

Idos Health and Wellbeing CIC

Inspection report

Unit 23
Quay Level, St. Peters Wharf
Newcastle Upon Tyne
NE6 1TZ
Tel: 01914290002
www.idoshealth.co.uk

Date of inspection visit: 30 August 2023
Date of publication: 27/10/2023

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.

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 Idos Health and Wellbeing CIC as part of our inspection programme. At the time of the inspection there were no patients attending the service or receiving regulated services. While we were unable to ask patients about the service, we were able to gather patient feedback from the service as part of our inspection.

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 types of regulated activities and services, and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Idos Health and Wellbeing CIC provides a range of holistic and psychological services (counselling) and complementary therapies. Therefore, we do not inspect or report on these services.

Idos Health and Wellbeing CIC is registered in respect of the provision of treatment of disease, disorder or injury and for diagnostic and screening procedures. The service provides a GP service, providing consultations face to face (with or without prescribing), physical examinations and they have a visiting elderly care physician who does elderly care assessments. They have a sleep consultant who carries out sleep consultations and sleep diagnostics. They offer a service to provide injections which are prescribed to help weight management in adults. The lead clinician is the registered manager. Patients can access the service via the website or by telephoning the service. The list of fees are on the website and there are health plans available.

The clinic offered other services; these services are exempt from regulation. The services included, psychotherapy, shiatsu (a form of massage), acupuncture, medical herbalism, nutrition, qigong, (a Chinese healing practice that combines meditation, controlled breathing), yoga, health coaching, aromatherapy and exercise therapy.

Our key findings were:

- Governance systems were well established within the service. There were effective systems for monitoring service provision to ensure it was safe.
- There were systems in place for the overall management of significant events and incidents. Risks to patients were assessed and well managed. There was evidence of quality improvement activity and regular audits were completed to monitor the quality of services and implement new initiatives.
- There were appropriate systems in place for obtaining patient consent for procedures undertaken.
- The practice encouraged and valued feedback from patients and staff. They proactively sought patients' feedback. Information we received from staff and patients was wholly positive.

Overall summary

- Staff felt supported and were confident in raising concerns and suggesting improvements.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The provider had a clear vision and strategy to deliver quality care. There was strong leadership in place to support the strategy and effective governance processes to manage risk and further develop service provision.

We saw the following area of outstanding practice:

- The service adopted a multi-disciplinary and innovative approach to ensuring that patients received a holistic service that combined traditional and complementary medicine and therapies.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

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. The team included CQC GP specialist adviser.

Background to Idos Health and Wellbeing CIC

Idos Health and Wellbeing CIC is registered with the Care Quality Commission to provide the regulated activities of treatment of disease, disorder or injury (TDDI) and for diagnostic and screening procedures from one registered location at the following address: Unit 23, Quay Level, St. Peters Wharf, Newcastle Upon Tyne, NE6 1TZ. We visited this location as part of our inspection. The service was set up and opened in 2022.

There are 3 registered health care professionals who work at the practice and deliver regulated activities, all are part time, this included the CQC registered manager. There is one part time health care assistant. There are 4 administrative staff one full time and 3 part time. There are other health care staff who work at the practice whose services do not fall under the scope of regulation.

The service has approximately 400 to 500 patients who are currently registered overall (also for non-regulated activities). In an average month the service consults with approximately 35 patients for GP services. Consultations are offered for adults and children.

The link to the provider's website is as follows; <https://idoshealth.co.uk/>

The opening hours of the service are;

Monday 8am to 5pm

Tuesday 8am to 6pm

Wednesday 8.30am to 2pm

Thursday 8am to 4pm

Friday 9am to 6pm

Saturday 8.30am to 1pm

Sunday Closed

The service is located in a business unit in a mixed residential area. It is accessible from the centre of Newcastle Upon Tyne on foot, bike, bus, train or car. There is parking outside including for disabled patients. The clinic is situated on ground floor level and is wheelchair accessible. There is a waiting area, three consulting rooms, and a treatment room. There is a patient toilet which is wheelchair accessible.

How we inspected this service

Before visiting we reviewed a range of information we hold about the service and information which was provided by the service before the inspection.

During the inspection:

- we spoke with the provider and staff.
- reviewed key documents which support the governance and delivery of the service.
- made observations about the areas the service was delivered from.
- reviewed a sample of treatment records.
- looked at information the service used to deliver care and treatment plans.
- issued an email to staff to gain their views on working at the practice.

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:

The practice had effective systems in place to keep patients safe from harm. We found there was a range of risk assessments in place to mitigate risk and the service had processes in place to learn from incidents.

