

The Dove Clinic Limited

The Dove Clinic for Integrated Medicine

Inspection report

The Old Brewery
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Date of inspection visit: 6 March 2019
Date of publication: 29/04/2019

Overall summary

We carried out this announced inspection on 6 March 2019 to ask the service the following key questions; Are services safe, effective, caring, responsive and well led?

Our findings were:

Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this practice was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

We carried out an inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 services are provided to adults over the age of 18, privately and are not commissioned by the NHS.

The service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of the services it provides. The Dove Clinic for Integrated Care is registered to provide the regulated activities of diagnostic and screening and treatment of disease, disorder or injury. The types of services provided are doctor's consultation service and doctor's treatment service.

At the time of the inspection a registered manager was in place. A registered manager is a person who is registered with the Care Quality Commission to manage the service.

Summary of findings

Like registered providers, they are registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

We received 28 CQC comment cards filled in by patients who used the service. Feedback was very positive about the service delivered at the clinic.

Our key findings were:

- Care and treatment was planned and delivered in a way that was intended to ensure people's safety.
- All treatment rooms were well organised and well equipped.
- Staff told us they only provided treatment to people over the age of 18.
- Staff were up to date with current guidance and were led by a proactive management team.
- Staff maintained the necessary skills and competence to support the needs of patients.
- There were effective systems in place to check all equipment had been serviced regularly.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- Systems and risk assessments were in place to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The premises provided a therapeutic environment for patients.
- The provider had infection control procedures which reflected published guidance.
- The practice had systems to help them manage risk to patients and staff.
- The provider had thorough staff recruitment procedures.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

We identified an area of notable practice.

- The clinic was a forerunner for treatment innovation and investigating new treatment options to ensure patients received the most up to date care and treatment. Constant studies and clinical trials were carried out in conjunction with Oxford University and St Georges University in London to ensure the robustness of new innovation. Feedback from patients overwhelmingly reported positive change.

There were areas where the provider could make improvements. They should:

- Continue to monitor safeguarding training for all staff to be in line with national guidance.
- Continue to implement appropriate actions relating to newly introduced water testing processes to reduce the risk of Legionella.

The Dove Clinic for Integrated Medicine

Detailed findings

Background to this inspection

The Dove Clinic for Integrated Medicine is a small doctor led service providing complementary and conventional consultation and treatment for a range of conditions on an outpatient basis, for patients over 18 years of age. The clinic focuses mainly on chronic conditions where patients have no conventional treatment options left. Patients visit the clinic from all over the world.

The clinic is located at:

The Old Brewery

High Street

Twyford

SO21 1RG

The core opening hours for the clinic are; Monday to Thursday 8.30am to 5.30pm and Friday 8.30am to 2.30pm. There are no doctor consultations at the clinic on Tuesdays and Fridays. Consultations are available in Harley Street on Tuesdays. Consultation and treatment are by appointment only. Patients are required to complete a medical history form to determine if they are suitable for treatment. Patients were provided with a telephone number, if they had any concerns about their treatment, outside of normal working hours.

The staff team at the clinic consists of a Medical Director (who is also the only doctor) and a team of nurses

providing consultations and treatments. The clinic is managed by a practice manager who is also the registered manager and an assistant practice manager. There is also a dispensing team.

We carried out an announced comprehensive inspection at The Dove Clinic for Integrated Medicine on 6 March 2019. Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor,

Prior to the inspection we reviewed a range of information we hold about the service, such as the last inspection reports from May and September 2013, any notifications received, and the information provided from the pre-inspection information request.

During our visit:

- We spoke with the registered manager, the Medical Director, the assistant practice manager, nurses and members of the administrative team.
- We looked at equipment and rooms used for providing treatment.
- We reviewed records and documents.

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 patients' needs?
- Is it well led?

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

Are services safe?

Our findings

We found that this practice was providing safe care in accordance with the relevant regulations.

Safety systems and processes

The practice did have clear systems to keep patients safe.

