

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Medecins du Monde UK (Doctors of the World)

Praxis, Pott Street, London, E2 0EF

Date of Inspection: 18 March 2013

Date of Publication: April 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✗	Action needed
<b>Safeguarding people who use services from abuse</b>	✗	Action needed
<b>Management of medicines</b>	✗	Action needed
<b>Supporting workers</b>	✗	Action needed
<b>Assessing and monitoring the quality of service provision</b>	✗	Action needed

## Details about this location

Registered Provider	Doctors of the World UK
Registered Managers	Miss Kristine Harris Miss Fizza Qureshi
Overview of the service	Medecins du Monde UK ( Doctors of the World UK) is an international humanitarian organisation whose staff and volunteers provide treatment of acute medical conditions to vulnerable populations, as part of a healthcare initiative which aims to improve access to healthcare for vulnerable people who are seeking refuge or asylum in the UK.
Type of services	Community healthcare service Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We carried out a visit on 18 March 2013, observed how people were being cared for, talked with people who use the service and talked with staff.

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### What people told us and what we found

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People we spoke with were using the service for the first time. They had referred themselves for consultation and told us that they felt safe using the service, that they had been treated with respect, and that their questions were answered in full.

Some people had concerns about the lack of privacy in the reception area.

Staff were able to describe their specific responsibilities in managing foreseeable emergencies. However there was no paediatric emergency equipment or medicines available, and we found emergency medicines that had passed their expiry date which could put people at risk.

Some staff and volunteers were able to describe their safeguarding responsibilities. However, there were no policies in place for safeguarding of vulnerable adults and not all staff were able to correctly describe the safeguarding referral process. There was no safeguarding information available for people using the services. Most of the staff had not attended safeguarding training. There were no clear policies in place regarding arrangements for treating children or staffing for children.

There was a variation in the provision and uptake of training and development for staff and volunteers. Not all staff and volunteers we spoke with were aware of the existence of clinical policies they should be following.

There were some opportunities for staff and people using the service to give feedback to the provider, which was reported to a Board of Trustees and acted upon.

You can see our judgements on the front page of this report.

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### What we have told the provider to do

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We have asked the provider to send us a report by 14 May 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People who use the service understood the care and treatment choices available to them. Those we spoke with told us that they had been given a clear explanation by volunteers and staff. They said that they had been offered "a lot of support" and "more than I expected".

People who use the service were given appropriate information and support regarding their care or treatment. We saw a service user's guide was available and that a range of patient information was displayed in the reception area. Staff and volunteers speak a wide variety of languages in addition to English. We heard that a telephone interpretation service was used on occasions, although we did not see this during our visit. There had been a complaint about the service one interpreter had provided, which had been appropriately reported and acted upon.

People and staff we spoke with told us they had some concerns about the lack of privacy in the reception area, however they told us they were reassured that confidentiality was upheld by staff and that staff spoke to them with respect and consideration.

Staff told us they adopted a person centred approach to people's care and treatment, and that people's diversity, values and human rights were respected. We looked at people's individual records and saw that staff had assessed and recorded people's individual needs, and acted upon them. People we spoke with told us they had been helped to access other services to support their independence in the community.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was not meeting this standard.

People did not always experience care, treatment and support that met their needs and protected their rights.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People we spoke with told us that they had been asked about their particular needs and these had been acted upon to their complete satisfaction. We saw individual records were maintained and that clients perspectives were included in the records.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. Staff we spoke with told us that they successfully used interpreter services on occasions and that a number of staff spoke a wide range of languages. We were unable to see this during our visit. We have concerns that staff told us on occasions people accompanying patients for treatment such as their relatives acted as interpreters which could put them at risk.

There were some arrangements in place to deal with foreseeable emergencies. Staff we spoke with accurately described their responsibilities in managing emergencies within the centre and showed us instructions for managing emergencies in the staff handbook. Nominated first aiders had successfully completed first aid training and showed us their training certificates. Staff correctly identified the named first aider on duty and located emergency equipment and medicines.

Whilst there were policies in place for checking and re-stocking emergency equipment these had not been carried out during the past month, and we noticed that emergency drugs had passed their expiry date. The policy we saw required a three monthly check of emergency equipment and medicines. This may put people at risk if there are no arrangements for restocking in the meantime. There was also no emergency equipment or emergency medication in place for children, or a distinct policy for managing paediatric emergencies.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was not meeting this standard.

People who use the service were not fully protected from the risk of abuse, because the provider had not taken all reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## **Reasons for our judgement**

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People who use the service were not fully protected from the risk of abuse, because the provider had not taken all reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Staff and volunteers we spoke with demonstrated awareness of some safeguarding issues, and the vulnerability of their particular client group (patients). They showed us that a chaperoning policy was in place. They also showed us patient records which included an assessment of violence experienced or witnessed and which prompts staff to refer to appropriate services or counselling. However, we were not able to see examples of where this had been applied in practice or that any safeguarding concerns had been raised, or look at any safeguarding reports or referrals.

Staff told us that they had not completed safeguarding training, and we saw no evidence that it was provided. They were not able to fully describe what may constitute abuse and focussed on safeguarding issues relating to children rather than safeguarding of vulnerable adults.

Staff told us there had not been any recent safeguarding incidents, and that there had been no recent safeguarding issues or referrals. Whilst the manager was able to describe their responsibilities in reporting safeguarding concerns and gave examples of when they had accompanied service users to accident and emergency in the past, not all staff we spoke with were able to describe their safeguarding role or were aware of the referral process.

We saw a child protection policy in place but no safeguarding of children or safeguarding of vulnerable adults policies. We asked to look at a child protection register, but were not able to do so. We also asked about the policy to assess and document children's needs and plan their care and were not able to see any evidence of this.

