the service was undertaking regular checks of the emergency medicines, although none of the emergency medicines we saw on the day of inspection were out of date. Following the inspection, the service sent us an email stating that the Nurse will be checking the emergency medicines monthly and recording this.
- Staff, including those who worked on reception, had received basic life support training.
- We saw evidence of professional indemnity arrangements.

Information to deliver safe care and treatment

- We saw that individual care records were written and managed in a way that kept patients safe.
- The practice had systems for sharing information with other agencies to enable them to deliver safe care and treatment. Staff told us that information was shared with patients' NHS GP if the patient consented.
- Referral letters to other services included all of the necessary information.

Infection prevention and control

There was an infection control policy in place and the service had completed an infection control audit in February 2018. However, we found risks relating to infection prevention and control on the day of inspection, which had not been identified in the audit. For example:

- Clinical specimens were kept in a domestic fridge which only had one thermometer and did not have a maximum/minimum temperature range. There was no evidence that the service monitored the fridge temperature. When we checked the fridge on the day of inspection, we saw that it contained blood and urine specimens and was recording a temperature of zero degrees, which was outside the recommended temperature range. There was no evidence of the service using any method to assess the impact of temperature excursions on the clinical specimens.
- There were no sterile non-latex gloves available for use during intrauterine device insertion or surgery for patients who were allergic to latex.
- There were carpets in all of the treatment rooms, except for the surgical room, including in rooms where phlebotomy and IUD insertion was being performed.
- The room where surgical procedures took place did not have carpet, but the floor was not one single impervious surface – it had stick on tiles with cracks and the flooring was damaged.
- Sinks in some of the treatment rooms had plugs and overflows.
- Sharps bins were unlabelled, and one large sharps bin was placed on the floor.
- There were no signs or posters in treatment rooms advising what action to take in the event of a sharps injury. The 'safe use and disposal of sharps policy' did not state that, in the event of a sharps injury, the wound should be bled. One staff member we spoke to was not aware that the wound should be bled.

Safe and appropriate use of medicines

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

- Clinicians told us that they prescribed medicines to patients and gave advice on medicines in line with evidence based guidance, such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. However, this was not monitored or reviewed by the service; the service had not carried out any audits regarding antimicrobial or any other prescribing, and decisions regarding prescribing were the choice of the individual clinicians.
- Whilst individual clinicians told us that they adhered to best practice guidelines, the service had no knowledge of whether medicines were being used safely and followed up on appropriately.
- The service was not signed up to receive any medicines safety alerts and we were not provided with any assurance that the service was aware of or acted on cascaded medicines safety alerts; although when we reviewed a sample of patient records there was no evidence of prescribing in contravention of any safety

alerts. Following the inspection, the service sent an email advising that the General Practitioner had registered the service for some safety alerts as of 26 March 2018.

- Medicines were stored securely, but on the day of inspection we found three boxes of medicines in a cupboard which were not licenced for use in the UK, and the Practice Manager told us that they had not been aware that these were in the cupboard and did not know where they had come from. Following the inspection, the service contacted us to advise that these medicines had been disposed of.
- We found medicines in a cupboard (including Piriton and calamine Lotion) which were for patient use, but which had been obtained through individual prescriptions in staff members' names. Following the inspection, the service contacted us to advise that these medicines had been disposed of and replacements had been purchased labelled for the service's use.
- We found three open medicinal creams in a cupboard which we were told were being used for multiple patients, and which did not have an opening date recorded. Following the inspection, the service contacted us to advise that these medicines had been disposed of.
- Blank prescriptions were not kept securely, but were out on tables in the consultation and treatment rooms.

Lessons learned and improvements made

- There was a system for recording and acting on significant events and incidents, and staff understood their duty to raise concerns and report incidents to the Practice Manager.
- However, we saw no evidence that incidents were analysed and assessed, or that the learning from incidents was consistently shared with staff.
- The service was aware of the requirements of the Duty of Candour; the complaints policy set out that that patients would be provided with a written explanation of the service's investigation and outcomes, including details of any actions taken to change or improve processes, and that patients would be given an apology or refund where appropriate.

