

The Wilbraham Practice

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 inspection at The Wilbraham Practice on 14 & 20 July 2022. Overall, the practice is rated as Good.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at The Wilbraham Practice as part of our inspection programme. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The Operations Manager 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.

The Wilbraham Practice provides private medical services in the Royal Borough of Kensington and Chelsea and online. They offer treatments that include Cannabis-based products for medicinal use (CBPMs) which are prescribed by experienced medical staff working within the latest Governmental guidelines.

Our key findings were:

- The service routinely reviewed the effectiveness and appropriateness of the care it provided. They ensured that 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.
- 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 business development strategy that effectively monitored the service provided to assure safety and patient satisfaction.
- The clinic was involved in a number of research projects to evidence the effectiveness and tolerability of CBPMs in patients with serious illnesses.
- We saw evidence that the provider was engaged with other global clinics in relation to furthering the understanding and developing this area of medicine.

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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 who was accompanied by a member of the CQC medicines team, another inspector and a specialist adviser.

Background to The Wilbraham Practice

Zerenia Clinic who are based at The Wilbraham Practice 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. Patients must have exhausted existing treatment options and have conditions where medical cannabis has been proven to deliver a significant therapeutic benefit. The provider is registered with the Care Quality Commission to carry on the regulated activities of Treatment of Disease, Disorder or Injury and Diagnostic and Screening Procedures.

The service is located at 9a Wilbraham Place, London, SW1X 9AE. 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, at the time our inspection most consultations were taking place online.

The opening hours are 9am to 5.30pm Monday to Friday. Patients can also book appointments for Saturday mornings on occasions. The medical team comprises of consultants who specialise in Psychiatry and Chronic Pain, an Operations Manager and three administrators.

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 in line with our Covid-19 inspecting guidance. We spoke with the clinical director, registered manager, two 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 provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check. 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 the Covid pandemic. The landlords had carried out Legionella testing and were following the identified actions.

Risks to patients

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

- At the time of our inspection consultations were being carried out online. The doctors told us they conducted consultations in private in order to maintain patient confidentiality. All consultants used an 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.
- 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 or who were in crisis. For example, all staff had completed suicide intervention training.
- There were appropriate indemnity arrangements in place .
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

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 in the event that they cease trading.

Safe and appropriate use of medicines

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

- The service kept 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 Schedule 2 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 administer 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.

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. For example, the service had implemented suicide intervention training following an incident where a patient had called the service and needed crisis intervention support.
- 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.

Are services safe?

- 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 their 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 on medicinal cannabis and drugs of dependence, Faculty of medicine pain standards and GMC guidance on prescribing and remote consultations.
- 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.
- We saw no evidence of discrimination when making care and treatment decisions.
- Once month's supply of medication was prescribed and patients had to attend follow up consultations to obtain repeat prescriptions.

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 provider carried out quarterly quality systems audits which included consultations notes, follow up notes, prescriptions/repeat prescriptions, referrals and consent forms.
- Patient outcome audits were completed every three months.
- They were in the process of developing a system for carrying out formal clinical audits. We noted they had started research looking at the clinical outcomes in relation to different CBPMs in the management of chronic pain.

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 Nursing and Midwifery Council (NMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. We saw that all staff had completed generic mandatory training such as information governance, awareness of mental health, duty of care and Diversity & Inclusion.
- 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. Staff referred to, and communicated effectively with, other services when appropriate. For example, patients could not undertake a consultation until the provider had received patients' medical reports from GPs.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered and had identified medical conditions that were not suitable for prescribing CBPMs.
- Patient information was shared appropriately with NHS GPs.
- 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.
- The service monitored the process for seeking consent appropriately.

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.
- 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 we saw the results of a recent patient survey demonstrated that 90% of patients were happy with the service received.
- 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. Patients were also told about multi-lingual staff who might be able to support them. 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 and carers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials and patient videos were available.

Privacy and Dignity

The service respected respect patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. All consultants followed protocols about how 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 started sending copies of the prescriptions that had been sent to the pharmacy to patients via email following consultation, as a result of feedback they had received.
- The facilities and premises were appropriate for the services delivered.

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 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. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, we noted that where they had identified a theme in relation to some consultations the issue was both discussed in their MDT and with individual staff.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities. Their vision was to become the most trusted CBPM clinic in the UK and a good place for staff to work.
- The service developed its vision, values and strategy jointly with staff and external partners. The clinic is part of a global organisation with a mission to develop new health care models treating patients around the world through a network of health centres applying the principles of integrative medicine.
- 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.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. All staff were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their areas of work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Are services well-led?

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. These were accessible to all staff through their intranet.
- 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. They followed the GMC guidance on prescribing and remote consultations.

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, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Quality improvement audits had an 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.

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.

Are services well-led?

- 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 ran quarterly patients focus groups and encouraged patients to feedback through a variety of ways including online review platforms.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The clinical director had identified training modules that all doctors had to complete during their induction and on an ongoing basis. Further, as they are part of an international group of clinics, they attend interactive lectures from consultants that have more experience of prescribing CBPMs.
- The clinic provided content for and contributed to a multi-specialist platform that provides medicinal cannabis education and continuing professional development from world-leading CBPM experts to a global audience. They have also been actively involved in the global scientific medicinal cannabis community and have taken part in panel discussions at international conferences.
- They are also working with their international partner clinics in assessing the effect of CBPMs on the symptoms of patients who have serious illnesses.
- There were systems to support improvement and innovation work. The provider was taking part in a research project which aimed to create the UK's largest body of evidence for the effectiveness and tolerability of medical cannabis. They had introduced the routine collection of global patient outcome data which was used to inform care and improve patient outcomes. They had also published research findings related to CBPM's effect on Chronic pain outcomes for patients. They were also taking part in research looking at the use of CBPMs with patients with personality disorders.
- The clinic hosted clinical fellows and interns to both gain clinical experience and also contribute to ongoing research projects.
- The clinic was also engaged in supporting charities which support patient groups relevant to the clinic. For example, they partnered with a charity supporting research into breast cancer.
- The provider bench marked their service against other providers in this field of work both national and internationally.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.