

Integro Medical Clinics Limited

Inspection report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced comprehensive inspection at Integro Medical Clinics Limited as part of our inspection programme. The provider was rated Good at the previous inspection in 2021

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 this announced comprehensive inspection of Integro Medical Clinics Limited 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.

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

The medical director is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We did not speak directly with patients during the inspection.

Our key findings were:

- Care and treatment was delivered according to evidence-based guidelines.
- The provider had systems in place to protect people from avoidable harm and abuse.
- There was a clear vision to provide a safe, personalised, high quality service.
- Policies provided clear guidance to clinical staff such as the medicines management and the prescribing policy.
- All staff we spoke to felt valued by the leaders and said there was a high level of staff support and engagement.
- Patients could access care and treatment from the service within an appropriate timescale for their needs.
- The service had a comprehensive business development strategy that effectively monitored the service provided to assure safety and patient satisfaction.
- We saw evidence that the provider was engaged with organisations in relation to furthering the understanding and developing this area of medicine.

The areas where the provider should make improvements are:

- Establish systems to ensure that copies are retained of all communication sent to other healthcare providers by post, such as GPs.

Overall summary

- Review the notes that are kept for meetings where prescribing decisions are made so that they reflect all the key staff that attended.

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 a CQC specialist adviser and two members of the CQC medicines team.

Background to Integro Medical Clinics Limited

Integro Medical Clinics Limited provides medical treatment for patients focused around the use of Cannabis-based products for medicinal use (CBPMs) by experienced medical staff working within the latest Governmental guidelines. The service is located at 23 Harley Street, London, W1G 9PF. The building entrance lobby is accessed via steps from the pavement. Wheelchair access is via a ramp at the front of the building. The service has access to consultation rooms and a waiting area for patients. However, most consultations take place online.

The usual opening hours are 9am to 5pm Monday to Friday. Patients can also book appointments for evenings and weekends. The medical team comprises of consultants who specialise in Psychiatry, Pain and Neurology. There are also nurses and administration staff. The service has a partnership with a pharmacy who provides a consultation service in relation to suitable patients and treatment options.

The service treats a range of conditions including pain, psychiatric conditions and neurological conditions.

How we inspected this service

We reviewed information sent to us by the provider remotely prior to attending the site to reduce the time spent on site. We spoke with the clinical director, consultants and administrative staff. We looked at records related to patient assessments and the provision of care and treatment. We also reviewed documentation related to the management of the service. We reviewed patient feedback provided to a third party.

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

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

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

Are services safe?

We rated safe as Good because:

Safety systems and processes

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

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

Risks to patients

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

- The provider told us that most consultations were being carried out online. The doctors told us they conducted consultations in private in order to maintain patient confidentiality. All consultants used encrypted and password secure laptops and followed the providers remote consultations protocol.
- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for all staff tailored to their role. This included all clinicians having to attend a minimum of two Multidisciplinary (MDT) team meetings, a systems induction and complete mandatory training before carrying out a consultation.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. For example, the consultants told us they would call 999 during a consultation if needed or for acutely unwell patients, they would signpost them to A&E and inform local mental health team and/or GP if concerned.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place. All consultants had to provide evidence of insurance before they were onboarded.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

Are services safe?

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance, if they ceased trading.

Safe and appropriate use of medicines

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

- Clinicians were responsible for keeping their own prescription stationery securely and monitored its use.
- The service carried out patient records and prescribing audits to ensure safe prescribing was taking place.
- The service only prescribed Cannabis-based products for medicinal use (CBPMs) which is a controlled drug (medicines that have the highest level of control due to their risk of misuse and dependence). Clinicians prescribed cannabis-based medicines to patients and gave advice on how to take them in line with legal requirements and current national guidance. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety, which was recorded in the patient's records.
- Cannabis based medicines are currently unlicensed medicines. 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. Therefore, they must be prescribed and supplied in line with the Medicines and Healthcare products Regulatory Agency (MHRA) guidance for the prescribing and supply of unlicensed medicines.
- They had effective protocols for verifying the identity of patients.

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.
- The service had only had 1 incident to date and we noted this was discussed in a Directors meeting and also at a full staff meeting. There were adequate systems for reviewing and investigating when things went wrong.
- 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.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

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

- Cannabis-based products for medicinal use (CBPMs) was legalised in the UK on 1 November 2018, but the regulations around its use and supply remain strict. We noted the provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Clinicians obtained enough information from the patients and their NHS GP to confirm a diagnosis and treatment history prior to carrying out a consultation. Before patients were prescribed a CBPM, the provider would have to be satisfied that they had an 'unmet clinical need' and that patients would have to have tried at least two different treatments for their condition prior to being accepted by the clinic. We saw that the clinic operated a regular MDT, and that all patients had been reviewed before prescribing was started. The appropriate functioning of a multidisciplinary team (MDT) is important for clinics prescribing CBPMs, to ensure safe and effective care for patients. However, we found some records indicated that the MDT did not always have clinicians of the relevant speciality to support appropriate peer review. The service told us that a psychologist would have been present to provide support, but the records did not always show this.
- We saw no evidence of discrimination when making care and treatment decisions.
- One months supply of medication was prescribed and patients had to attend follow up consultations to obtain repeat prescriptions.

