

## Medicare Reading Limited

# Medicare

## Inspection Report

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### Overall summary

We carried out an announced follow up inspection of Medicare Reading Limited in Berkshire on 17 April 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 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 previous judgements have not been amended following this inspection.

Medicare Reading Limited is an independent health care provider. They offer private GP services for adults and children and a range of other private health care services.

The services are mainly aimed at the Polish speaking communities in Reading but are offered to the whole community. Appointments are offered with Polish and English speaking doctors and health care professionals specialising in a variety of areas. Additionally, the doctors can request investigations (electrocardiograms, blood tests, scans and x-rays) to assist diagnosis. If appropriate, the doctors can oversee treatment and management as a main point of contact. Medicare Reading Limited also provides dental treatment. The dental service was inspected separately. The dental report and previous comprehensive report can be found by selecting the 'all reports' link for Medicare Reading Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Medicare Reading Limited is registered with Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Some of the services available at Medicare Reading are exempt by law from CQC regulation. Therefore we were only able to inspect the regulated activities as part of this inspection.

The provider has a registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

## Our key findings were:

- The service had improved the systems to keep patients safe and safeguarded from abuse.
- The system for dealing with patient correspondence regarding care and treatment delivered externally had been improved.
- Information needed to deliver safe care and treatment was not always available to the relevant staff in a timely manner.
- The service was unable to provide evidence that the consultations of all clinicians were undertaken in line with national UK guidelines.
- We saw that systems for managing medicines did not always mitigate risks to patients. When information was shared with a patient's NHS GP it was often confusing and did not make clear what treatment had been given.
- There were insufficient arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had a governance framework but this did not support the delivery of safe, effective and responsive care.
- The levels of risk found at this inspection was a direct result of the provider not ensuring appropriate systems had been implemented to effectively identify, manage and mitigate risk.
- Medicare Reading Limited is not currently registered to provide the regulated activity of maternity and midwifery services. We saw evidence that the regulated activity had been undertaken. The provider has subsequently submitted an application to register for this regulated activity.
- The provider demonstrated a willingness to work with CQC to improve the quality and effectiveness of the service.

Following our inspection we sent the provider a letter detailing our concerns. The provider sent CQC an action plan which reduced some of the risks found during the inspection. We undertook enforcement action as detailed at the end of the report.

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

- 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.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

Medicare Reading Limited (also known as Medicare Polscy Lekarze) provides private GP services to adults and children and a range of other private health care services including dermatology and gynaecology. The registered provider is Medicare Reading Limited.

Services are provided from:

- Medicare Reading Limited, 603 Oxford Road, Reading, Berkshire RG30 1HL.

Medicare Reading Limited was founded in 2013 and is located in converted privately owned premises within Reading, Berkshire. All Medicare Reading Limited services, including GP services, are provided from the same premises, which contain two treatment rooms, two dental suites and an office. There is an open plan reception area and waiting area with seating.

The team at Medicare Reading Limited consists of two doctors on the specialist register for internal medicine, undertaking general practice services, ultrasound and electrocardiograms, (one female and one male), three gynaecologists (two female and one male), a practice manager and three receptionists. Medicare Reading also provides GP services to patients from foreign countries that require medical assistance whilst visiting the UK from abroad. These are mostly one-off consultations.

Medicare Reading has core opening hours of Monday to Sunday from 7am to 11pm. This service is not required to offer an out of hours service but does offer an emergency out of hours contact number on its website and patient literature. Patients who need urgent medical assistance out of corporate operating hours are also requested to seek assistance from alternative services such as the NHS 111 telephone service or accident and emergency.

# Summary of findings

The inspection on 17 April 2018 was led by a CQC inspector who was accompanied by a GP specialist advisor, a second CQC inspector and a translator.

During our visit we:

- Spoke with a range of staff, including an internal medicine doctors who provides GP services, the practice manager who manages the full range of services, including the GP services, and the registered manager.
- Looked at information the service used to deliver care and treatment plans.
- Reviewed documents relating to the service.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

### **Are services safe?**

- The service had improved the systems to keep patients safe and safeguarded from abuse.
- Information needed to deliver safe care and treatment was not always available to the relevant staff in a timely manner.
- When information was shared with a patient's NHS GP it was often confusing and did not make clear what treatment had been given.
- The system for dealing with patient correspondence regarding care and treatment delivered externally had been improved.
- We saw systems for managing medicines did not always mitigate risks to patients.

