

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: 15 November 2013

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December 2013

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

Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Management of medicines	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Doctors of the World UK
Overview of the service	Medecins du Monde UK (Doctors of the World UK) is an international humanitarian organisation whose staff and volunteers provide assessment of acute medical conditions to vulnerable populations. This is 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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Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 15 November 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

At our previous inspection we found the service non compliant with keeping emergency procedures up to date, updating policy and procedures for staff about safeguarding children and adults, emergency medications were out of date for safe use, staff and volunteers did not have access to relevant training and that systems for mentoring the quality of the service were not used. As a result of our previous inspection the provider had closed the service temporarily to carry out a review, which we found had led to positive changes to the way the service was now operating. We make reference to the steps that the provider had taken to comply with the regulations later in this report.

One person we spoke with was using the service for the first time, the other had used the service a few times before. The person who was making their first visit told us they had felt satisfied with the advice that had been given to them and said "I would come here again if I needed to, but they have helped me find a doctor near where I live." The other person said "I have always been happy with the help I have been given and tell my friends that they should come here for help."

The manager told us a quarterly clinical governance and quality board had been established by the provider. As the service had only recently started operating after a period of closure this board had not held their first meeting as yet. We will look at the effectiveness of these arrangements at our next inspection.

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

More information about the provider

Please see our website 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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

One person we spoke with was using the service for the first time. The other person had used the service a few times before. The person who was making their first visit told us they had felt satisfied with the advice that had been given to them and said "I would come here again if I needed to, but they have helped me find a doctor near where I live." The other person said "I have always been happy with the help I have been given and tell my friends that they should come here for help."

The two people we spoke with also said they had been asked about their needs and they had been given what they felt was good advice and assistance to access other healthcare services to obtain the treatment they needed. We saw three people's individual assessment records which included the reason people had each come to the service and the examination and advice that had been given to them.

It was the policy of the service not to carry out any medical assessment of children. Staff told us that if an ill child was brought to the service they would be immediately referred to the local accident and emergency department. In all other cases they service made referrals of children to NHS GP practices but did not assess them medically.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. Staff told us about their regular use of interpreter services as required but staff and volunteers also spoke a wide range of languages. We were unable to see this during our visit as the people who visited each spoke English and said they had been confident about being able to communicate their needs and understood the advice they had been given.

There were arrangements in place to deal with foreseeable emergencies, which had been

updated in light of concerns we had at the previous inspection. The policy of the provider was to call the emergency services if someone arrived at the service feeling significantly unwell or became unwell during their visit. When we asked why this was we were told by the manager that although volunteer doctors and nurses were usually available, and would apply emergency first aid, the service could not guarantee their availability each day the service was open.

The service did not have responsibility for the employment or training of volunteer medical staff and this meant the service were unable to take responsibility for any emergency medical intervention that might arise. It was felt by the provider to be safer and prudent to call an emergency ambulance but provide first aid until the emergency services arrived.

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Staff and volunteers we spoke with demonstrated awareness of a range of safeguarding issues, and the vulnerability of their particular client group. There was a chaperoning policy in place. Many people who used the service had experienced or witnessed violence in their country of origin. The assessment of each person included consideration of this which prompted staff to refer people to appropriate refugee and other counselling services.

At our previous inspection we found that the provider was in breach of regulations by not providing guidance or training for staff about keeping children and adults safe from abuse. Staff and volunteers told us that they had completed safeguarding training, and we saw evidence that this had been provided to all staff and volunteers prior to the services re opening. Staff were able to fully describe what may constitute abuse and described issues relating to children as well as vulnerable adults.

Staff told us there had not been any recent safeguarding incidents although staff were aware of the recently revised and updated policy and guidance about reporting concerns.

Apart from the provider's safeguarding policy the service also had the London wide (known as Pan London) safeguarding children and adults guidance, which was used by the local authority where the service was located.

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

At our previous inspection we had found that emergency medication kept at the service had exceeded expiry dates which was in breach of regulation. As a result of this the provider amended their policy and did not now keep or dispense any medicines.

The two people we spoke with said they had never been prescribed medicines by the volunteer doctors. We were shown the policy related to volunteer doctors prescribing medicines for short term supply until a person could be referred and seen by an NHS GP. The service did not take responsibility for medication prescription as this remained, by agreement, the professional responsibility of each volunteer doctor. None of the volunteer doctors were working at the service on the day of our visit so we were unable to discuss this with any of them at this inspection.

Appropriate arrangements were in place in relation to the volunteer doctors recording any medication prescriptions issued. We saw an example of where a prescription had been provided to someone for two days' supply of medicine until they could visit an NHS GP that the service had arranged for the person to see.

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development.

At our previous inspection we found the provider in breach of regulation by not making regular or relevant training available to staff and volunteers. We saw training records for staff, and this also included training and supervision records for the volunteers that were used. These showed that the induction programme we had been told about had been implemented and that training was also planned around specific topics that were relevant to the needs of people that used the service.

Staff and volunteers we spoke with all said they had attended a full induction and core skills training programme prior to the service re opening.

A handbook was available for all staff and volunteers who described their specific roles, where this fitted within the whole staff and volunteer team and their responsibilities.

Staff told us they, and volunteers, attended de-briefing meetings at the end of each afternoon the service was open. Two volunteers we spoke with said 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. Both staff and volunteers told us they found the meetings supportive and geared to ensuring openness and learning about how to make things better.

The small number of staff that were employed were all new appointees to their positions with the provider organisation so it was too early for these staff to have undergone an annual appraisal. We will look at this again at our next inspection.

We found that a supervision programme had been established for both staff and volunteers. As the service had only recently begun operating after a period of closure it was also too early to assess this programme but we will look at this again at our next inspection.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

People who used the service, their representatives and staff were asked for their views about their care and advice given and these were acted on. The two people who spoke with us said they had been asked what they thought about the service and had told staff they had been very satisfied and would recommend it to people they knew.

People using the service were invited to provide feedback on their experience at the end of their visit. The manager told us that few people chose to complete the questionnaire before leaving the service. The manager told us that the provider was looking at ways to improve upon this as most people only use the service on one or two occasions before being able to access NHS healthcare service.

Staff and volunteers were given the opportunity to record their views on the service each day it operated and we looked at records which showed this. Two volunteers we spoke with told us they thought their feedback was listened to and valued. They also told us the provider and staff seemed committed to ensuring a good quality of service that was focused on the needs of people who used it.

People we spoke with knew how to find the information on how to complain or make any other comments but each said they had not felt they had needed to do so. There had been one verbal complaint in the last 6 months which had been recorded with the appropriate action having been taken to resolve it.

In light of our previous concern about the provider's oversight of the service we were told by the manager that a quarterly clinical governance and quality board had been established by the provider. We were also told that as the service had only recently started operating after a period of closure this board had not held their first meeting as yet. For this reason we will look at the effectiveness of this board's oversight of the service at our next inspection.

The manager showed us there was a risk management policy in place. Staff and volunteers were aware of this and described how risk had been assessed, monitored and acted upon. We asked to see the risk assessment for the location and were shown how this had been compiled and most recently reviewed prior to the service re commencing operation a few weeks ago.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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