

Dr Indra FMGP

Inspection report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Requires Improvement 

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? – Requires improvement

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 Dr Indra FMGP on 24 February 2022. The service was registered with the Care Quality Commission (CQC) in December 2019. We carried out this first rated inspection as part of our regulatory functions. The inspection was undertaken to check whether the service was meeting the legal requirements and regulations associated with the Act.

This service is registered with the CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Therefore, during our inspection we were only able to evaluate the services which fell under our scope of regulation.

The lead doctor is the registered manager. A registered manager is a person who is registered with the CQC 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.

Dr Indra FMGP is a functional medicine specialist practice. (Functional medicine is a systems biology-based approach that focuses on identifying and addressing the root cause of disease. This involves looking holistically at people, which includes how lifestyle, nutrition and environment impact on a person's health and wellbeing.)

The service provides functional medicine, nutritional therapy and support for a range of conditions, such as hormonal imbalances, chronic illness, gastro-intestinal related issues, chronic fatigue and anxiety, in order to improve the health and wellbeing of people. Services are carried out by a range of staff including registered doctors who are trained in functional medicine, nutritionists, health coaches and a psychiatrist. Dr Indra FMGP does not provide emergency medical care.

The service is available for patients aged from two years (with consent from their parent/guardian/carer as appropriate) and upwards. However, not all the clinical staff see children. Patients can self-refer or be referred by other healthcare professionals. All patients are self-funded. Patients can initially access the service via the website or by telephone.

Dr Indra FMGP refers to people using the service as patients, and this terminology is reflected throughout the report.

Our key findings were:

- There was a range of policies, processes and systems in place to support governance and operation of the service.

Overall summary

- The provider encouraged a culture of openness, honesty and transparency. They promoted both staff and patient feedback, which was used to improve service delivery.
- The premises were well maintained, fit for purpose and had the appropriate health and safety measures in place.
- Staff were recruited in line with recommended recruitment procedures. They had access to training and development in line with their role.
- Patients had timely access to a range of professionals to support management of their health and wellbeing.
- Feedback from patients was positive about the service, staff, the care they received and the improvements in their health and wellbeing as a result.

We found one breach of regulation. The area where the provider **must** make improvements is:

- Ensure care and treatment is provided in a safe way.

(Please see the specific details on action required at the end of this report).

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

- Improve the process regarding patient consent to share information.
- Take action to ensure that prescribing audits take account of the information held on both of the patient record systems.
- Take steps to ensure all staff understand and follow safeguarding policies and procedures.

Dr Rosie Benneyworth 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 two members of the CQC medicines team.

Background to Dr Indra FMGP

Dr Indra FMGP is based in Iveridge Hall, Wakefield Road, Oulton, Leeds LS26 8EU. The premises are located approximately 10 miles to the South East of Leeds city centre. Other health and wellbeing services operate from the same premises. Dr Indra FMGP leases a consulting room on the first floor where patients can be seen face-to-face. Access is via stairs or a lift. There are arrangements for a ground floor room to be used should patients have any mobility issues. Onsite parking is available.

The service is staffed by four registered general practitioner doctors, one consultant psychiatrist, two nutritional therapists/metabolic balance practitioners and two health coaches. The clinical team is supported by one patient manager and two practice administrators. All staff are female.

The service opening times are Monday to Thursday 9am to 5pm. Patients have access to virtual online clinics or face-to-face clinics at the Leeds location.

The provider is registered with CQC under the Health and Social Care Act 2008 to provide the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury

How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

We carried out this inspection on 24 February 2022. Before visiting the location at Leeds, we looked at a range of information that we hold about the service. We reviewed information submitted by the service in response to our provider information request, this included completed staff questionnaires. During our visit, we interviewed staff, reviewed documents and clinical records, and made observations relating to the service and the location it was delivered from.