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

- Staff told us that they assessed and delivered care in line with current evidence based guidance. However, this was not monitored or reviewed by the service, and the medication policy did not set out any specific guidance to prescribers. We reviewed a sample of patient records which demonstrated that care and treatment was appropriate.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

- The service did not carry out any quality improvement activity, such as clinical audits, in order to review the effectiveness and appropriateness of the clinical care being provided by the clinicians.
- Individual clinicians completed their own clinical audits. However, there was no evidence of outcomes or learning from these individual audits being shared with other staff members.
- The service had completed a record keeping audit in December 2017, which reviewed a random sample of patient records for each clinician. As a result of the audit, a number of recommendations for improvements were made regarding record keeping; however there was no evidence on the day of inspection that the audit and recommendations had been shared with all staff.

Effective staffing

- We saw up to date records of skills, qualifications and training for staff. However, the Nurse, who was primarily carrying out phlebotomy, had not had any updated training in this area since 2014. Following the inspection, the service informed us that the Nurse was booked to attend phlebotomy training on 13 April 2018.
- Training was organised by the service for staff, including basic life support training, chaperone training, customer service training and time management training.
- There was a capability procedure in place, which was detailed in the Staff Handbook, for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

Staff worked together and with other professionals to deliver effective care and treatment.

- Patients were referred to other services when appropriate.
- Staff told us that information was shared with patients' NHS GP if the patient consented. One of the clinicians told us that, if the health matter is important, they will explain this to the patient and seek consent to send information to their GP that day.

Supporting patients to live healthier lives

- One clinician told us that they would signpost patients to the NHS Choices website for information about a healthy lifestyle. Another clinician said that they talked to patients during consulations about eating habits and being active.

Consent to care and treatment

- Clinicians understood the requirements of legislation and guidance when considering consent.
- Patients we spoke to on the day of inspection said that they felt very involved in decisions about their care and that staff explained treatment and options to them.
- We saw evidence that consent was recorded for patients having minor surgical procedures at the service.

Are services caring?

Our findings

We found that, in one area, this service was not providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

The service treated patients with kindness, respect and compassion.

- We saw that staff understood patients' personal, cultural and social needs.
- Reception staff told us that if patients wanted to discuss sensitive issues they would offer them a private room to discuss their needs. Reception staff said that they would not ask patients any private or sensitive questions in the reception area, in case this was overheard by other patients.
- All of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients described the staff as being helpful and friendly, and commented that they were treated with care and respect and would recommend the service.
- The comment cards were in line with the feedback given by patients we spoke to on the day of inspection. Patients said that the appointments ran on time, the staff are friendly, and they are treated with respect.

Involvement in decisions about care and treatment

- Staff spoke other languages, including Lithuanian and Russian, and informed patients of this when they registered for an appointment. The service's website was also available in translation in Lithuanian and Russian.
- Patients we spoke to on the day of inspection said that they felt involved in decisions about their care and treatment.

Privacy and Dignity

- The service complied with the Data Protection Act 1998.
- Reception staff told us that patient information was held securely and was not visible to other patients in the reception area.
- We saw that doors were closed during consultations and that conversations taking place in the consultation room could not be overheard.
- There was a privacy screen in one of the treatment rooms, but there were no curtains or screens available in any of the other rooms for patients to maintain their dignity. The treatment rooms had slatted blinds in external windows which we saw had gaps in between, which did not ensure patients' privacy.

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 had both a landline and a mobile telephone which patients could use to make appointments.
- The service's website provided details of the clinicians, services and procedures available, and the associated fees.

