

Cantourage Clinic Ltd

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. This is the first inspection of this provider.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Cantourage Clinic as part of our inspection programme. 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 lead nurse is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are ‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Cantourage Clinic provides medical treatment for patients focused around the use of Cannabis-based products for medicinal use (CBPMs) by experienced medical staff working within the latest Governmental guidelines.

Our key findings were:

- Care and treatment was delivered according to evidence- based guidelines.
- The provider had systems in place to protect people from avoidable harm and abuse.
- There was a clear vision to provide a safe, personalised, high quality service.
- Some policies did not provide clear guidance to clinical staff such as the medicines management and the prescribing policy.
- All staff we spoke to felt valued by the leaders and said there was a high level of staff support and engagement.
- Patients could access care and treatment from the service within an appropriate timescale for their needs.
- The service had a comprehensive business development strategy that effectively monitored the service provided to assure safety and patient satisfaction.
- We saw evidence that the provider was engaged with other international clinics in relation to furthering the understanding and developing this area of medicine.

The areas where the provider **should** make improvements are:

- Establish systems to monitor that all patient records contain information to confirm that the decision to prescribe was made in line with relative guidance.
- Establish systems to ensure full audit cycles are completed and show clear actions and learning.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Overall summary

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector was accompanied by a specialist adviser and member of the CQC medicines team.

Background to Cantourage Clinic Ltd

Cantourage Clinic provides medical treatment for patients focused around the use of Cannabis-based products for medicinal use (CBPMs) by experienced medical staff working within the latest Governmental guidelines. Patients must have exhausted existing treatment options and have conditions where medical cannabis has been proven to deliver a significant therapeutic benefit. The provider is registered with the Care Quality Commission to carry on the regulated activities of treatment of disease and Disorder and Diagnostic and screening procedures.

The service is located at Unit 6, 13 Ramsgate Street, London E8 2FD The provider entrance is accessed via a lift. The building is wheelchair accessible. The service has access to consultation rooms and a waiting area for patients. However, at the time our inspection most consultations were taking place online.

The opening hours are 9am to 5.30pm Monday to Friday. Patients can also book appointments for Saturday mornings on occasions. The medical team comprises of consultants who specialise in Psychiatry and Chronic Pain, an Operations Manager and three administrators.

How we inspected this service

We reviewed information sent to us by the provider remotely prior to attending the site to reduce the time spent on site in line with our Covid-19 inspecting guidance. We spoke with the clinical director, registered manager and administrative staff. We looked at records related to patient assessments and the provision of care and treatment. We also reviewed documentation related to the management of the service. We reviewed patient feedback provided both to the service and a third party.

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

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

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

Are services safe?

We rated safe as Good because:

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The safeguarding lead was trained to level 4, clinicians were trained to level 3 and the administrators' level 2. All staff we spoke with knew how to identify and report concerns.
- There was an effective system to manage infection prevention and control, which had been updated to reflect the changes needed following the Covid pandemic. The landlords had carried out Legionella testing and were following the identified actions.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- Consultations were being carried out online and in private in order to maintain patient confidentiality. All consultants used encrypted and password secured laptops and followed the providers remote consultations protocol.
- There were arrangements for planning and monitoring the number and mix of staff needed. We noted the staff team had been increased in response to an increase in patients.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. Medical and medication histories were uploaded to the clinical system for all patients. These included records from GPs and, where appropriate, hospital consultants and therapists. Consultation records and prescribing information was completed contemporaneously and available to all clinicians.

Are services safe?

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. After each initial consultation the patient's GP was informed of the treatment and given information about the medicines prescribed. Information was shared throughout treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance, for example we saw where treatment decisions had been shared with a palliative care team.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The service kept prescription stationery securely and monitored its use. All prescriptions were scanned into the patients' records before being sent securely to the pharmacy.
- The service carried out regular medicines audit to ensure prescribing was in line with its prescribing guidelines. These audits did not show subsequent actions or learning.
- The service only prescribed cannabis-based products for medicinal use (CBPMs) which is a Schedule 2 controlled drug (medicines that have the highest level of control due to their risk of misuse and dependence). These were prescribed and managed appropriately.
- The records we looked at showed that prescribing was in line with the clinic's guidelines and tailored to the individual patient's circumstances and need.
- There were effective protocols for verifying the identity of patients.
- CBPMs can only be prescribed by a specialist prescriber with experience after consultation with another colleague or multidisciplinary team. We saw that all prescribing was in line with this requirement and peer review from experienced prescribers from other services was used to support the decisions. However, this was not clearly recorded in all the records we looked at.
- The medicines this service prescribes are unlicensed. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, the service had reviewed and updated their system for sending prescriptions following an incident where one has been sent to the wrong patient.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents

Are services safe?