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 Requires improvement because:

- Safety checks to assess if a patient was safe to have hormone replacement therapy were not always completed and recorded.
- We could not be assured that all medicines prescribed were captured within the annual medicines audit.
- The service did not have a robust system in place for medicines reconciliation (to check what medicines a patient was taking). Allergies were not always recorded in records, which may increase the risk of a medicine or supplement being prescribed in error.

Safety systems and processes

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

- There were appropriate policies and procedures relating to safety, which were reviewed, updated and made available for staff.
- There were some systems in place to safeguard children and vulnerable adults from abuse. In line with guidance, staff had received the appropriate level of safeguarding training for their roles. Records were kept to evidence this. Staff understood safeguarding principles, knew how to identify and report a concern and were aware of who to go to for further guidance. The safeguarding policies signposted staff how to access local safeguarding authorities relative to where the patient resided. However, during the inspection, the provider was unable to confirm whether a safeguarding referral had been made in respect of a patient.
- There was a system in place to check proof of identity and the age of children, which included having sight of their birth certificate and passport (as applicable). Parental authority was sought prior to the provision of any care or treatment.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis as appropriate. Disclosure and Barring Service (DBS) checks were undertaken appropriate to the roles of staff members. (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 a system in place to manage infection prevention and control (IPC). Staff had been trained in IPC and audits were undertaken to ensure IPC measures were maintained, including hand-washing. Personal protective equipment was available for staff. At the time of our inspection, staff continued to wear masks when seeing patients, as part of COVID-19 protection.
- We saw a range of risk assessments to support safety of the environment, staff and patients. These included fire risk, legionella and health and safety. A legionella risk assessment had last been completed in October 2021. All checks relating to the premises themselves were undertaken by the manager/landlord of the building. We saw recorded evidence to show that checks were undertaken as appropriate.
- There were arrangements in place to ensure the premises were maintained, clean and tidy. A contract for cleaning all areas was held by the manager of the premises, who had oversight. Any concerns regarding cleaning were communicated to that manager. We saw that the premises and consulting room were clean, tidy and well maintained.
- Equipment was maintained according to the manufacturers' instructions. Portable appliance testing (PAT) was last completed in December 2021.
- There were systems in place for safely managing any healthcare waste. Spillage kits were also available.

Risks to patients

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

Are services safe?

- The provider had employed staff suitable for delivery of the service.
- Staff had received training in basic life support. They understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- The service had oxygen and a stock of emergency medicines suitable for dealing with any medical emergency, should the need arise. These were stored appropriately and checked regularly to ensure they were in date and fit for use. The service also had access to a defibrillator, located on the ground floor of the premises. This was checked weekly and maintained by the manager of the premises. We saw records to evidence this.
- Weekly fire alarm checks were undertaken, along with a yearly fire evacuation drill. There were fire risk assessments in place. These were all organised by the manager of the premises.
- There were appropriate indemnity and insurance 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. We reviewed a range of patient records and saw there was comprehensive information recorded. All patient records were stored electronically. We saw in some instances where hand-written notes had been scanned onto the electronic patient record.
- Patients were asked for the details of their own NHS GP and encouraged to consent to sharing of information. Where patients were unsure, staff informed us they explained the benefits of consenting. Patients could opt to share all or part of the information as appropriate. We discussed consent being obtained at each consultation. This was as a result of a recent complaint the service had received, where a patient had only wanted part of the information sharing. The provider informed us they were currently in the process of reviewing their consent process.
- The service 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 ceased trading.
- BHRT, which is a currently an unlicensed medicine in England, was prescribed by the service. Safety checks to check if a patient was safe to have hormone replacement therapy were not always completed and recorded. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. These medicines are not recommended by the National Institute for Health and Care Excellence (NICE) or the British Menopause Society. NICE Guidance NG23 states that clinicians must explain to women that the efficacy and safety of unregulated compounded bioidentical hormones are unknown.
- The service had emergency medicines available. We found one emergency medicine had been taken out of the fridge which would reduce its shelf life, but this did not have a revised expiry date noted. The service bought their emergency medicines in from an external company and contacted them after the service to obtain the correct expiry date.

