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Polscy Lekarze Polish Doctors

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 24 November 2017 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Polscy Lekarze Polish Doctors is a small service located on the first floor of premises close to Slough town centre. The private consultation service is available to people who either live in the Slough area or wish to travel to the clinic to receive treatment. Over 90% of the people who attend the clinic are Polish. Staff at the clinic all speak Polish. At the time of our inspection in November 2017, there was one Gynaecologist, providing clinics that are held only once or twice a month. The service had been attended for fewer than 100 consultations in the last year.

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

The service provided at the time of inspection was limited to Saturday clinics held on one or two occasions each month. There were no patients present on inspection

Summary of findings

day. The patients that had attended in the last month had not completed CQC comment cards and had declined to speak with us. The provider showed us their last patient satisfaction survey of 10 patients. This identified high levels of satisfaction in both accessing the service and the care and attention patients received from staff.

Our key findings were:

- Appropriate systems were in place to identify, assess and manage risk.
- Patient feedback from the service's satisfaction survey was consistently positive.
- The clinician maintained an up to date knowledge in their specialism and undertook relevant training and revalidation.
- Governance arrangements ensured policies and procedures relevant to the management of the service were kept under review.
- There were systems in place to respond to incidents and complaints.
- The service could be contacted six days a week from 9.30am until 8pm.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

- There was an effective system in place for reporting and recording significant events. However, there had not been any significant events reported since the service started in 2014.
- The service had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. The safeguarding policies were reviewed and contained up to date contact details for the local safeguarding team.
- Procedures were in place for monitoring and managing risks to patient and staff safety. For example, there were arrangements to prevent the spread of infection.
- We found equipment and the premises were visibly clean.
- The equipment in use was maintained in accordance with manufacturer's instructions.
- The provider was aware of had a policy in place to comply with the requirements of the Duty of Candour.

Are services effective?

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

- There was evidence that the clinician working at the service at the time of inspection was aware of current evidence based guidance including specific gynaecology guidance.
- The service had a system to assess and monitor the quality of service that patients received by conducting audit appropriate to the level of service provided. For example, there was annual audit of the quality and completeness of medical records.
- The clinician working at the time of inspection sought and obtained relevant clinical supervision from larger organisations where they also practiced. The provider supported professional development by offering additional training.

Are services caring?

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

- The patient satisfaction survey completed by 10 patients showed high levels of satisfaction with the service provided and highlighted that patients felt involved in planning their care and treatment.
- The clinician, service provider and staff we met were kind and friendly. The clinician showed a passion for delivering a caring service to their patients.

Are services responsive to people's needs?

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

- Access to booking appointments was flexible. Telephone contact was available between Monday and Saturday from 9.30am to 8pm.
- The service was established to provide a planned consultation service and urgent access to the service was not appropriate.
- At the time of inspection appointments were only available on a Saturday on a pre-booked basis.

Summary of findings

Are services well-led?

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

- The service had a range of appropriate policies and procedures to govern activity.
 - Monthly staff meetings were held to discuss the running of the service and any issues that arose in delivery of the service.
 - There was an annual review of the service which involved all staff.
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Polscy Lekarze Polish Doctors

Detailed findings

Background to this inspection

This inspection was carried out on 24 November 2017 by a lead CQC inspector, a GP specialist advisor and a nurse specialist advisor. The inspection team was accompanied by a Polish translator.

Prior to inspection the service provider sent us information about the service which we reviewed as part of the inspection process.

We asked for CQC patient comment cards to be completed by providing these four weeks in advance of the inspection. However, the few patients that had attended since the comment cards were made available chose not to complete them. There were no patients present on the day of inspection and patients who had recently attended the clinic declined to speak with us.