### **Are services effective?**

- We saw examples of prescribing where national guidelines were not always followed and there was no documented rationale for alternative treatments provided.
- There was a lack of management for patients with long term conditions.
- We found medicines with a risk of addiction or other side effects were prescribed with no documented discussion of the risks with the patient.

### **Are services well-led?**

- The levels of risk found at this inspection was a direct result of the provider not ensuring appropriate systems had been implemented to effectively identify, manage and mitigate risk.
- The provider's vision to deliver high quality care and promote good outcomes for patients was not always supported by effective governance processes.
- The provider had demonstrated a willingness to work with CQC to improve the quality and effectiveness of the service.
- The practice had a governance framework but this did not support the delivery of safe, effective and responsive care.

# Are services safe?

## Our findings

### Safety systems and processes

The service had improved the systems to keep patients safe and safeguarded from abuse.

- The service had made some improvements to procedures for safeguarding children and vulnerable adults. For example, all the doctors had completed e-learning for Safeguarding children level three.
- Staff told us there had been no safeguarding incidents or concerns since the last inspection in February 2018. The practice manager showed us evidence that two of the safeguarding concerns previously highlighted by CQC had now been referred to social care. This was documented as being shared because CQC advised them to. We were told that the referrals had not been discussed with the patients/carers.
- The service had not undertaken any safeguarding risk assessments and we were unable to assess whether staff were competent to deal with safeguarding issues.
- We looked at ten staff files and found the appropriate recruitment and staff checks were undertaken.

### Information to deliver safe care and treatment

Information needed to deliver safe care and treatment was not always available to the relevant staff in a timely manner and we found evidence of inconsistent care and treatment of patients and a lack of effective systems or processes to ensure risks to patients were assessed, monitored and mitigated.

- The provider had implemented a policy that meant all future consultations and treatment would automatically be communicated with a patient's NHS GP unless they specifically opted out. A message was sent to all registered patient's informing them of this change.
- However, we saw three examples where a patient was treated for a long term condition and had not consented to share their information with their NHS GP; this includes a prescription for a medicine with the potential for addiction and abuse. There was no documented rationale for continuing to prescribe.
- The provider had removed the administration fee for sharing information with other professionals, which they were previously charging for.
- When information was shared with a patient's NHS GP this consisted of a copy of the clinical record being sent

to the NHS GP. We reviewed 15 examples of patient records and found that the information contained within them was often confusing and did not make clear what treatment had been given.

- This was also highlighted in a clinical records audit that was undertaken by an external company. Concerns identified included:
  - Spelling mistakes and use of some words that did not make sense which could cause confusion regarding diagnosis and/or treatment.
  - The use of abbreviations without a reference list
  - A lack of documenting other conversations with patients, such as telephone calls or emails
  - Some records noted the amount of each drug prescribed, but others did not, and most did not include the prescribed dose.
  - There was no consistency for recording how much of a medicine each patient was given, or an identifiable process for obtaining repeat prescriptions.
- The system for dealing with patient correspondence regarding care and treatment delivered externally had been improved. All referrals were added to a log and staff contacted the recipient to confirm receipt.
- We saw examples of referrals to different services and evidence that they had been received and actioned.

### Safe and appropriate use of medicines

We saw systems for managing medicines did not always mitigate risks to patients.

- Following our February 2018 inspection the provider told us they had identified how to perform relevant searches on their computer system. This enabled them to conduct searches for particular types of patients, for medicines prescribed or for diagnosed conditions.
- We reviewed the system for responding to medicine and safety alerts and found that these were documented and actioned appropriately.
- The emergency medicine storage cupboard had been mended to ensure they were secure.
- A risk assessment had been undertaken to ensure all the appropriate emergency medicines were available.
- The provider told us that they had offered all patients, who they considered to have a long term medical condition, an appointment to undertake a medicine review free of charge. On the day of inspection one patient has responded to this.