Safe and appropriate use of medicines

The service did not always have reliable systems for appropriate and safe handling of medicines.

- The provider prescribed supplements, off-label licensed medicines, bioidentical hormone replacement therapy (BHRT) and medicines for thyroid disorders.
- Private prescriptions were generated electronically and sent to a pharmacy in London by post. It was unclear from the records whether patients were given the choice of which pharmacy the prescription should be sent to.
- The service did not have a robust system in place for medicines reconciliation (to check what other, if any, medicines a patient was taking).

Are services safe?

- Allergies were not always recorded in records, which could increase the risk of a medicine or supplement being prescribed in error.
- We found some patients using the service were taking medicines for mental health conditions. When patients were non-compliant regarding their anti-depressant or anti-psychotic medicines prescribed by their own GP or mental health teams, the service did not always record that this had been discussed with the patient. The reason for not sharing this information with the patient's GP or mental health team was not recorded. However, the psychiatrist informed us that they requested patients to share their NHS and private psychiatry letters with them and advised them how to obtain this from their GP. Patients also shared information about their medication at the review and, where clarification was needed, by sharing their medication list via an NHS app. If needed, the psychiatrist would write to their GP to request information if the patient was not aware of the name and dosages of their prescribed medication.
- The service carried out an annual medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. The service had two electronic systems that did not allow the service to search for medicines prescribed. They relied on staff adding a 'tag' to the patient's record to highlight to the person auditing that a medicine had been prescribed. We could not be assured that all medicines prescribed were captured within the audit.

Track record on safety and incidents

The service had a good safety record.

- The service had access to risk assessments relating to the premises, such as legionella and fire safety. All risk assessments undertaken by the manager/landlord of the premises were shared with the service provider.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on incidents or significant events. We were shown an incident report sheet and significant event register which enabled the provider to track the stages of actioning the incident. However, there had been no incidents/events reported since the inception of the service.
- There were systems in place for reviewing and investigating when things went wrong. At the time of our inspection, there had not been any reported incidents. However, we were informed that actions would be undertaken, and any lessons learned shared across the service.
- Staff understood their duty to raise concerns and were supported to do so.
- 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.
- There was a system in place for the management of patient safety alerts, including those cascaded from the Medicines Healthcare products Regulations Agency.

Are services effective?

We rated effective as Good because:

- Regular clinical meetings were held between to discuss patient care pathways.
- Although in depth health and wellbeing questions were asked of patients, the service was reliant on patients own understanding of their medical history.
- There were systems in place to ensure that staff were appropriately qualified and recruited by the provider.

Effective needs assessment, care and treatment

- Prior to consultation, patients were asked to complete a questionnaire regarding their health and wellbeing. Patients then received a “discovery call” to obtain further information to ascertain whether they were suitable for the service or the service was appropriate for them. Upon consultation, an in-depth history of the patient from birth was taken. This enabled the clinician to understand how events and lifestyle could have impacted on that person’s health and wellbeing. This information was then used to inform an appropriate care pathway, in discussion with the patient, based on their individual needs.
- Clinicians had access to the patients’ ongoing records held by the service, to support continuity of care and treatment. Some clinicians informed us they requested that the patient shared any information about prescribed medication, consultant’s letters and recent tests and results. However, this information was not routinely sought from the patient’s own NHS GP. The service was reliant on the patients’ own understanding of their medical history. This was discussed with the provider, particularly as to how they reassure themselves regarding medicines reconciliation.
- With consent from the patient, their own GP was informed of any treatment administered by the service.
- Weekly clinical meetings (known as collaborative meetings) were held where clinicians discussed individual cases and care pathways. We saw minutes to evidence discussions held.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The provider used information about care and treatment to inform the service delivery model. This had identified the benefits of employing a psychiatrist to support the mental health and wellbeing needs of patients.
- The provider had undertaken some audits regarding prescribing, obtaining patients’ NHS GP details and patient consent. Findings were shared with staff. However, there were some limitations regarding audit due to the two separate systems where information was recorded. We were informed that this issue was being reviewed in light of a potentially new electronic system within the service.
- The provider engaged with other providers in the field of functional medicine to support quality improvements and best practice.