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team. Prescribers were kept informed of challenges to the supply chain so that they could minimise disruption to patients' treatment.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- Cannabis-based products for medicinal use (CBPMs) was legalised in the UK on 1 November 2018, but the regulations around its use and supply remain strict and should be in line with relevant and current evidence-based guidance and standards such as the Medical Cannabis Clinicians Society and National Institute for Health and Care Excellence (NICE) best practice guidelines. We were told that before patients were prescribed a CBPM, the provider would have to be satisfied that they had an 'unmet clinical need' and that patients would have to have tried at least two different treatments for their condition prior to being accepted by the clinic. The records we looked at showed that this policy was being implemented. Consultation records included a primary and, where appropriate, secondary diagnosis.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. Pain scores and quality of life scores were used to assess patients' ongoing clinical needs.
- Clinicians had enough information to make or confirm a diagnosis. They had access to complete patient records prior to the first consultation.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. Patients were followed up with 'welfare calls' by the nurse and subsequent follow up consultations. Any changes to treatment were documented in the patient record.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. They had recently reviewed their patients in relation to risks and had highlighted certain patients and patient groups that may need more support. This included younger patients and those on a higher dose of medicine. The service had only been in operation for approximately 8 months and had yet to complete a clinical audit cycle. However clinical meetings were used to review patients' treatment and progress.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

Are services effective?

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. We saw that all patients' GPs were communicated with and other healthcare professionals important in their care.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment. Patients were informed that registering with the service did not mean they would automatically be prescribed medicines.
- All patients were required to consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider did not prescribe medicines if the patient did not give their consent to share information with their GP, or they were not registered with a GP as the medicines they prescribed are liable to abuse or misuse. We saw evidence of letters sent to their registered GP in line with GMC guidance.
- The NHS had made referrals into the service and were working closely with the provider to monitor the outcomes for these patients.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Staff gave people advice so they could self-care. All patients were given information about healthy lifestyles including vaccination and nutrition. They also had access to social media information from the service.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support via GP letters.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making. Appropriate informed consent was obtained for treatment with unlicensed medicines. Information about risks associated with specific medicines was shared with patients to help them make decisions.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Patients were able to register a caregiver with the service to support them with their treatment.
- The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. All patients were sent feedback questionnaires after all consultations.
- Feedback from patients was positive about the way staff treat people. We saw the results of a recent patient survey where 35 patients had responded, all had stated that they strongly agreed with the statement 'Cantourage Clinic staff have been respectful & courteous'
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Feedback from patients was also positive about feeling listened to and supported by staff, and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. For example, they had recently implemented a new patient enquiry handling system which provides an email-based customer support platform along with a knowledge base tool to help reduce customer questions by providing instant information to a pre-populated number of frequently asked questions.
- The facilities and premises were appropriate for the services delivered.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. For we saw that where patients were unable to continue to afford the medication the provider had made immediate appropriate referrals to other support services or to an NHS service.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, they had implemented a system of regular communication with the pharmacists to ensure they were always aware of what products were available prior to a prescription being issued. This was in response to a number of complaints about prescription turnaround time.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. They had a competency framework for all staff levels and identified the appropriate skills needed for management positions.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. We noted that the provider gave apologies to all the patients that had complained and provided them with appropriate information following their investigation and outcome.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. All staff were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Are services well-led?

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality. However complete audit cycles had yet to be completed
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

Are services well-led?

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. For example, they had set up a patient participation group and was in the process of reviewing their website to increase patients support tools on their website.
- Staff could describe to us the systems in place to give feedback. For example, they had daily 'huddle' meetings, monthly team meetings and staff appraisals. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. Clinicians were expected to complete a CPD accredited course and all staff development needs were monitored through the competency framework.
- The provider was part of an international group of clinics and as such had access to peer review and guidance from consultants that had more experience of prescribing CBPMs.
- The provider had been involved in organising an external meeting for nurses involved in cannabis clinics in order to share experiences and learning.
- There were systems to support improvement and innovation work. The provider told us that although medicinal cannabis is an evolving medical discipline, there is some evidence coming from other countries to demonstrate efficacy with Post Traumatic Stress Disorder (PTSD). They had therefore signed a 'forces covenant' to provide discounted prescriptions to veterans and were carrying out a specialist study to collect their own data.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.