- The provider had safety policies including adult safeguarding policies which were regularly reviewed and communicated to staff. Although the clinic did not treat children, the service had access to a child safeguarding policy to safeguard any child which may visit the premises. Children did not receive treatment at the clinic but were able to have consultations if requested. Staff received safety information for the clinic as part of their induction and refresher training. Policies were regularly reviewed and accessible to all staff.
- On the day of inspection, it was identified that the lead clinician who was also the safeguarding lead had not received level three child safeguarding and vulnerable adults training. Since inspection, the provider has provided evidence which demonstrated the safeguarding lead had completed safeguarding level three training on 19 March 2019.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All other staff had received up to date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- Information in the waiting room advised patients that staff were available to act as chaperones. The registered manager told us that this service had never been requested by a patient.
- The provider carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring (DBS) checks were undertaken upon recruitment and updated regularly depending on role. (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.)
- There was an effective system to manage infection prevention and control.

- Daily checks were carried out in each treatment room for cleanliness and equipment was cleaned after each use.
- The infection control lead undertook audits to ensure compliance with infection prevention and control standards.
- There were systems for safely managing healthcare waste.
- The clinic ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions.
- Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.
- The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the clinic.

Risks to patients

Adequate systems were in place, to assess, monitor and manage risks to patient safety, except in relation to Legionella.

- On the day of inspection, we found that the clinic did not have a Legionella policy and no regular testing was carried out to monitor the risk of Legionella infection. However, checks were undertaken to monitor water temperature levels for staff safety. The registered manager took immediate action on the day of the inspection to put these checks in place.
- Since inspection, the provider has provided evidence to demonstrate the risk of Legionella has now been addressed. For example, a risk assessment has since been carried out which identified the risk from Legionella infection as low, water has been tested for bacterium and a weekly log set up for checking water temperatures. Legionella training for staff has also commenced. Legionella has also been added to the clinic's risk assessment control document for annual review.
- There were arrangements for planning and monitoring the number and mix of staff needed. There was an

Are services safe?

effective approach to managing staff absences and for responding to sickness and holidays. The registered manager told us that sometimes there were surplus staff.

- The clinic was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. The clinic had two defibrillators on the premises. Staff kept records of checks to ensure the equipment was within expiry date and in working order.
- The clinic had up to date fire risk assessments and carried out regular fire drills. The fire alarm was tested weekly.
- All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly.
- The clinic's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.
- All staff providing clinical care had received a vaccination to protect them from the hepatitis B virus, the effectiveness of the vaccination was checked.
- The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.
- We saw cleaning schedules for the premises. The clinic was visibly clean when we inspected.
- The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.
- The clinic carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.
- The lead clinician had professional indemnity insurance to cover any potential liabilities.
- The clinic did not provide an acute or emergency service to patients, however patients were provided with contact details if they had concerns about their treatment outside of normal clinic hours.

Information to deliver safe care and treatment

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

- Patients completed a full health assessment questionnaire before attending the clinic.
- There was only one doctor who provided clinical care to patients. We reviewed records and observed they included a medical history, clinical examination and consent form. This included the results of any tests carried out during the consultation.
- A summary and conclusion of the consultation was emailed to the patient.
- Patient records complied with General Data Protection Regulation (GDPR) requirements.

Safe and appropriate use of medicines

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

- The provider had a dispensary on the premises, which was run by two qualified pharmacy technicians.
- The dispensary received the prescription directly from the doctor and then discussed medicines directly with the patient, to ensure they understood the prescribing advice, before dispensing. Some medicines were posted directly to patients from the supplier.
- There were systems and processes in place to ensure the safe dispensing of medicines to patients and an annual audit was undertaken.
- We found medicines were stored safely in locked cupboards in a locked room. Medicines included complementary as well as conventional drug treatments.
- There were safe arrangements for the management of emergency medicines kept on the premises.
- There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues, apart from Legionella.

Are services safe?