Monitoring care and treatment

The service engaged in some quality improvement activity.

- The service used information about care and treatment to make improvements. The provider carried out bi-annual quality systems audits, monthly consultations and treatment pathway audits and monthly clinical record keeping audits.
- The provider had also carried out an audit to ensure that patients were aware of the driving rules when taking CBPMs. They carried out random sampling at patients' reviews, of their understanding of the rules. They found approximately 20% of patients had not read the patient guide and could not remember specifics of the law. A separate driving information sheet was created and given to all staff members to email to patients on request. The re-audit carried out two months later found all the patients that were sampled were clear about the driving rules.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and the Nursing and Midwife Council (NMC) and were up to date with revalidation.

Are services effective?

- We saw that all staff had completed generic mandatory training such as GDPR, Basic Life Support and Diversity & Equality.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to and communicated effectively with patients NHS GPs. For example, patients could not undertake a consultation until the provider had received their relevant medical records.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medication history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. We saw logs of letters sent to their registered GP in line with GMC guidance. However, the provider told us that paper letters were sent to the GP and other relevant healthcare providers by post. The service kept a record that these letters were sent, but did not keep a copy of the letter for their own records.
- The service monitored the process for seeking consent appropriately. All patients had to give consent for the provider to contact their NHS GP to obtain their medical history and diagnosis and share with them information about their prescription before they were given a consultation. If this consent was not given or was withdrawn at any time the patient would not be eligible for consultation or treatment. All patients were made aware of this when they first contacted the clinic.

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.

- Where appropriate, staff gave people advice so they could self-care. We were told clinicians would have conversations with patients about healthy lifestyles and diet.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. Patients and their GPs were made aware of the dangers of not using the CBPMs in the manner prescribed and the legal consequences.
- 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.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. All patients were sent feedback questionnaires after all consultations. All the feedback we reviewed including on social media, was positive.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. All staff had completed Equality and Diversity training.
- 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 or carers appropriately involved.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. All consultants followed protocols about how a consultation should be conducted when they were not onsite.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. For example, they had received a number of enquiries in relation to driving and employment whilst prescribed CBPM's and had therefore put together information sheets for their patients in relation to these concerns.
- The facilities and premises were appropriate for the services delivered. Although most consultations took place virtually.

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 and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. For example, where the provider had identified safeguarding concerns, they had made immediate appropriate referrals to other support services.

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. We noted the provider took all complaints, including informal feedback seriously. 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 a complaint policy and procedures in place. The service learned lessons from individual complaints. They had only received four complaints in the last twelve months and we noted they had been responded to appropriately and in line with their complaints policy. The provider also reviewed and updated information given to patients at onboarding stage in relation to access to medication and repeat prescribing. They had also implemented additional staff support for dealing with challenging patients.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. Since our last inspection the provider had employed a new clinical director with experience of this clinical area.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes in place to assess the competencies of all staff they employed in order to plan appropriate training and development.

Vision and strategy

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

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

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with appraisals and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary. Although all the doctors who worked for the service had GMC appraisal, the provider also carried out internal annual doctors appraisals.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between management staff and teams.

Governance arrangements

There were some systems of accountability to support good governance and management.

Are services well-led?

- 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 policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Audits 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 information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The service submitted data or notifications to external organisations as required.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and prescribing. Leaders had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

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

- 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. They had produced a patient information guides based on feedback.
- Staff could describe to us the systems in place to give feedback. They told us they had weekly meetings where they were invited to give feedback and could also provide feedback anonymously.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

Are services well-led?

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

- There was a focus on continuous learning and improvement. All doctors had to complete identified training modules following their induction and on a regular basis.
- The provider was working in partnership with one of their suppliers and had set up a scheme which aims to reduce the barrier to entry for prescribed CBPM's for patients on low-income or disability benefits as well as veterans.
- The medical director attends an annual cannabis conference and was a member of Medical cannabis clinician's society in order to keep up to date with developments in relation to this field of medicine.
- We saw evidence that the provider was engaged with policy makers in relation to furthering the understanding and developing this area of medicine.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.