Effective staffing

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

- Before employment, checks were made to verify that staff had the appropriate qualifications and experience to fulfil their role. Where applicable, checks were made to ensure that registered professionals were recorded on the necessary professional register, such as General Medical Council (GMC). Checks were also carried out to ensure that revalidation was completed within the required timescales.
- There was an induction/orientation programme to enable staff to become familiar with the requirements of the service and their role within in.

Are services effective?

- Staff had annual appraisals where performance and development were discussed. Staff had protected time for learning and development. They were encouraged and given opportunities to develop. We were informed of a member of staff who had expressed a desire to train as a phlebotomist for the service.
- Clinical staff ensured they kept themselves up to date with current best practice and guidance appropriate to their roles and areas of expertise.
- Personnel files and records were maintained to evidence pre-employment checks, staff training and professional registrations.
- Staff were supported to work virtually from home. They had been provided with the appropriate equipment. The provider had undertaken risk assessments of their environments, to ensure safety and confidentiality were maintained.

Coordinating patient care and information sharing

There were some systems in place to support staff working together, and with other organisations as appropriate, to deliver effective care and treatment.

- Patients had access to packages of care, which involved multidisciplinary interventions. For example, access to functional medicine trained doctors, health coaches, nutritionists and a psychiatrist. These were coordinated to deliver the most effective care and treatment for the patient based on their individual requirements.
- The provider had contracted the services of a pharmacist, to support oversight with regard to the prescribing of medicines and supplements.
- The service worked with other NHS consultants regarding care and treatments provided for patients. This included working and liaising with a paediatric consultant experienced in specific conditions relating to children, known as PANDAS and PANS. (Paediatric Autoimmune Neuropsychiatric Disorder “PANDAS”. The disease sits under a bigger umbrella term “PANS” which stands for Paediatric Autoimmune Neuropsychiatric Syndrome.) These children and their parents were supported with diet, lifestyle and coping mechanisms.
- Where a patient needed external intervention or was not appropriate for the service, they were referred or signposted to the relevant agency. Information was provided with regard to this and was documented in the patient’s record. For example, after an initial assessment of a patient, a potentially serious medical condition was suspected. The patient’s GP was informed and an urgent request for testing was made. As a result, the patient was referred to secondary care.
- All patients were asked for consent to share information with their NHS GP. As a result of a complaint received, the provider was in the process of revising the consent process, to ensure it was requested at each consultation and/or when information was deemed appropriate or necessary to share. There was a policy in place to support a duty to share information.
- We were informed that the psychiatrist sent their clinical reviews to the patient’s GP as standard. They would not routinely accept a patient who declined to consent to sharing information with their GP. However, if during a consultation the patient declined or withdrew consent, reasons for this would be reviewed and advice given to the patient as to the rationale for sharing information. It would also be discussed clinically to assess if there were any safeguarding risks or best interest decisions to override lack of consent. This would all be documented in the patient’s notes.

Supporting patients to live healthier lives

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

Are services effective?

- Individual packages of care were developed, in conjunction with the patient, to help them manage their own health. These included advice and support with lifestyle, diet and management of stress. Information was provided for patients to explain the impact of these factors on their health and wellbeing and how they could be managed more effectively.
- Patients had access to a range of health and care professionals to support and advice as appropriate.
- If and when the needs of patients could not be met by the service, they were directed to other avenues of support. For example, their own NHS GP.
- There was a system in place to obtain patient consent to care and treatment and staff informed us they did this. However, we noted that in some patient records we reviewed that consent had not always been clearly recorded. This was discussed with the provider, who took on board our comments and informed us that they were currently reviewing the consent process.

