

QUANTUM CLINIC LIMITED

Quantum Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 2 August 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Quantum Clinic is an independent healthcare provider. The clinic provides a private service focusing on providing a nutritional, environmental and integrative medicine approach to adult patients with chronic health issues. The services are provided only to adult patients.

This service is registered with CQC under the Health and Social Care Act 2008 for two activities. These being, treatment of disease, disorder and injury along with diagnostic and screening procedures.

Dr Aryandokht Tavakkoli 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.

Eight people provided feedback about the service via the CQC comment cards, and the clinic had received ten online feedback forms which were seen, all of which were positive about the standard of care they received. The service was described as excellent and the care and dignity afforded to patients were commented on.

Summary of findings

Our key findings were:

- The practice was proactive in seeking patient feedback and identifying and solving concerns.
- The culture of the service encouraged candour, openness and honesty.
- Staff had the information they needed to provide safe care and treatment and shared information as appropriate with other services. However, shared information was not always documented within the patient notes.
- Staff maintained the necessary skills and competence to support the needs of patients.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

- Systems were in place to deal with medical emergencies and staff were trained in basic life support.
- Information about services and how to complain was available and easy to understand.
- The treatment room was well organised and equipped, with good light and ventilation.

We identified regulations that were not being met and the provider must:

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

You can see full details of the regulations not being met at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations.

We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

- Staff had the information they needed to provide safe care and treatment and shared information as appropriate with other services. However, shared information was not always documented within the patient notes.
- We found the equipment and premises were well maintained.
- The service had a good track record of safety and had a learning culture, using safety incidents as an opportunity for learning and improvement.

Are services effective?

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

- Patients were encouraged to be involved in monitoring and managing their health.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff used current information from within their field of medicine and kept abreast of guidelines from the National Institute for Health and Care Excellence, to assess health needs.
- Patients received a comprehensive assessment of their health needs which included their medical history.

Are services caring?

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

- We did not speak to patients directly on the day of the inspection. However, we reviewed completed comment cards and online feedback forms. This showed that patients were happy with the care and treatment they had received.
- The service treated patients courteously and ensured that their dignity was respected.
- The service involved patients fully in decisions about their care and provided reports detailing the outcome of their health assessment.
- Information to patients was available in relation to the different levels of health checks available which included the cost, prior to the appointment.

Are services responsive to people's needs?

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

- The service proactively asked for patient feedback and identified and resolved any concerns.
- There was an accessible complaints system available to patients though the provider had not received any complaints in the previous year.
- The clinic had good facilities and was well equipped to meet the needs of the patient.

Summary of findings

- The clinic was able to accommodate patients with a disability or impaired mobility. All patients were seen on the ground floor.
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Are services well-led?

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

- The provider had a clear vision and strategy for the service and the service leader had the knowledge, experience and skills to deliver high quality care and treatment.
 - The service had a range of policies and systems and processes in place to identify and manage risks which supported good governance. However, it was seen that there was an issue maintaining contemporaneous care records.
 - The culture within the clinic was open and transparent.
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Quantum Clinic

Detailed findings

Background to this inspection

Quantum Clinic is a private practice service based in Lewes, East Sussex. The registered provider is Quantum Clinic Ltd.

The address of the service is:

27 South Street

East Hoathly

Lewes

East Sussex

BN8 6DS

The service is run from rooms on the ground floor of a house which is owned by the provider.

The service provides a range of services including consultations that encompass functional medicine that would run alongside any standard allopathic medicine approaches. Functional medicine is the practice of medicine that attempts to identify the root cause of the patient's problem taking account of factors such as environmental exposures, lifestyle factors and biochemical imbalances.

The surgery times are 9am to 4pm Tuesday to Friday. However, at the time of inspection the clinic was not open on Tuesdays but this was a temporary issue.

The service consists of a medical director. The clinic had previously employed other staff and were expecting to do so in the future.

The inspection on 2 August 2018 was led by a CQC inspector who was accompanied by a GP specialist advisor.

Information was gathered from the provider and reviewed before the inspection.

During our visit we:

Spoke with the medical director.

Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Looked at information the practice used to deliver care and treatment plans.

Reviewed documents relating to the service.

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?

Our findings

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

The clinic conducted safety risk assessments. It had a range of safety policies which were regularly reviewed. Previous staff had received safety information as part of their induction. The clinic had systems to safeguard vulnerable adults from abuse. They outlined clearly who to go to for further guidance. The medical director oversaw safeguarding. The provider had carried out staff checks on recruitment. Disclosure and Barring Service (DBS) checks were undertaken for all staff seeing clients. (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).

Risks to patients

The clinic had arrangements in place to respond to emergencies and major incidents. Training had been completed in emergency resuscitation and life support which was updated yearly.

The clinic had suitable emergency resuscitation equipment including a defibrillator and oxygen. The clinic held no medicines on site and this had been risk-assessed for the patients seen who would be unlikely to become acutely unwell during a clinic visit. Records completed showed regular checks were done to ensure the equipment was safe to use.

The clinic had up to date fire risk assessments. All electrical equipment was checked to ensure that equipment was safe to use and clinical equipment was checked to ensure it was working properly.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients. Records were not always written and managed in a way that kept patients safe. The practice

had systems for sharing information with other agencies to enable them to deliver safe care and treatment and referral letters included all the necessary information. However, the information shared with other providers was not entered into the patient notes but kept as separate emails. For example, on one occasion, the provider contacted a patient following an alert in relation to melatonin and whilst the information was shared appropriately it was not always documented within the patient's notes.

Assessments were recorded on the clinic's electronic system. We found the electronic patient record system was only accessible for staff with delegated authority which protected patient confidentiality. There was an off-site record back up system.