During the inspection we reviewed policies and procedures relevant to management of the service, the GP advisor reviewed medical records to confirm treatment was recorded in line with best practice and we spoke to staff involved in the provision of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

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

Safety systems and processes

There was a system in place for reporting and recording significant events. The service had not reported any serious incident since it opened in 2014. We were therefore unable to test whether the system was applied as intended. However, staff we spoke with were aware of the system and told us they would have no hesitation in submitting an adverse incident report. There was a recording form available to report such an incident. Minutes of the monthly staff meeting showed that there was always an agenda item for reviewing adverse events but that this had not been used.

The service operated was staffed by a female specialist in gynaecology. A risk assessment had been undertaken that identified limited requirement for a chaperone to be present during examinations. The service policy identified that if a female patient requested a chaperone they could either choose to have a family or friend present or they would be referred to an alternative service.

The service had an appropriate recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. The recruitment information we reviewed for the clinician working at the service at the time of inspection contained appropriate and relevant information. This included proof of registration with a professional body and a copy of the disclosure and barring service (DBS) check. The record we reviewed also identified that the member of staff had undertaken professional revalidation.

The registered manager received safety alerts. When any of these alerts were found to be relevant to the service they were discussed at the monthly team meetings and responsive action taken to address the subject of the safety alert. Due to the limited nature of the service provided there had not been any safety alerts relevant to the service received in the last year.

Risks to patients

The service held appropriate equipment and medicines to deal with medical emergencies. The equipment and medicines were checked and the checks were recorded.

Staff received training in basic life support on a regular basis. There were records of the training having taken place. The visiting Gynaecologist gave the provider a copy of their training certificate to confirm they were also up to date in basic life support training.

The visiting Gynaecologist and registered manager were both trained to level three in safeguarding children and had received relevant training in safeguarding vulnerable adults. The provider was trained to level one in safeguarding children and had completed training in safeguarding vulnerable adults. The service only treated patients aged over 18 years of age and obtained proof of identity when patients first arrived for their consultation.

Information to deliver safe care and treatment

The patient records we reviewed contained appropriate levels of detail. For example, they contained a full medical history, a summary of the consultation and the details of the advice and treatment offered. We noted that patient records completed by the Gynaecologist were written in English. However, records completed by doctors who had left the service were written in Polish. The provider told us that if records were required by another service they would be translated.

Safe and appropriate use of medicines

The service did not hold any prescribed medicines on the premises. When patients required prescription medicines these were prescribed by the visiting gynaecologist on private prescription forms originated within the practice.

When we arrived at the inspection the blank private prescription forms were held in a desk drawer in the consulting room. The drawer did not lock and we discussed prescription security with the registered manager. The blank forms were moved immediately to a secure cupboard. There was a log of prescriptions that enabled the service to track their use.

Track record on safety

The service had appropriate arrangements in place to maintain a safe environment for patient consultations.

- We observed the premises to be clean and tidy. We found equipment was visibly clean in the consulting room.

Are services safe?

- Annual infection control audit was undertaken by the registered manager and there was an infection control statement for 2016/17. The audit did not identify any risks or issues in relation to processes to reduce the risk of cross infection.
- Personal protective equipment (PPE) such as gloves and aprons were available for use when required.
- The instruments used for examination were single use.
- Records showed that the clinician and registered manager underwent screening for Hepatitis B vaccination and immunity. (People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections).
- We saw hand washing facilities and hand sanitising gel was available in the consulting room and in other areas of the service. This was in line with epic3: 'National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England' (epic3) and Health Technical Memorandum (HTM) 00-09.
- All waste was kept appropriately in a clinical waste bin until collected.
- There was a business continuity plan in place for major incidents such as power failure or building damage. Contact details for the provider and registered manager were included.

Lessons learned and improvements made

The provider was aware of 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. There had been no recorded incidents arising from the provision of services since the service opened in 2014.

The provider had a policy and procedure in place to deal with serious incidents and the policy included a requirement to respond to anyone affected by an incident in an open and honest manner. We could not test whether the process had been followed because no incidents had been reported.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

Monitoring care and treatment

The provider undertook an annual audit of the completeness of medical records. The last audit of 10 sets of records showed that all relevant information was contained in the records. Our review of medical records confirmed the findings of the audit.