We asked for examples of where the provider had worked collaboratively with local

safeguarding services, teams or agencies, which the provider was not able to supply. We also asked for evidence that Government and local guidance about safeguarding people from abuse was accessible to staff and put into practice, and were unable to see any evidence of this.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was not meeting this standard.

People were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## **Reasons for our judgement**

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Appropriate arrangements were not always in place in relation to obtaining medicines. No medicines, other than emergency medicines were stored or supplied and administered at the location. We found emergency medicines that were out of date, which could put people using the service at risk.

Patients we spoke with told us they had been prescribed medicines in a timely manner and were given instructions on how to obtain them and that their effects and side effects had been explained. Medicines were prescribed by a doctor.

Staff we spoke with were able to clearly describe their individual responsibilities in medicines management and showed us the medicines management policy which guided their practice. However the review date on the policy had expired and there was no system in place to monitor the review of the policy.

Appropriate arrangements were in place in relation to the recording of medicine. We saw that copies of prescriptions were kept in individual patient records, and that any prescription and medicines advice was recorded as part of the patient's individual treatment plan.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was not meeting this standard.

People were not always cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## **Reasons for our judgement**

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Some staff received appropriate professional development. Staff and volunteers we spoke with had attended some in-house training on a range of topics relating to their role. However, there was no learning and development policy in evidence.

A handbook was available for all staff and volunteers that set out the distinct roles of the team and their responsibilities.

Staff told us they attended daily de-briefing meetings where they were invited to share experiences about the session and air their views about the service. We saw that these were documented and acted upon. Staff told us they found the meetings informative and supportive.

We asked to see training records, a training needs analysis tool and plans for future training events, but were unable to see these. We saw an appraisal policy set out in the staff handbook, however we were unable to see records of an appraisal or supervision system in practice, and staff we spoke with could not provide us with any evidence.

## Assessing and monitoring the quality of service provision

✘ Action needed

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

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### Our judgement

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The provider was not meeting this standard.

The provider did not have had a fully effective system to regularly assess and monitor the quality of service that people receive.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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### Reasons for our judgement

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There was some indication that people who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. Staff told us that people were invited to complete a survey or submit comments, complaints and concerns to the provider, however they also told us that the response rate was generally very low. This was partly attributed to the fact that the majority of people may only use the service on one or two occasions. There was limited contact with staff or volunteers by individual people using the service.

Staff were given the opportunity to document their views on the service on a daily basis. We saw records which supported this and which showed us that issues they had raised had been acted upon. For example, there had been changes made to the clinic session times.

We saw that a complaints policy was in place and that it was accessible to patients. People we spoke with showed us where to find the information on how to complain or make any comments but said they had no need to do so. The review date of the complaints policy we looked at had expired. We asked to see a register of complaints and were told that there were no recent complaints for us to look at. We saw that feedback from patients and staff was reported formally at minuted meetings and acted upon.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. Staff we spoke with were clear about their level of responsibility and reporting arrangements, and gave a number of examples of when they had escalated concerns to managers, who they described as supportive.

There was no evidence of any quality assurance or audit systems in place or that learning from incidents / investigations took place and appropriate changes were implemented. We asked staff how accidents and incidents would be recorded. We were unable to see any evidence of accident or incident reporting and were told there had been no recent accidents or incidents. We saw no evidence of staff seeking professional and expert

advice from other organisations or service providers to help with the assessment of risk to people who use the services. We also saw no evidence that staff and volunteers were taking account of local and national service reviews, clinical audits and research projects or that there were arrangements in place to share such outcomes.

Managers showed us there was a risk management policy in place. However staff and volunteers were not aware of this and could not provide any examples of how risk had been assessed, monitored or acted upon. We asked to see a risk register and outcomes of an audit cycle or plan, but were unable to do so.

This section is primarily information for the provider

✘ Action we have told the provider to take

## Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures	<b>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</b>
Treatment of disease, disorder or injury	<b>Care and welfare of people who use services</b>
	<b>How the regulation was not being met:</b> The registered person did not have procedures in place for dealing with all emergencies and had not mitigated against the risks arising from such emergencies to service users. Regulation 9 (2).
Regulated activities	Regulation
Diagnostic and screening procedures	<b>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010</b>
Treatment of disease, disorder or injury	<b>Safeguarding people who use services from abuse</b>
	<b>How the regulation was not being met:</b> The provider had not made suitable arrangements to ensure that service users were safeguarded against the risk of abuse. Regulation 11 (1) (a) (b).
Regulated activities	Regulation
Diagnostic and screening procedures	<b>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</b>
Treatment of disease, disorder or injury	<b>Management of medicines</b>
	<b>How the regulation was not being met:</b> People were not always protected against the risks associated

**This section is primarily information for the provider**

	with medicines because the provider did not have appropriate arrangements in place to manage medicines. re were not appropriate arrangements for the ordering of medicines. Regulation 13
Regulated activities	Regulation
Diagnostic and screening procedures	<b>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</b>
Treatment of disease, disorder or injury	<b>Supporting workers</b>
	<b>How the regulation was not being met:</b> Staff were not supported in relation to their responsibilities as they did not receive appropriate training, professional development, supervision and appraisal.Regulation 23 (1).
Regulated activities	Regulation
Diagnostic and screening procedures	<b>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</b>
Treatment of disease, disorder or injury	<b>Assessing and monitoring the quality of service provision</b>
	<b>How the regulation was not being met:</b> There was limited operation of systems in place for the ongoing assessment and monitoring of quality of the services. Regulation 10 (1) (a).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 14 May 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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