- The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- The clinic had only recorded three adverse incidents and no significant incidents during the year to February 2019.
- The practice learned and shared lessons, through their meeting structure, to improve safety in the practice.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- 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.
- 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 effective?

(for example, treatment is effective)

Our findings

We found that the service was providing effective services in accordance with relevant regulations.

Effective needs assessment, care and treatment

The clinician was at the forefront of research and development in his specialist area.

- Studies and clinical trials were carried out on an ongoing basis to ensure patients had the best evidence-based treatment available to them.
- The clinician assessed patients' needs and developed a treatment plan to meet those needs in line with latest research.
- As part of his research the clinician wrote books and clinical papers which were peer reviewed. This ensured appropriate scrutiny.

Monitoring care and treatment

The clinic had a comprehensive programme of quality improvement activity and constantly reviewed the effectiveness and appropriateness of care and treatment provided.

- All staff were actively involved in monitoring and improving outcomes for patients.
- Audits and clinical trials were carried out to demonstrate improvements.
- During the inspection we saw evidence that clinical trials had improved patient outcomes.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles, for example, the clinic had an induction programme for newly appointed staff which covered topics such as health and safety, confidentiality, safeguarding and fire safety.

- 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 and held centrally.
- Staff learning needs were identified through a system of meetings and appraisals, staff told us they received identified training. For example, two nurses had recently received training in colonic hydrotherapy.
- All staff had had an appraisal within the last 12 months.

- There were appropriate policies in place for supporting and managing staff when their performance was poor or variable.
- Nursing staff received regular supervision and mentoring from the doctor and attended clinical meetings.
- The doctor received appraisal through the national system.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- The service referred patients to their GP where appropriate.
- The service shared relevant information with a patient's GP, with the patient's permission.
- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, the doctor at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The clinic helped patients to live healthier lives by supporting them with diet and nutritional advice, which supported the treatments provided by the clinic.
- Patients were prescribed supplements and complementary therapies to help improve their health.

Consent to care and treatment

The clinic 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.
- Patients were able to discuss their decision with the doctor and clinic nurses.
- There was a clinic policy which stated that patients received a cooling off period before starting any agreed treatment.
- The clinic did not provide any treatments for children and young people below the age of 18.

Are services effective?

(for example, treatment is effective)

- The clinic did not provide treatment to patients who did not have the capacity to consent.
- The process of seeking consent was documented in the patient's record.
- Information about fees for the service provided by the clinic was transparent and available to patients prior to booking the appointment. Fees were discussed and agreed prior to treatment taking place.

Are services caring?

Our findings

We found that the service was providing caring services in accordance with relevant regulations.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- During the inspection we observed that staff were courteous and helpful to patients and treated them with dignity and respect.
- Staff understood patients' personal, cultural, social and religious needs.
- The clinic gave patients timely support and information.
- Feedback from patients was all positive.
- Patients described staff as polite and friendly, willing to 'go the extra mile.' One patient felt 'it was a privilege to receive such an exemplary standard of care.'
- Patients told us staff were kind and comforting when they were in pain, distress or discomfort.
- Information folders, patient survey results and thank you cards were available for patients to read.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the

or requirements under the Equality Act.

- Staff communicated with patients in a way that they could understand.
- Patients told us that staff took the time to explain care and treatment and answer questions, treatment plans were thoroughly explained.
- The clinic gave patients clear information to help them make informed choices about their treatment. Leaflets were provided in reception which explained the treatments available at the clinic.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff were aware of the importance of privacy and confidentiality.
- The layout of reception and waiting areas provided privacy when reception staff were dealing with patients.
- Patients received their consultation and treatment in private rooms. During consultations and treatments, the doors were closed, and we noted conversations could not be overheard.
- Curtains were provided in treatment rooms to allow patient privacy.
- The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.
- Staff recognised the importance of dignity and respect and the clinic complied with the General Data Protection Regulations (GDPR 2018).

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found this service was providing responsive care in accordance with relevant regulations.