Due to the limited range of services provided there was little opportunity to draw comparisons with similar services or compare performance of clinicians.

Effective staffing

There were sufficient staff in post to meet the needs of patients wishing to attend for planned Gynaecology consultations. There was no evidence to indicate that patients were being declined appointments.

Coordinating patient care and information sharing

There was a system in place to enable the Gynaecologist to refer patients on for surgical procedures if this was appropriate. We noted that patient's consent was sought to pass information back to their registered GP (if they were registered with one). There had not been any referrals made for further advice or treatment in the last year.

Supporting patients to live healthier lives

The medical records we reviewed showed that patients had been given advice to support them in living healthier lives. This included advice on stopping smoking and eating healthily. There were health advice leaflets and posters displayed in the reception waiting area including advice on maintaining good mental health.

If a patient sought specific advice on living a healthier life during their consultation with the Gynaecologist they were either advised to consult their GP or told about local services for weight loss or exercise.

Consent to care and treatment

Staff sought patients' consent to care and treatment when this was appropriate. The service did not carry out any surgical procedures. Written consent was not required. Patient's having an ultrasound scan were asked for their verbal consent and this was noted in their records. Similarly when an intimate examination was undertaken verbal consent was sought and documented.

The service had a consent policy and procedure and there was a form available within the policy should the service expand to include invasive procedures that required written consent.

The service displayed full information about the cost of consultations in the reception area. The fees were also explained to the patient when they booked their appointments.

The visiting gynaecologist demonstrated a detailed knowledge of the requirements of the Mental Capacity Act (2005) and the legislation relevant to consent from patients under the age of 16. However, the service was serving patients aged over 18 years of age.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff we spoke with were committed to delivering compassionate care. We were unable to speak with patients because the clinic was not running on the day of inspection. The practice survey of 10 patients carried out in April 2017 showed that the patients who took part were wholly positive about being treated with kindness by the staff at the service. Whilst Care Quality Commission comment cards had been made available four weeks prior to inspection the six patients that attended clinics had declined to complete them.

Involvement in decisions about care and treatment

The practice survey of 10 patients included a question asking patients if they felt involved in decisions about their

care and treatment. All 10 patients responded that they were either very happy or happy with their involvement in decisions about their care. The gynaecologist we spoke with and the records we reviewed confirmed that patients were given information to support their decision making. For example results of ultrasound tests were discussed at the time of consultation.

Privacy and Dignity

The clinic was laid out to ensure privacy whilst patients were in consultation. The consulting room was set back from the waiting area and we were told that the consulting room door was closed during consultations. A free standing screen was used to support privacy when patients were examined. The 10 patients who completed the practice survey in April 2017 all responded to confirm they were afforded privacy during their consultations.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The service was established when the provider identified a significant Polish community in the Slough area. Contact with community groups also identified that some people from this community had a preference for receiving health services from Polish speaking doctors. The services were established to provide both immediate and planned access to a Polish speaking GP and to specialist advice and assessment for both Gynaecological and Dermatology conditions. Both these services were accessed via planned appointments booked in advance.

At the time of inspection the only service running was the Gynaecology clinic staffed by a visiting specialist in Gynaecology.

Timely access to the service

Telephone access to the service was available between 9.30am and 8pm Monday to Saturday. People wishing to

book an appointment could call during these hours to make arrangements to be seen by the Gynaecologist. Clinics were arranged either on one or two Saturday's each month. Because the service did not offer urgent care or treatments all appointments offered were for routine consultations.

If a patient wished to speak to the Gynaecologist following a consultation this could be arranged via a call back. However, we were told that this situation had not arisen since the service opened.

Listening and learning from concerns and complaints

The provider had a clear and comprehensive complaints procedure held in the operational procedures manual. The procedure set out how complaints would be investigated and responded to. However, the provider had not received any complaints about the service provided in the last two years. Therefore, we could not test whether the procedure had been followed or identify any learning from complaints. We noted that there was a monthly staff meeting where complaints would be shared, along with the learning arising from the complaint, if any were received.