Safe and appropriate use of medicines

The service did not keep any medicines on the premises. The clinic did provide vitamin and other supplements from their premises and undertook monthly stock checks to ensure only those in date were supplied. The clinic did not prescribe any prescription only supplements.

Track record on safety

The clinic had a good safety record. There were comprehensive risk assessments in relation to safety issues. The clinic monitored and reviewed activity on a regular basis. There was a system for receiving, reviewing and actioning safety alerts from external organisations such as the Medicines and Healthcare Products Regulatory Agency (MHRA).

Lessons learned and improvements made

There was a system in place for reporting and recording significant events. Significant events would be recorded on the clinic's computer system. The provider had not had any significant events within the last year. There was a system for receiving and acting on safety alerts.

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. There was use of journals to keep the medical director updated but it was noted that there was no formal journal or guidance from the functional medicine organisation. There was a monthly functional medicine practitioners group which the medical director used to discuss clinical management with peers. Patients' needs were comprehensively assessed and options for management of their condition discussed. We saw no evidence of discrimination when making care and treatment decisions and patients were advised what to do if their condition got worse and where to seek further help and support.

Monitoring care and treatment

The provider had undertaken quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. There was an audit seen of twenty case reviews which were thorough. Long term outcomes had not been reviewed due to the clinic being operational for approximately twelve months.

Effective staffing

The service had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

The service could demonstrate how they ensured role-specific training and updating for relevant staff. It was seen that this had been used appropriately when staff had been employed. However, at the time of the inspection the clinic was being operated solely by the medical director.

Training had been undertaken that included: safeguarding, fire safety awareness, basic life support, information governance, dementia, equality and diversity, control of substances hazardous to health and infection control. Staff had access to and made use of e-learning training modules.

Coordinating patient care and information sharing

The clinic shared relevant information with the patient's permission with other services. For example, when referring patients to secondary health care or informing the patient's own GP of any concerns.

Supporting patients to live healthier lives

The aims and objectives of the service were to support patients to live healthier lives. This was done through a process of assessment and screening and the provision of individually tailored advice and support to assist patients. Each patient was provided with a detailed report covering the findings of their assessments and recommendations for how to reduce the risk of ill health and improve their health through healthy lifestyle choices and nutritional supplementation.

Consent to care and treatment

We found patients consented to care and treatment in line with legislation and guidance. The clinic understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We saw the clinic obtained consent for sharing information with outside agencies such as the patient's GP. Information about fees was transparent and available online. The process for seeking consent was demonstrated through records. We saw consent was recorded in the patient record system. This showed the clinic met its responsibilities within legislation and followed relevant national guidance.

Are services caring?

Our findings

Kindness, respect and compassion

During our inspection we did not observe patient interactions as the clinic was led by a sole medical director. Chaperones were available on request in advance.

Eight people provided feedback about the service via comment cards, and ten online feedback forms were seen, all of which were positive about the standard of care they received. The service was described as excellent, professional, informative and caring. It was stated that patients felt they had been treated with dignity and respect.

Involvement in decisions about care and treatment

The service ensured that patients were provided with all the information, including costs, they required to make decisions about their treatment prior to treatment commencing. Any referrals to other services, including to their own GP, were discussed with patients and their consent was sought to refer them on. Training in equality, diversity and inclusion had been undertaken.

Privacy and Dignity

The importance of patients' dignity and respect was recognised and the practice complied with the Data Protection Act 1998. All confidential information was stored securely on computers. Assessment room doors were closed and we noted that conversations taking place could not be overheard. The clinic had fitted soundproofing to the consultation room to ensure privacy.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs. It took account of patient needs and preferences. The provider understood the needs of its patients and tailored services in response to those needs. The facilities and premises were appropriate for the services delivered.

Timely access to the service

Patients could access care and treatment from the service within an acceptable 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. Appointments could be made over the telephone, email or face to face.

Listening and learning from concerns and complaints

The practice 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. The complaint policy and procedures were in line with recognised guidance. No complaints were received in the last year.

Are services well-led?

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

Our findings

Leadership capacity and capability;

There was the capacity and skills to deliver high-quality, sustainable care.

The experience, capacity and skills to deliver the provider's strategy and address risks to it was held. They were knowledgeable about issues and priorities relating to the quality and future of services. The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The provider 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 provider had a realistic strategy and supporting business plans to achieve priorities.

Culture

The culture of the service encouraged candour, openness and honesty. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

There were processes for providing staff with the development needed. These had included appraisal and career development conversations when the provider had employed other staff. It was seen that regular appraisals had been received. Support to meet the requirements of professional revalidation was in place.

Governance arrangements

There was a clear responsibility in the roles and systems of accountability to support good governance and management. The service had structures, processes and systems to support good governance and management were clearly set out, understood and effective and assured themselves that they were operating as intended.

The clinic had a number of policies and procedures in place to govern activity and these would be available to staff. All the policies and procedures we saw had been reviewed and reflected current good practice guidance. Systems were in place for monitoring the quality of the service and making improvements. This included carrying out risk assessments and quality checks and actively seeking feedback from patients.

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 medical director had oversight of MHRA alerts, incidents, and complaints should they arise.

Appropriate and accurate information

The practice acted on appropriate and accurate information. There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service encouraged and valued feedback from patients, the public and staff. Any feedback was constantly monitored and action was taken if this indicated that the quality of the service could be improved. The clinic had also gathered feedback from staff through staff appraisals and discussion.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation. There was a focus on learning and improvement within the practice. The medical director had encouraged staff, when these had been in place, to take time out to review individual objectives, processes and performance.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular: information shared with other care providers was not documented within the patient care records.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>