# Are services safe?

- We found that although patients with a long term condition had been seen by the service since the February inspection, this opportunity was not utilised and there was no documented long term condition or medicine review undertaken or offered to the patient.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The provider told us their clinicians were expected to work within current national guidelines.

We saw examples of treatment and prescribing undertaken where national guidelines were not always followed and there was no documented rationale for alternative treatments provided. For example:

- A lack of management for patients with long term conditions, including not following national clinical guidelines and repeat prescribing without undertaking regular health and long term condition reviews.
- Ongoing prescribing of medicines that were not in line with national clinical guidelines with no documented rationale for treatment given.
- Prescribing of medicines with a risk of addiction or other side effects with no documented discussion of the risks with the patient.
- The provider shared with us an independent audit that had been undertaken which highlighted similar concerns. The provider told us they had only received the audit the morning before the inspection and had not yet had the opportunity to review the findings and decide on a plan of action.

- At the time of inspection there were no other checks in place to monitor the performance of the service and the clinicians which would have enabled the provider to assure themselves that treatment was given appropriately and that accurate, complete and contemporaneous records were kept in regards of all patients. The provider could not demonstrate they had appropriate processes in place to assess the doctor's competency for the work they were undertaking.
- The provider told us they were in the process of recruiting a clinician who would be able to offer clinical leadership and undertake reviews.

### Monitoring care and treatment

- The provider had recently had a clinical records audit undertaken by an independent company and was in the process of developing an agreement for a programme of audit and review. The provider told us this would enable them to assess the service provision and undertake quality improvement. It was too early in the process to assess the effectiveness of this process.
- We reviewed a sample of the clinical records between February 2018 and the day of inspection and found the clinicians had continued to prescribe in the same manner. The prescribing had been audited but no actions had taken place yet. There was no evidence that the provider had an effective process in place for identifying improvements.

# Are services well-led?

## Our findings

### Leadership capacity and capability

The levels of risk found at this inspection was a direct result of the provider not ensuring appropriate systems had been implemented to effectively identify, manage and mitigate risk.

The provider told us they had a clear vision to provide a high quality responsive service that put caring and patient safety at its heart. However, the provider did not have a business plan to include improvements to the service such as improving the way treatment was given and which was in line with current national guidelines.

### Vision and strategy

The provider's vision to deliver high quality care and promote good outcomes for patients was not always supported by effective governance processes.

At the time of inspection, evidence confirmed that the level of care and quality outcomes for patients was not in line with national guidelines. Medicare Reading Limited communicated a passion and drive to improve services provided in the service. The provider had demonstrated a willingness to work with CQC to improve the quality and effectiveness of the service.

### Governance arrangements

The practice had a governance framework but this did not support the delivery of safe, effective and responsive care.

- There were a lack of governance processes to assess, monitor and improve the quality and safety of the services provided.
- There were no systems or processes in place to ensure safe prescribing guidelines were followed. Although a recent audit had been undertaken there had not been sufficient time to produce and implement an action plan.
- There were ineffective processes to identify a failure to maintain securely an accurate, complete and contemporaneous record in respect of each service user. This includes a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.
- Care and treatment records were not always complete, although they were legible and securely kept. We saw evidence to confirm that patient records were not always accurate, complete and contemporaneous.
- We found there was a lack of documented prescribing rationale when patients had refused consent to contact their GP and when national guidelines were not followed.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <b>How the regulation was not being met:</b> <ul style="list-style-type: none"><li>Information needed to deliver safe care and treatment was not always available to the relevant staff in a timely manner.</li><li>The service was unable to provide evidence that the work of all its clinicians was undertaken in line with national UK guidelines.</li><li>We saw systems for managing medicines did not always mitigate risks to patients. When information was shared with a patient's NHS GP it was often not clear what treatment had been given.</li></ul>

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance <b>How the regulation was not being met:</b> <ul style="list-style-type: none"><li>There were insufficient arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.</li><li>The levels of risk found at this inspection was a direct result of the provider not ensuring appropriate systems had been implemented to effectively identify, manage and mitigate risk.</li></ul>