

Dr Sharma Diagnostics Limited

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Inspection report

The Basement Clinic
10A Upper Wimpole Street
London
W1G 6LL

Tel: 01202 744 4747

Website: www.drsharmadiagnostics.com

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Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Dr Sharma Diagnostics Ltd as part of our inspection programme.

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.

Dr Sharma Diagnostics Ltd is an independent health service based in Central London, where services provided

Summary of findings

include homeopathy and complimentary medicine. Examples of the types of disorders the service treats are chronic fatigue, hormone imbalance, hypothyroidism and vitamin D deficiency.

Our key findings were:

- There was evidence in place to support that the service carried out care and treatment in line with relevant guidance.
- There was a system for the doctor to keep up-to-date with new guidance and patient safety alerts.
- The information needed to plan and deliver care and treatment was available in a timely and accessible way.
- The service had systems to update external bodies such as GPs and consultants of care and treatment being provided to their patients.
- Systems were in place to protect personal information about patients.
- The doctor understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- All staff were aware of their roles and responsibilities including in relation to safeguarding.
- Annual risk assessments were carried out including in relation to health and safety.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Dr Sharma Diagnostics Ltd

Detailed findings

Background to this inspection

Dr Sharma Diagnostics Ltd operates under the provider Dr Sharma Diagnostics Limited. The provider is registered with the Care Quality Commission to carry on the regulated activity of treatment of disease, disorder or injury. The location site address that we visited as a part of our inspection is The Basement Clinic, 10A Upper Wimpole Street London W1G 6LL, where the provider rented a room from the nursing service.

Dr Rajendra Sharma 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. This service is made up of one doctor, a manager and a receptionist.

The service is open on Tuesdays between 1.30pm and 5pm and Wednesdays between 9am and 5pm, where the doctor carries out nine sessions per month. Services provided are homeopathy and complimentary medicine. Examples of the types of disorders the service treats are chronic fatigue, hormone imbalance, hypothyroidism and vitamin D deficiency.

The service has approximately 1000 active patients and takes on between 100 to 150 new patients each year. The service refers patients to the NHS or private services including those outside of the UK where necessary.

Prior to the inspection we reviewed information requested from the provider about the service they were providing. The inspection was undertaken on 4 June 2019. During the inspection we spoke with the doctor, viewed a sample of key policies and procedures, viewed patient records and made observations of the environment and infection control measures.

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

We rated safe as Good because:

Safety systems and processes

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

- The service had multiple risk assessments which were carried out annually on their behalf by an external agency, which the service adopted and made changes when required. The service did not consult with persons aged below 18 years and there were systems to safeguard vulnerable adults from abuse.
- Policies were regularly reviewed and were accessible to relevant staff members, policies included the contact details for external bodies where necessary such as the contact details for social services or the local safeguarding lead to be used if there was a safeguarding concern.
- The service manager was in charge of carrying out staff checks; the service did not use locums and had one reception staff member who had all the relevant checks carried out. The reception staff member did not have a Disclosure and Barring Service (DBS) check undertaken, but a risk assessment was carried out stating that this staff member would have no contact with any patients or patient records. 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 members had received up-to-date training appropriate to their roles. For example, all staff had completed information governance training and the doctor and service manager had completed safeguarding adults training.
- If a chaperone was required the doctor used nursing staff who operated in the same building, all of whom had a DBS check. There were posters advertising that this service was available in the patient waiting area.
- The infection control systems were managed by the nursing service. We saw that the doctors' room was clean and tidy.

- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- During our visit we saw the service had access to a defibrillator and oxygen and there were emergency medicines on site, however it was explained that due to the nature of the service and treatments provided it was very unlikely that these would be needed.
- The doctor had received annual basic life support training; this was not required by any other staff members as they did not have any contact with the public, this decision was risk assessed.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

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. There was a failsafe system to prevent records from being edited after three weeks of the initial entry.
- 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

Are services safe?

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

- Medicines used by the doctor were limited to emergency medicines and there were no vaccines or refrigerated medicines. The service kept prescription stationery securely and monitored its use.
- The doctor did not administer any medicines and prescribed medicines on average twice a week, which we saw was in line with current national guidance.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues, including fire safety, trips and falls, and the Control of Substances Hazardous to Health (COSHH).
- 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. The doctor understood his duty to raise concerns and report incidents and near misses, and would be supported by the manager to do so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned lessons and took action to improve safety in relation to this. There had been one significant event in the last 12 months, where a compound was added to the wrong patient record. As a result of this the doctor never has more than one patient record open at any one time.
- The provider was aware of and had systems to comply with the requirements of Duty of Candour.
- The service received external safety and medicines alerts, but due to the nature of the service none had been relevant.

Are services effective?