Safety systems and processes

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

- The provider conducted safety risk assessments. They had appropriate safety policies, which were regularly reviewed and communicated to staff.
- The practice demonstrated an effective process of ensuring safeguarding was a key part of patient care. Staff demonstrated clear awareness of their responsibilities around reporting incidents if they suspected a concern, they had attended safeguarding training appropriate to their role. The provider was the safeguarding lead and there was a deputy. A chaperone could be requested and staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.
- 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. 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).
- The service had a process in place to monitor infection prevention and control. There was an infection control policy in place. One of the clinicians was the infection control lead person for the service and demonstrated a good understanding of infection control (IPC). Cleaning schedules were in place and we saw documented evidence of the frequency of cleaning completed. The premise was clean and well maintained. Staff followed infection control guidance and attended relevant training which had been provided by an external contractor. The service undertook regular infection prevention and control audits. Regular handwashing audits were undertaken. There were COVID-19 policies in place to ensure staff and patients were kept safe.
- 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 took into account the profile of people using the service and those who may be accompanying them. We saw health and safety policy and risk assessments, portable appliance testing (PAT), calibration of equipment and fire risk assessments.

Risks to patients

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

- There were arrangements in place for planning and monitoring the number and mix of staff needed, although the service did not offer a walk-in service for emergencies, care was provided by appointment only.
- There was an effective induction system for 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 with severe infections, for example sepsis.
- There were appropriate indemnity arrangements in place.
- The provider had a documented business continuity plan in the event of major disruptions to the service.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

Are services safe?

Information to deliver safe care and treatment

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

- We saw that the provider had an electronic clinical records system. We reviewed some examples of those records. These care records were written and managed in a way that kept patients safe. We saw the password system and the audit trail for auditing records. The care records were regularly audited.
- 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 service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians 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.

- There were systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment to minimise risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, 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. There was no prescribing outside of the British National Formulary (BNF).

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. There had been 3 significant events recorded since the service opened. There was evidence of learning from these and changes in process as a result. The outcomes were discussed at directors' meetings.
- 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.
- 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:

We found the provider had implemented effective processes to monitor patients care and demonstrate quality improvements.

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.

- We saw good clinical leadership; complimentary medicine was included in the clinical governance to ensure all medical professionals working in the service adhered to the same standards.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits.
- The service carried out an audit on repeat prescribing which included 4 patients, looking at the benefits received to ensure ongoing safe prescribing.
- An audit on FIT test results, which is a stool test to screen for bowel cancer. It was recognised that a patient had received a FIT test and the results had not been received back to the service or chased up. Six patients were reviewed, and it identified there was some confusion with the process for results. As a result of the audit a call back system was introduced after the sample was handed in. The reception staff had a register to chase up any gaps and this was discussed at a staff meeting to make staff aware.

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.
- We saw a training matrix which the service kept which set out training and dates for review.
- Relevant professionals (medical) were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. There were records of staff appraisals. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

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

Are services effective?

- Patients received coordinated and person-centred care. Every 2 months a multi-disciplinary team meeting was held, with the patients consent, their care and treatment was discussed. Holistic input was brought together from all practitioners (medical, complementary and psychological). This led to a proposed bespoke treatment plan for the patient. Discussions could include medical summary and investigations, sleep health, exercise, nutrition and weight, wellbeing, mental health and relaxation. The approach was from a traditional and non-traditional medical point of view. There was a large amount of learning from this for the whole team.
- Before providing treatment, an initial consultation with the GP was held to rule out any important medical issues or red flags that required immediate attention. They asked for a 'patient own story'.
- 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.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- 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. There were clear and effective arrangements for following up on people who had been referred to other services.

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.

- The whole ethos of the service was the wellbeing of the patients. The services provided both traditional and complementary medicine which was brought together to bring a holistic approach to the care and treatment of patients. This brought experts together and put the patient at the centre of their own health and opened up opportunities for them to explore and address their physical and psychological health.
- Treatment plans for patients included looking at sleep, exercise, metrician and weight, wellbeing, metal health and relaxation.
- 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.
- 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:

Patient feedback showed the provider to be approachable and caring and staff helped patients to be involved in their care and treatment.