Consent to care and treatment

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

- Staff we spoke with understood the requirements of legislation and guidance when considering consent and decision making.
- Staff told us they supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

- Staff demonstrated kindness, respect and compassion towards patients.
- Patients were provided with appropriate information to support the decision making process.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought patient feedback on the care and support received. We saw that all the feedback received by the service was positive about staff, the care and the impact on their individual health and wellbeing.
- We were informed that patients were treated holistically as individuals, which took into account any personal, cultural, social or religious needs. Therefore, supporting a non-judgmental approach to all patients.

Involvement in decisions about care and treatment

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

- Clinicians discussed the options available to patients regarding their health and wellbeing needs. Patients were given information to support decisions about any care and treatment they received.
- The service could access telephone interpretation services for patients who did not have English as a first language.
- Patients who may have had a visual or hearing impairment, were supported with understanding their care and treatment options, as befitted their individual communication needs.
- People who had parental authority for children were provided with information regarding their child's need to aid the decision making process.
- Children and young adults were assessed, by the clinician, regarding their mental capacity to make informed choices.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff understood the principles of privacy and dignity. They were able to demonstrate that they dealt with any sensitive issues raised by patients in a considerate and respectful manner.
- Patients were seen in the consulting room, where the door was kept shut during consultations. Conversations could not easily be heard outside of the room.

Are services responsive to people's needs?

We rated responsive as Good because:

- Patients could access the service easily and in a timely way.
- Pricing structures were clearly displayed on the service website.
- Complaints were managed and used to improve service delivery and patient satisfaction.

Responding to and meeting people's needs

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

- Clinicians understood the needs of the patients using the service and delivered care, treatment and support in response to those needs.
- A range of healthcare professionals were available to patients to support their needs. For example, functional medicine practitioners, nutritionists, health coaches and a psychiatrist.
- There was information available on the service's website with details of the pricing structure. Patients were also emailed details of costings at the time of them contacting the service.
- The facilities and premises were appropriate for the services delivered. The consulting room where patients were seen promoted a calming and non-threatening environment.
- Although the consulting room was on the first floor, patients could access it via stairs or a lift. We were informed that if there were any mobility difficulties or fear of using a lift, a ground floor room would be made available.

Timely access to the service

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

- Patients could directly access the service either by telephone or online request. Requests were dealt with in a timely way.
- Patients were initially assessed, known as a discovery call, as to whether they were appropriate for the service and then informed of the next steps.
- Clinicians saw and reviewed patients generally within two weeks of the discovery call. At the time of our inspection, no waiting times or delays were reported.
- Patients received 90 minutes for an initial assessment and 30 to 60 minutes for a follow-up. During this assessment the clinician helped patients to understand their underlying root causes and tailored their management plan accordingly. After the assessment process the patient and clinicians decided which follow on programme of care was best suited to them. Email and telephone support was provided should be any issues between consultations.
- We were informed that patients could be referred or signposted to other services, as befitted their needs and with consent from the patient.

Listening and learning from concerns and complaints

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

- The service had a complaints policy and procedure in place. Information about how to make a complaint or raise concerns was available both on the website and on via staff.

Are services responsive to people's needs?

- Staff told us they took complaints seriously. Patients were informed of any further action that may be available to them should they not be satisfied with the response to their complaint. There were no systems in place to make patients aware of the Independent Sector Complaints Adjudication Service (ISCAS), should they not be happy with how their complaint had been dealt with or the outcome. Following our feedback, the provider informed us they would incorporate this information in future.
- We were informed of a complaint the provider had received, how they were managing it and the appropriate actions they were taking.

Are services well-led?