(for example, treatment is effective)

Our findings

Our findings

We rated effective as Good because:

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- The doctor reminded patients of the remit of the service and where to seek further help and support.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

The service had carried out an audit looking at the testing of oestrogen dominance through salivary hormone analysis. Forty three patients completed the test which found 62% had positive results below the reference range, 35% had positive results with normal progesterone levels, 46% had progesterone levels below the reference range and 86% had low oestrogen dominance. This indicated that the services assessment of those who may have oestrogen dominance reached 86% support of diagnosis and that testing for low progesterone levels would not appear to be an effective method of assessing oestrogen dominance.

The service also monitored its prescribing of conventional medicines like vitamin B12.

Effective staffing

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

- The service understood the learning needs of staff and provided protected time and training to meet them.
- Staff had access to an online training suite.
- The practice used an external service which would help with any human resources issues.
- The doctor had completed his revalidation, took part in the annual appraisal process and had a responsible officer. The doctor was also a part of two external peer support groups.

Coordinating patient care and information sharing

The doctor 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, other services when appropriate.
- 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 were told about 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 when the doctor felt that the sharing of information was necessary.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

Consent to care and treatment

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

- The doctor understood the requirements of legislation and guidance when considering consent and decision making.
- Consent to care and treatment was appropriately documented in patients records and this included consent to share information with next of kin and external services such as the patients GP.

Are services caring?

Our findings

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- On the day of inspection, we observed the consulting room to be spacious and clean, we were told that the consultant room would be kept closed during patient consultations to aide confidentiality unless the patient preferred the room door to be kept open.
- The doctor understood patients' personal, cultural, social and religious needs. He 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

The doctor 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.
- The doctor communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- The service complied with the Data Protection Act 1998 and staff had received training in information governance.
- Chaperone posters were displayed in the waiting area as was also discussed at the point of registration.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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 facilities and premises were appropriate for the services delivered.
- Patients were able to access information about the service through a variety of sources including a website and leaflets.
- Health assessments were personalised to reflect individual patients' needs.

Timely access to the service

The service was open on Tuesdays between 1.30pm and 5pm and Wednesdays between 9am and 5pm, where the doctor carried out nine sessions per month. Services provided were homeopathy and complimentary medicine. Examples of the types of disorders the service treated were chronic fatigue, hormone imbalance, hypothyroidism and vitamin D deficiency.

- Patients had timely access to initial assessment, test results and ongoing treatment.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- The doctor made use of telephone consultations for follow up appointments where appropriate.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

The service took/did not take complaints and concerns seriously and responded/did not respond 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 had a complaints procedure, which it followed and included acknowledging the complaint within three working days and provided a formal response within seven working days. We saw that this procedure was followed. There had been six informal complaints in the last 12 months, which had all been handled appropriately.
- 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. There was an external body that was able to handle patient complaints if patients were uncomfortable logging their complaint directly with the doctor.

Are services well-led?

Good 

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

Our findings

We rated well-led as Good because:

Leadership capacity and capability;

This service was led by the only doctor who had overall responsibility for the service and was supported by a service manager who led on human resources, policies and procedures and complaints. The service also had a reception staff member whose sole responsibility was booking appointments and had no contact with patients. The doctor and service manager regularly met to discuss the service and any required changes for example as a result of a risk assessment or building move.

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 to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. This included provided honest holistic care to patients.
- The provider had plans to work alongside an external organisation to carry out research to improve and support the services being carried out.

Culture

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

There was a positive and professional working culture at the service. We were told that staff would be supported to raise concerns and suggestions in how to improve the service. The provider was aware of and had systems to ensure compliance with the duty of candour.

Governance arrangements

There were/ was no clear responsibilities, roles and systems of accountability to support good governance and management.

- Due to there being only three members of staff there was a simple staffing structure and all members of staff knew and understood their roles and responsibilities including in respect of safeguarding.
- Structures, processes and systems to support good governance and management were effective.
- Service leaders had established policies and procedures and were acutely aware of the regulations they should follow and were all signed by the doctor.

Managing risks, issues and performance

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

- Comprehensive annual risk assessments including health and safety risk assessments were completed annually by an external agency.
- There were processes in place to manage current and future performance.
- The doctor was a part of two external peer support groups which ensured that he was not operating in silo of his peers in the same field and he was able to seek advice on complex cases.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- All potential patients had to complete a comprehensive registration form which took into account their whole medical history including any medicines they were taking. This form was analysed by the doctor before their initial registration appointment.
- The doctor had communicated where appropriate with other health care professionals involved in patients' care to ensure that he was acting on up to date accurate information.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, record and data management systems.

Are services well-led?

Good 

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

Engagement with patients, the public, staff and external partners

- The doctor carried out an annual survey of patient satisfaction with services which consistently scored 100% satisfaction.
- The service had systems to enable patients and external partners such as GPs and consultants to feedback about the service.

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 service made use of internal and external reviews of incidents and complaints. Learning was used to make improvements.
- The service had established external links with a range of specialists for testing that could only be carried out abroad and also for patients living abroad.