Responding to and meeting people's needs

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

- The facilities and premises were appropriate for the services delivered. Treatment rooms were all on the ground floor. The toilet was accessible to patients with limited mobility. The clinic had a wheelchair if required.
- Patients described the environment as peaceful and tranquil and conducive to patients who felt unwell. Patients reported this helped them to relax.
- Appointments were available to meet the needs of patients.
- Patients described high levels of satisfaction with the responsive service provided by the clinic.

Timely access to services

Patients could access care and treatment from the clinic within an acceptable timescale for their needs.

- The clinic displayed its opening hours in the premises and included it in their information leaflet and on their website.
- The core opening hours for the clinic were 8.30am to 5.30 pm Monday to Thursday and 8.30am to 2.30pm on a Friday. Doctor consultations were not available on Tuesdays and Fridays although treatments were available every week day.

Listening and learning from concerns and complaints

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

- There was a complaints policy and procedure which were in line with recognised guidance.
- Information about how to make a complaint was available in the waiting room.
- The clinic learned lessons from individual complaints. It acted as a result to improve the quality of care.
- We reviewed complaints. These showed the clinic responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.
- The provider responded appropriately when issues were identified during the inspection. Actions were put in place to address the issues before the inspection was completed.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We found this service was providing well led care in accordance with relevant regulations.

Leadership capacity and capability

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

- The management team demonstrated they had the experience, integrity and skills to deliver the clinic strategy and address risks to it.
- They 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 to make sure they prioritised compassionate and inclusive leadership.
- The clinic had effective processes to develop leadership capacity and skills, including planning for the future leadership of the clinic.
- Staff told us they felt well supported by management and that management were approachable and always took the time to listen to them.

Vision and strategy

The provider had a clear vision and credible strategy to deliver high quality care, sustainable care.

- There was a clear vision and set of values. The provider 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 provider planned services to meet the needs of patients.
- The provider monitored progress against delivery of the strategy.

Culture

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

- Staff told us they felt respected, supported and valued. They were proud to work in the clinic.

- Openness, honesty and transparency were demonstrated. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and wellbeing of all staff.
- The clinic actively promoted equality and diversity. Staff felt they had been treated equally.
- There were positive relationships between and leaders and staff.

Governance and management

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 clinic had a number of policies and procedures in place to govern activity and these were available to all staff. All the policies and procedures we saw had been reviewed and reflected current good practice guidance. There was a system in place to ensure policies were regularly reviewed and updated.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection control.
- A range of meetings were held which included management meetings, staff meetings, clinical meetings and departmental meetings.
- Systems were in place for monitoring the quality of the service and for making improvements.
- The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance except for Legionella, these were put in place shortly after the inspection.

- There was an effective system to identify, understand, monitor and address current and future risks including risks to patient safety.
- Risk assessments we saw were comprehensive and had been reviewed.
- There were a variety of daily, weekly, quarterly and annual checks in place to monitor the performance of the service.
- The provider had plans in place and staff had been trained for major incidents.
- There was clear evidence of action to change practice to improve quality.
- Risks identified during the inspection were addressed before the inspection was completed.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- 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.
- A programme of audits ensured the clinic regularly monitored the quality of care and treatment provided and made any changes necessary as a result.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. We saw comprehensive minutes from a selection of meetings, outcomes and learning were cascaded to staff.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The clinic had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The service encouraged and valued feedback from patients, staff and other stakeholders.

- The practice involved patients, the public, staff and external partners to support high-quality sustainable services.
- After treatment patients completed a feedback survey about the service they had received. This and other patient feedback was constantly monitored, and appropriate action taken where necessary.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the clinic.
- The clinic participates in research projects to continually seek the best, most up to date care and treatment for patients.
- The clinic was always up to date with scientific developments and the lead clinician had written more than 20 books and had many academic papers published in peer review journals.
- The clinic was a forerunner for treatment innovation and the lead clinician was constantly investigating new treatment options which could improve outcomes for patients.