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 is open from Monday to Saturday, with appointments available from 9.00am to 7.00pm.
- The appointment system was easy to use. Patients could make appointments by telephone or email via the service's website, and could ask to see a specific clinician.
- One of the clinicians had completed a two cycle audit in 2016 and 2017, looking at effective time management and consultation times; the outcome of this audit was an increase in the time allocated to initial appointments from 15 to 30 minutes with an associated increase in cost to reflect this. Patients were now given the option of choosing a shorter initial appointment time for straightforward issues for a lower cost.

Listening and learning from concerns and complaints

The service had a complaints policy in place.

- We saw a poster in the reception area which detailed how patients could make a complaint.
- Reception staff told us that any complaints would be reviewed and dealt with by the Practice Manager.
- There had been one complaint in the last year received by the service via the General Medical Council (GMC) in relation to a specific clinician. This complaint was handled appropriately, in that the complaint was discussed by the doctor with their Responsible Officer and the GMC. The Practice Manager explained that, as the Responsible Officer and the GMC confirmed that the doctor had acted appropriately, no changes were made to the service as a result of the complaint.
- The complaints policy states that the service will not record comments from patients made on Facebook in their complaints log. However, the Practice Manager told us that Facebook comments would still be reviewed for learning and improvement purposes. Following the inspection, the service provided a copy of an email sent to staff which discussed a comment left on Facebook by a patient and reminded clinicians to telephone patients back if they had promised to do so.

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

- The Practice Manager was responsible for the organisational direction and development of the service and the day to day running of it.
- The provider did not have any clinical oversight of the clinicians in terms of how they were treating patients and what they were prescribing.
- Staff told us that staff meetings were held on a weekly basis. However, these meetings were not minuted and we did not see any evidence that operational developments, significant events and complaints were consistently discussed. Following the inspection, the service sent us copies of emails sent to staff which contained short summaries of what was discussed at meetings.

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.
- Staff said that they felt supported by the Practice Manager and enjoyed working at the service.
- On the day of inspection, we did not see any evidence in staff files that staff members had regular appraisals by the service. Following the inspection, the service sent us copies of staff appraisals for the Practice Manager and the Nurse from 2017. The service also sent us copies of staff appraisals for the clinicians from 2016 and prior; the Practice Manager explained that she was advised by the service's legal company not to continue completing appraisals for the clinicians as they are self-employed.

Governance arrangements

- There was a clear staffing structure in place. Staff understood their roles and responsibilities.
- The service had recently produced a Staff Handbook which clearly set out the employment responsibilities of staff and a number of procedures and policies. We saw that staff had signed a document to confirm they had read and understood the Handbook.
- The service had policies in place which were available to all staff. However, the policies did not always include all relevant and necessary information. For example: the 'medication policy' and 'antibiotic prescribing policy' did not include specific guidance to prescribers, such as repeat prescribing, long-term conditions, or controlled drugs; the 'safe use and disposal of sharps policy' did not state that, in the event of a sharps injury, the wound should be bled; the 'collection of microbiological specimens policy' did not include any information regarding fridge temperature; the 'infections with specific alert organisms' policy did not include any contact details for Public Health England or the Health Protection Team; the 'whistleblowing policy' did not include any external bodies/contacts that staff can escalate the matter to; the 'chaperone policy' did not state that the chaperone must keep sight of the patient and that the chaperone must record in the patient's notes that a chaperone was provided.

Managing risks, issues and performance

- The service had a business continuity plan in place and had advised staff of the processes in the event of any major incidents.
- The service had a capability procedure to manage performance, but performance of employed clinical staff was not monitored by the service. Following the inspection, the service sent us a copy of a contract appointing the General Practitioner as clinical lead for the service as of 26 March 2018.
- The Practice Manager had oversight of serious incidents and complaints. However, the service was not signed up to receive any medicines safety alerts and there was no evidence that the Practice Manager took any action to review the effectiveness and appropriateness of the clinical care being provided by the clinicians.
- The service did not have an adequate system to verify patients' identities, including checking that adults attending with children had parental responsibility.

Are services well-led?

