

# Wholistic Medical Centre

## Inspection report

8 Upper Wimpole Street  
London  
W1G 6LH  
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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?

Good 

Are services well-led?

Good 

# Overall summary

**This service is rated as Good overall.** (Previous inspections June and December 2018 these inspections were not rated.)

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 The Wholistic Medical Centre as part of our inspection programme. The service had been inspected before but had not been rated. The initial inspection in June 2018, found concerns in the delivery of safe care. A follow up inspection in December 2018 was carried out to check that improvements had been made. The findings from that inspection were that the service had made improvements and was providing safe care.

Wholistic Medical Centre provides private medical services to both adults and children aged five and above. The address of the registered provider is 8 Upper Wimpole Street, London, W1G 6LH.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in and of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Wholistic Medical Centre provides a range of services, for example osteopathy, reflexology, acupuncture, wellbeing massages and body and face treatments, electro-lymphatic therapy, pulsed electromagnetic field therapy and digital infrared thermal imaging which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The GP/provider 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.

We received 24 CQC comment cards about the service from people using the service, all of which were positive about the service. Patients reported being treated with kindness and respect.

## Our key findings were :

- The clinic provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The clinic organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The way the clinic was led and managed promoted the delivery of high-quality, person-centre care.

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

- We recommend the provider undertakes Female genital mutilation (FGM) training as well as Prevent training as part of Safeguarding training and also consider attending the local CCG safeguarding meetings in order to keep up to date with current developments.
- Update their registration with the Central Alerting System (CAS) to ensure they receive the most up to date and relevant updates.
- Develop two cycle clinical audits with clear objective measures.

**Dr Rosie Benneworth BM BS BMedSci MRCGP**

**Chief Inspector of Primary Medical Services and Integrated Care**

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC GP Specialist Advisor and a Second CQC inspector.

## Background to Wholistic Medical Centre

Wholistic Medical Centre provides private medical services in the City of Westminster in London. Services are provided to both adults and children aged five and above. The address of the registered provider is 8 Upper Wimpole Street, London, W1G 6LH. Wholistic Medical Centre is registered with the Care Quality Commission to provide the regulated activity: Treatment of disease, disorder or injury. Regulated activities are provided at one location.

The organisation is run by the GP who is also the registered manager for the service. 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' have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service is run from a leased premise at basement level, accessed via a lift or stairs from the ground floor. The premises used by patients consists of two patient waiting areas, one doctors' consultation room, two patient toilets, both with accessible facilities and a staff office. There are also two treatment rooms used predominantly by other therapists employed by the service. The service is open for pre-booked consultations Monday to Friday from 10am to 6pm. Reception and telephone opening hours are between 10am to 6pm, Monday to Friday.

Wholistic Medical Centre aims to bring together medical and holistic perspectives, with an emphasis on

prevention, early detection and early intervention. Regulated services offered at Wholistic Medical Centre include general medical consultations and treatment. Treatments may include prescribing of medicines and lifestyle advice and modifications.

The staff consist of one full time doctor who is the medical director of the service and a clinic administrator. The doctor is supported by a number of self-employed holistic practitioners.

### How we inspected this service

Before visiting, we reviewed a range of information we hold about the service. During our visit we:

- Spoke with the medical director.
- Spoke with the clinic administrator.
- Looked at the systems in place for the running of the service.
- Reviewed feedback from 24 patients including CQC comment cards.

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. 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 had systems in place to assure that an adult accompanying a child had parental authority.
- 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. Staff who acted as chaperones were trained for the role and had received a DBS check. However; we noted that the GP had not completed training relating to Female Genital Mutilation and Prevent which were part of enhancing safeguarding procedures. We gave this feedback and we were reassured by the GP that they would make efforts to arrange this training. We also spoke to the provider about the need to engage with the local CCG through attending some of their safeguarding meetings in order to be kept up to date with local developments.
- There was an effective system to manage infection prevention and control. The maintenance checks were carried out by the owner of the building who was responsible for the upkeep of the building and the provider had oversight of the maintenance. There was a policy for the management, testing and investigation of

Legionella (a germ found in the environment which can contaminate water systems in buildings). We saw records that confirmed these checks had been carried out.

- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them.

### Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for agency staff tailored to their role.
- 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 requiring emergency care.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. The service did not have a defibrillator; however, they had carried out a risk assessment to mitigate this.
- 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.
- The clinic had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

## Are services safe?

- The clinic had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- The doctor made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

### Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The clinic carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The clinic did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).
- The doctor administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients including children.

### 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 acted to improve safety in the service. For example, the clinic had reviewed and learnt from an incident where patients, nutritional supplements being bought from the clinic had been swapped in error. Learning points from this incident were reviewed.
- 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 clinic had systems in place for knowing about notifiable safety incidents.

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 including sessional and agency staff.

# Are services effective?

**We rated effective as Good because:**

## **Effective needs assessment, care and treatment**

**The provider had systems to keep up to date with current evidence-based practice in line with the care provided. We saw evidence that the doctor assessed needs and delivered care and treatment in line with current legislation, standards and guidance.**

- The clinic provided specialist holistic and medical consultations and treatment for a range of medical problems. Treatments included dietary and lifestyle advice and management, prescribing of bio-identical hormones, use of electromagnetic field therapy, thermal imaging and electro-lymphatic therapy in conjunction with conventional medical investigations and treatment. From evidence we saw, the clinic carried out conventional medical assessments and treatment in line with relevant and current evidence-based guidance and standards. We also noted that the doctor advised their patients about the lack of scientific evidence base on some of the treatment offered to ensure the patients made an informed choice with the care they were receiving.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The doctor demonstrated to us that they obtained enough information to make or confirm a diagnosis. We saw that it was policy not to provide care to patients with diagnosis such as cancer or palliative care or other patients where it was most appropriate for them to receive general treatment provided in secondary and medical care. The provider also did not interfere with patient's other treatment which took priority for the care they were receiving elsewhere.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. The doctor demonstrated that they required to review patients on a three-monthly basis before issuing a repeat prescription.

## **Monitoring care and treatment**

- Audits relating to infection control had been completed. However, we saw that audits in line of the care provided did not have an objective measure.

## **Effective staffing**

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

- The doctor delivering the regulated activities was appropriately qualified. The provider had an induction programme for all newly appointed administrative staff.
- The doctor was registered with the General Medical Council (GMC) and was up to date with their revalidation.

## **Coordinating patient care and information sharing**

**The provider worked together, and worked well with other organisations, to deliver effective care and treatment.**

- Patients received coordinated and person-centred care. The doctor referred to, and communicated effectively with, other services when appropriate. For example, we saw instances when the doctor had written to patients GPs advising of developments of their care. In other times the doctor followed this up with a phone call, where the General Practitioners had not responded.
- Before providing treatment, the doctor 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.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and

## Are services effective?

deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

### Supporting patients to live healthier lives

#### **The clinic was consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.**

- Where appropriate, the doctor gave people advice, so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, a patient was identified as having high blood pressure. They were referred back to their GP for further care, with communication being sent to facilitate their onward care.

- Where patients needs could not be met by the service, the doctor 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.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- 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
- Feedback from patients was positive about the way staff treat people
- 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**

- The doctor always provided a telephone consultation before seeing any new patients to ensure patients were fully informed about what the service could offer so that patients could make informed choices. Clear pricing information was provided.
- The doctor also explained to us that, sometimes some of their patients telephoned the clinic for reassurances; the doctor was happy to offer this service. This was collaborated with the feedback provided in our patient feedback cards.

- The service's website provided patients with information about holistic management.

#### **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. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards, that they felt 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.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.



# Are services responsive to people's needs?

## **We rated responsive as Good because:**

### **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.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.
- Longer visits were accommodated where required, for example those with additional needs and patients were able to book either via email or on the telephone.
- The website contained comprehensive information regarding the services offered.

## **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 with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.

## **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, following a complaint about the service not meeting a patient's expectations, the doctor provided complimentary treatment to the complainant and the patients experience was reflected on.

# 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.

### 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.
- 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.
- The GP/Provider 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.
- 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.
- 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.

### 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
- The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

### 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 provider had processes to manage current and future performance. The provider had oversight of safety alerts, incidents, and complaints. However, we noted that the system they were receiving alerts from required updating as they did not have evidence of the most recent alerts. Nevertheless, they had not missed any significant alerts.
- The provider had plans in place and had trained staff for major incidents.

### Appropriate and accurate information

# Are services well-led?

## **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.
- 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 provider 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.

## **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.**

- The clinic encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- 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.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.