

Review of compliance

<p>Doctors of the World UK Medecins du Monde UK (Doctors of the World)</p>	
Region:	London
Location address:	Praxis Pott Street London E2 0EF
Type of service:	<p>Community healthcare service</p> <p>Doctors consultation service</p> <p>Doctors treatment service</p> <p>Diagnostic and/or screening service</p> <p>Acute services without overnight beds / listed acute services with or without overnight beds</p>
Date of Publication:	October 2011
Overview of the service:	Medicines du Monde is an international humanitarian organisation whose volunteers provide medical care to

	<p>vulnerable populations in both developing and developed countries. In January 2006, Doctors of the World UK (Médecins du Monde) launched Project London. This is an advocacy and healthcare initiative which aims to improve access to healthcare for vulnerable people who are seeking refuge or asylum in the UK.</p>
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Medecins du Monde UK (Doctors of the World) was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, checked the provider's records, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

The people who spoke with us, although having little working knowledge of the service, all said they were satisfied with the advice and support that they have received.

What we found about the standards we reviewed and how well Medecins du Monde UK (Doctors of the World) was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider seeks to ensure that clear information about the service and means of communication with those who use it are provided.

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

The provider sought consent before providing health care services to clients.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The people who use this service experienced safe and effective care that meets their needs.

Outcome 07: People should be protected from abuse and staff should respect their

human rights

The provider has the necessary training and awareness information for staff about protection of vulnerable people from abuse.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

The provider operates effective systems to ensure that staff and volunteers are suitable to work with the service and do not pose unnecessary risk to their clients.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider offers opportunities for people who use the service to give feedback and monitors the level of satisfaction with the service from the comments that are received.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

Understandably people who use this service might be reluctant to talk to anyone who is perceived to be present in an "Official" capacity. We would like to thank the staff of the organisation for explaining to their clients why the Commission was visiting and of course the people who spoke with us.

As a part of our inspection we spent an afternoon attending a clinic. The organisation runs three drop in clinic and advice sessions each week on Monday, Wednesday and Friday afternoons between 1 and 5 pm. There is also a monthly Saturday clinic from 10am-3pm. We asked the people who spoke with us how they had come to learn of the clinic. Some told us that friends had told them. Others came to hear of Medicine Du Monde from other services or organisations that they had been in contact with.

Other evidence

The organisation has seven employed staff and over 70 volunteers, all of whom speak a wide variety of languages in addition to English. The clinics that run each week are on a drop in basis and not by appointment. This means that there might not be workers available who speak the first language for some of the people attending on any given day. Where this does happen there is access to a telephone interpretation service and we saw this being used effectively during our visit. A large amount of emphasis and

time is dedicated to establishing clear lines of communication, not least as the aim of the project is to gain an insight into people's circumstances and health care needs.

Our judgement

The provider seeks to ensure that clear information about the service and means of communication with those who use it are provided.

Outcome 02: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- * Where they are able, give valid consent to the examination, care, treatment and support they receive.
- * Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- * Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us

The people who spoke with us said that they are asked if they agree to a medical examination, if one is necessary. Where further action might be needed by the service, for example contacting other healthcare services to make referrals or speaking to GP's on their behalf, the people who spoke with us said they are told about that and are asked if they agree.

Other evidence

The service views their client's voluntary attendance as an indicator of consent to a medical consultation if one is required. The volunteer GP's who carry out examinations complete a debrief form at the end of each clinic session which requests information specifically about clients providing consent. Writing a note about consent to treatment on records is an improvement to what was required at the previous inspection.

Our judgement

The provider sought consent before providing health care services to clients.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

This was the first visit to the service for most of the people who spoke with us, and their initial impression was a positive one. One person who had attended the clinic before said that they found the staff very helpful and the advice they had been given had really helped them. This person also said that they now had their own GP but had no money to pay for their prescription, which the organisation was helping them with.

Other evidence

The people who use this service may only ever attend on one occasion, as the aim is to link people into NHS services rather than needing to attend this clinic again. On some occasions this might be required, but even then the need for repeated visits is kept to the minimum that would be necessary. A medical assessment is carried out by a gp. The assessment covers their medical history, allergies, current medication, treatment and living circumstances. This is designed to seek as full a picture of their potential healthcare needs as well as other factors that effect each person's well being.

The provider offers GP consultation using volunteer GP's. A GP told us that they usually cover a couple of clinic sessions each month, although the amount can vary between GP's depending on their availability. The doctors can take a number of actions as the result of an individual consultation. This can vary widely but often involves advising someone to go to an A & E department, referring someone for specialist treatment or talking directly with a GP to ask them to accept the person as a patient on their list. People who use this service come from a broad geographical area, usually London or the South East but on occasion from further away.

Advice is also given by support workers about accessing NHS health care services. The organisation often sees people who have been refused a service by NHS GP's. This is usually due to NHS services being unclear about the rules and guidelines around accepting patients who are classified as refugees or seeking asylum. Much of the work of the organisation in these circumstances is acting as an advocate so that people can receive the medical care and support that they are legally entitled to. People are advised of GP services that will accept them as patients.

We looked at a sample of notes that are held by the service about clients who have attended the clinics in recent weeks. These showed that the organisation follows its own procedures for recording the advice and medical examination outcomes.

Our judgement

The people who use this service experienced safe and effective care that meets their needs.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

When we asked the people who spoke with us if they had any concerns about their safety, everyone replied that they had none.

Other evidence

Medicine Du Monde primarily provides care to people aged over 18 years of age. It is not unusual for the service to encounter clients who have been subjected to torture or have experienced other significant trauma. In our discussions with the manager and others it is clear that there is a sound knowledge of these complex issues and a commitment to addressing the needs of people who have had these experiences to find services that could support them.

The service informs people that they can bring someone with them to act as a chaperone if they wish, although the organisation can provide this during each clinic.

Our judgement

The provider has the necessary training and awareness information for staff about protection of vulnerable people from abuse.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

The people who use this service would not be aware of recruitment procedures for staff and so we did not specifically ask them about this.

Other evidence

Medicine Du Monde employs seven staff and has a pool of approximately 80 volunteer advice workers. Apart from these staff there is also a pool of volunteer GP's who see clients at the clinic sessions each week. The provider has a Human Resources Department who undertake the necessary background checks for staff and volunteers and ensure that any medical qualifications and membership of professional bodies (For example the General Medical Council) are verified.

Our judgement

The provider operates effective systems to ensure that staff and volunteers are suitable to work with the service and do not pose unnecessary risk to their clients.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

The people who use this service would not be aware of the procedures for assessing or monitoring the quality of the service and so we did not ask any specific questions about this. However, some of the people who spoke with us did say that they felt able to talk to staff if they had any concerns.

Other evidence

The provider surveyed people using the service and analyses the results regularly. There are feedback and complaints forms for use although it was reported that there have been no complaints or other negative feedback about the quality of what is provided. As referred to earlier in this report most people who use this service will do so on only one occasion. This being the case there would be limited contact by individual clients with the staff or volunteers who work here other than for very specific and task orientated reasons.

Our judgement

The provider offers opportunities for people who use the service to give feedback and monitors the level of satisfaction with the service from the comments that are received.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
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