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 providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability

The limited provision of service enabled prompt communication between the provider of the service (who also acted as receptionist when the clinic was running) the registered manager and the visiting Gynaecologist. An extensive management structure was not necessary when only one or two clinics a month offering between one and 10 appointments a month were in operation. The provider maintained regular contact with the visiting Gynaecologist to agree clinic dates and inform them of any developments within the service.

The service held monthly meetings to which all staff, from both the Polish doctors and dental service, were invited. These were held on a Saturday to accommodate attendance by the Gynaecologist.

We saw that the service had advertised to recruit a Polish speaking GP but that the recruitment efforts had not been successful. The service continued to seek to re-establish the Polish GP service to widen the range of services available to the Polish speaking community.

Vision and strategy

We were told by the provider of the service and the registered manager that they sought to maintain a personalised service specific to the needs of the Polish speaking community who preferred to consult with Polish speaking clinicians.

The service strategy included continuing the efforts to recruit a Polish speaking GP to enhance the range of services provided.

Culture

Staff told us that there was an open culture within the service and they had the opportunity to raise any issues at team meetings or directly with the provider of the service at any time.

The culture of the service encouraged candour, openness and honesty. Staff told us they would

have no hesitation in bringing any errors or near misses to the attention of the registered manager.

Governance arrangements

The governance arrangements were appropriate to the limited range of services provided and the small team delivering these services. Staff had direct access to the provider and the provider worked as receptionist when clinics were being held.

- There were a range of policies and procedure relevant to the management of the services and these were kept up to date by an annual review undertaken by the registered manager.
- Team meetings were held regularly and minutes of these meetings were held.
- There were appropriate systems in place to identify, assess and manage risks. Relevant risk assessments had been undertaken to reassure the provider that the environment was safe and that staff practiced within their competencies.
- Appropriate recruitment checks were undertaken. Training and revalidation were supported and recorded.

Managing risks, issues and performance

There were a range of policies and procedures in place to manage health and safety within the service. These were kept up to date and reviewed by the registered manager.

The service held records of the training and revalidation of the visiting Gynaecologist. This provided reassurance that the clinician remained registered and fit to practice.

There was a performance management procedure in place. There had not been any issues since the service opened that required performance to be managed. The visiting clinician received clinical supervision from sources outside the service and had an annual non-clinical review with the provider of the service.

Appropriate and accurate information

Service specific policies and procedures were in place and accessible to staff. These included guidance about confidentiality, record keeping, incident reporting and data protection. There was a process in place to ensure that all policies and procedures were kept up to date.

Patient records we reviewed were comprehensive. They were kept securely in a locked cupboard. The service stood alone in maintaining data and was not required to provide any returns for external organisations. We noted from a

Are services well-led?

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

training session record that the service was aware of electronic patient data management systems and had identified that installation of such a system would be required if the service expanded.

Engagement with patients, the public, staff and external partners

The provider undertook annual patient satisfaction surveys and the results were discussed at team meetings. Due to the low numbers of patients attending the service the last survey undertaken in April 2017 had been completed by 10 patients.

All 10 patients reported satisfaction with the service but commented on the lack of availability of suitable car parking in the area. The provider had reviewed the survey results and due to the high levels of satisfaction with both care and access to the service no changes to service delivery were identified as necessary.

We noted that the service was active in the local community and within the Polish community. Members of staff attended local fetes and events where they updated the community on the service offered and gained an insight into local issues affecting delivery of health and social care.

Continuous improvement and innovation

- The visiting Gynaecologist provided evidence of maintaining up to date knowledge in their field.
- The provider undertook audit of the quality and completeness of medical records to ensure these contained all relevant information. There was assurance that in the event that information needed to be passed to another service it was accurate and complete.