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

- The service did not carry out any regular fire alarm tests or fire drills, and there were no trained fire marshalls. The Practice Manager told us that this was because the fire alarm company advised that there was no need to test the alarm or carry out fire drills. There were also no notices to inform patients where the fire assembly point was. Following the inspection, the service sent us an email stating that stickers for the assembly point information had been ordered and that they had contacted the fire alarm company to attend the premises.

Engagement with patients and staff

The service involved patients and staff to support the service they offered.

- We saw a feedback box in the reception area, and staff told us that a couple of times a year the service would hand out feedback forms to patients to seek their views about the care and service they were receiving, but we were not provided with any results.
- Staff told us that they felt comfortable raising any issues with management.
- Staff told us that regular staff meetings were held, however we did not see any evidence of minutes from these meetings on the day of inspection. Following the inspection, the service sent us copies of emails sent to staff which contained short summaries of what was discussed at meetings.

Learning and improvement

- We saw evidence that the service had made changes and improvements to services as a result of significant events, complaints and patient feedback. For example, staff told us about an incident where a patient's test results had been delayed due to a spelling mistake in the patient's name on the handwritten label; the service had purchased an electronic labelling machine which pulled patients' names straight from their records to affix to specimen bottles, so as to avoid any spelling mistakes and subsequent delays.
- One of the clinicians had completed a two cycle audit in 2016 and 2017, looking at effective time management and consultation times; the outcome of this audit was an increase in the time allocated to initial appointments from 15 to 30 minutes with an associated increase in cost to reflect this. Patients were now given the option of choosing a shorter initial appointment time for straightforward issues for a lower cost.
- However, the service did not carry out any clinical quality improvement activity.

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 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 Family planning services Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect How the regulation was not being met: The registered person had not ensured the privacy of service users. In particular: • There were no curtains or screens available in treatment rooms (except for one) for patients to maintain their dignity. The treatment rooms had slatted blinds in external windows which we saw had gaps in between, which did not ensure patients' privacy. **These matters are in breach of regulation 10(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

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 Family planning services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: There was no proper and safe management of medicines. In particular: • Not receiving medicines safety alerts. • Medicines found which were not licenced for use in the UK, some used for multiple patients with no opening date recorded, some for patient use but obtained through prescriptions for staff members. • Blank prescriptions not secure. • No evidence of emergency medicines checks. There was inadequate assessment of the risk of, and preventing, detecting and controlling the spread of infections. In particular: • Clinical specimens kept in domestic fridge with no monitoring of fridge temperature. • No sterile non-latex gloves available. • Carpets in treatment rooms and the floor in the surgical room was not a single impervious surface. • Some sinks in treatment rooms had plugs and overflows. • Sharps bins unlabelled and one large sharps bin placed on the floor. • No signs or posters regarding sharps injuries and the 'safe use and disposal of sharps' policy did not state that in the event of sharps injury the wound should be bled. • No evidence the ear irrigator was cleaned.

This section is primarily information for the provider

Enforcement actions

The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:

- Not all staff had completed child safeguarding training to the appropriate level.
- Some staff DBS checks did not have any details of the outcome.
- No regular fire alarm tests or drills and no trained fire marshalls.

These matters are in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures

Family planning services

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

There were inadequate systems and processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided:

- No clinical oversight of the treatment and care being provided by individual clinicians.
- Clinicians had not completed an appraisal by the service since 2016.
- No quality improvement activity, such as clinical audits, carried out by the service.
- Individual clinicians completed their own clinical audits, but there was no evidence of outcomes or learning being shared amongst staff.
- There was no evidence of analysis of significant events or complaints and no evidence that lessons learned were shared with all staff.

This section is primarily information for the provider

Enforcement actions

- Policies did not always include all relevant and necessary information.
- The service did not have an adequate system to verify patients' identities, including checking that adults attending with children had parental responsibility.
- Staff told us that regular staff meetings took place, however these were not minuted.

These matters are in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.