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.
- At the beginning of 2023 the service identified 6 vulnerable patients who they contacted after their consultations and asked them their experience of the service and if they felt their needs were met, the responses were positive and comments included easy to obtain an appointment, welcoming, compassionate and supportive service.
- The service then sought feedback from a sample of 30 patients, this was for all services. They received 33 responses, all were rated overall as very good, comments included, good communication, caring, listened to me, and excellent and relaxing surroundings.
- CQC carried out a remote monitoring process in May 2023 and as a result of this we received feedback from 9 patients which was wholly positive. Patients told us how in their consultations they felt treated as a person and their care taken seriously, put at their ease and received genuine concern for their health issues. The staff were professional, courteous and knowledgeable. The surroundings relaxing and comfortable.
- 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. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- 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 provider organised services to meet patients' needs and had processes in place to learn from concerns and complaints and improve the quality of care.

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. A range of specialist services were available for patients.
- Patients can access the service via the website or by telephoning the service. The list of fees are on the website and there are health plans available.
- The facilities and premises were appropriate for the services delivered and we received positive feedback from patients regarding this.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The premises was fully wheelchair accessible. A disability audit had been carried out on access to the premises.

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 it was easy to obtain an appointment.
- The service had a small number of patients and appointments were easy to obtain, however they were working on a plan to address access for when the service became busier.
- 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 to patients and on the service website. 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.
- There had been no formal complaints, since the service opened, only three informal complaints which were described as 'grumbles' where the patient had been contacted by one of the service directors to discuss. Any issues were documented in the patients notes.

Are services well-led?

We rated well-led as Choose a rating because:

The provider had a clear vision and strategy to deliver quality care. There was strong leadership in place to support the strategy and effective governance processes to manage risk and further develop service provision.

Leadership capacity and capability.

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

- The clinic was set up by the partners in 2022, the purpose to combine GP services with complimentary services for the wellbeing of their patients. The service was set up as a community interest company, which is a non-charitable company, set up for the benefit of the community, where profits go back into the company.
- The leaders of the service were knowledgeable about issues and priorities relating to the quality and future of the service. They had worked hard to set up the service and understood the challenges associated with this.
- The leaders at the service were visible and approachable to staff. 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.

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 values of the service were kindness, caring accessibility and integrity.
- Their business plan included to carrying out activities which benefit the community served by the practice, to include marginalised and vulnerable groups, including women's groups, veterans, survivors of trauma, asylum seekers and all sections of the population who would benefit from the services offered.
- 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. Staff were very positive about working at the service.
- We sent out questionnaires to staff as part of our inspection. We received 6 responses. All were positive. Staff were proud to work at the service. Staff thought of the services provided, they did well. The services were very unique and supportive of the patients and their wellbeing. The leaders were always looking to improve. They took on board staff views and feedback. There were opportunities for them to develop. The team was friendly and supportive.
- At the beginning of 2023 the service sought feedback from staff, firstly feedback from the practitioners. They received responses from 5 of the 9 who worked for the service, overall satisfaction of working at the service was 4 strongly agreed and one moderately agreed. Feedback comments were positive. Feedback was sought from the 4 staff, for example, regarding the environment, being given necessary resource to do their job and training. All responses were wholly positive.
- 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.

Are services well-led?

- There was a strong emphasis on the safety and well-being of all staff. There was a staff wellbeing board in the staff kitchen with information and a draw which contained snacks and refreshments for them.
- The service actively promoted equality and diversity. They 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.
- The service had an environmental/green policy in place.

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.

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 its own risk register.
- 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.
- 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.
- 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.

Engagement with patients, the public, staff and external partners

Are services well-led?

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

- 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.
- Staff could describe to us the systems in place to give feedback.
- 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 strong focus on continuous learning and improvement.
- The service was still relatively new, and the leaders were continually reviewing and moving forward to strengthen and improve the clinic and the services offered.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The multi-disciplinary approach (MDT) at the service was innovative and sought to provide a holistic service to patients including traditional and complimentary medicine and therapies.
- Staff were encouraged to use the services of the clinic for their own wellbeing.
- The leaders at the service ensured that all of the services which were provided at the clinic were compliant with CQC regulation.
- The clinic were the only service in the North East of England to provide face to face Cognitive behavioural therapy for insomnia (CBTI).
- The service have liaised with the local community trust partnership to collaborate with them and to gain funding to provide a health and wellbeing group. This is to provide complementary therapy and to provide educational events and programmes to reduce the burden of ill health. The clinic had hosted free community health talks which included, talks on women's health and the menopause, insomnia, women and sleep, yoga and physical exercise. A men's health talk at the service was supported by 2 local charities and covered the topic of men's mental health.
- The service hosts medical students on a one-month placement at looking at complementary medicines as part of their 4th year medical training. They received a selection of seminars and practical sessions with the practitioners, and they participated in treatments. We were provided with positive feedback from them on their placements.