We rated well-led as Good because:

- The provider and lead clinician, Dr Indra, was visible, approachable and passionate about the service they provided.
- Staff worked well together as a team to provide a high-quality service.
- The provider took on board our comments during the inspection and understood the rationale behind the areas which needed actioning.

Leadership capacity and capability

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

- The provider was knowledgeable about the field within which they operated. They were aware of opportunities and quality of services relating to the field of functional medicine.
- The provider was visible and approachable. They were “hands on” and worked closely with all members of the team to deliver high-quality and sustainable care for patients.
- Staff told us they felt very supported by the provider, and that all members of the team worked well together.

Vision and strategy

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

- The vision and ethos of the service was to look at root causes for the resolution of chronic health problems alongside a holistic review of health. This was achieved by “educating, inspiring, empowering and connecting with people”.
- There was a strategy and set of values to support delivery of high-quality care and promote positive outcomes for patients. Staff were aware of these and understood their role in achieving them.
- We were informed by the provider of the future planning for the service, to incorporate continuing research and evidence in the field of functional medicine.

Culture

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

- There was a clear culture of honesty, openness and transparency. This was evident in the conversations we had with the provider and information we received from other staff. The provider took on board areas identified during the inspection where improvements were recommended.
- There were systems in place to ensure compliance with the requirements of the duty of candour.
- Staff informed us they were encouraged, supported and felt confident to raise any concerns or ideas for improvement.
- There was a strong emphasis on the safety and wellbeing of patients and staff. During the pandemic, this had included minimising face to face consultations and staff being supported to work from home.

Governance arrangements

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

Are services well-led?

- There was a range of policies, systems and processes to support good governance and management of the service. These were regularly reviewed to ensure they remained fit for purpose and to incorporate any changes in legal requirements or guidance.
- Staff were aware of the role they played in supporting good governance. Policies were easily accessible for staff and we saw that discussions relating to governance were held in meetings.
- The provider had adapted service delivery in line with previous and current coronavirus guidance. Staff continued to wear masks when face to face with others and supported social distancing within the premises as appropriate
- Some simple audits had been undertaken and although these had been shared internally, there were limited arrangements to share any learning externally. A medicines audit had been undertaken, but this was limited as information had been taken from two different systems and it was not clear whether all medicines had been captured. Data was stored in line with data security standards. At the time of our inspection, the service used two data management systems. We were informed by the provider of the future move to one integrated system.
- We found some issues regarding medicines management, which included safety checks relating to hormone replacement therapy, a system for medicines reconciliation and the recording of allergies in the patient's record. The provider informed us they would review these issues and take appropriate action.

Managing risks, issues and performance

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

- There was a range of risk assessments which had been completed. All risk assessments regarding the premises, such as fire, legionella and health and safety, were undertaken by the manager/landlord of the building. These were shared with the provider and we had sight of them during our inspection.
- Staff were aware of how to maintain a safe environment for both patients and themselves. Any areas of risk regarding the premises were escalated to the manager/landlord, who acted on them as necessary.
- Any internal risks or issues were escalated to the provider, who took appropriate action.

Appropriate and accurate information

The service acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

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

- Patient and staff feedback was encouraged and used to support any improvements in service delivery.
- The service engaged with external health and care professionals with whom they worked, to identify any areas of development in order to provide high-quality sustainable service and care to their patients.
- The provider had recently facilitated a festival of functional medicine, where other professionals delivered a range of talks on topics which may affect both adults and children. For example, nutrition, sleep, movement and thought processes.

Are services well-led?

Continuous improvement and innovation

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

- The provider sought to both maintain and develop the knowledge and learning of staff to enhance the quality of the service delivered.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>There were some areas of improvement required, relating to the proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• Safety checks to check if a patient was safe to have hormone replacement therapy were not always completed and recorded.• The service did not have a robust system in place for medicines reconciliation (to check what medicine a patient is taking). Allergies were not always recorded in records, which may increase the risk of a medicine or supplement being prescribed in error. <p>This was in breach of Regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>