

# The Medical Cannabis Clinic

## Inspection report

10 Harley Street  
London  
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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?	Requires Improvement	

# Overall summary

## **We carried out an announced comprehensive inspection at The Medical Cannabis Clinic as part of our inspection programme.**

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? – Requires improvement

We carried out this announced first comprehensive inspection of The Medical Cannabis Clinic under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions and to follow up on breaches of regulation we identified in a compliance review in August 2020 following the receipt of information of concern. At that compliance review we found they were not operating effective systems or processes to ensure compliance with the requirements of the regulations as they were failing to assess, monitor and mitigate risks related to the quality and safety of the service, in particular:

- We found that the systems for carrying out multidisciplinary team meetings (MDT) were not effective.
- We found that the provider was failing to keep contemporaneous records in respect of each patient, including a record of the care and treatment provided and of decisions taken in relation to the care and treatment provided.
- Several policies we reviewed, were not service specific.
- The prescribing of cannabis-based products for medicinal use (CBPMs) was not in accordance with NICE guidance and the evidence base relied on for prescribing outside of these guidelines was not set out in your policies
- The systems in place for maintaining oversight of clinician's training was ineffective.

We served a Warning Notice on the provider.

This inspection on 5,10 & 13 May 2021 found improvements had been made.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations

The Medical Cannabis Clinic provides medical treatment for patients focused around the use of CBPMs by experienced medical staff working within the government guidelines.

At the time of our inspection the provider was in the process of recruiting a registered manager and the head of operations was undertaking these duties. 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.

# Overall summary

We did not speak directly with patients during the inspection.

## Our key findings were:

- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It 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.
- Some policies did not provide clear guidance to clinical staff such as the medicines management and the prescribing policy.
- There was no formal recruitment and selection process for clinical staff and no skills assessment process for managerial staff.
- 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 comprehensive business development strategy that effectively monitored the service provided to assure safety and patient satisfaction.
- There was a commitment and appetite to work with external partners to share learning and make the service as accessible as possible.
- Feedback about the practice was positive from patients

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

## **Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC specialist adviser and a member of the CQC medicines team.

## Background to The Medical Cannabis Clinic

The MC Clinic Ltd provides medical treatment for patients focused around the use of cannabis-based products for medicinal use (CBPMs) by experienced medical staff working within government guidelines. The service is located at 10 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 two consultation rooms and a waiting area for patients. However, at the time our inspection most consultations were taking place online due to Covid – 19.

The opening hours are 9am to 6pm with patients' appointments between 9.30am and 5pm. 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 a managing director, head of operations, clinic nurse advisor and nine patient services coordinators.

The service treats a range of conditions including pain, psychiatric conditions, neurological conditions, gastroenterological, cancer and palliative care.

### **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 managing director, clinical director, registered manager, head of operations 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.
- At the time of our inspection the provider was not treating children. However, they planned to start doing so once they had recruited paediatric clinicians, therefore they had systems in place to assure that an adult accompanying a child had parental authority.
- 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 safeguarding and safety training appropriate to their role. All staff were trained to level 3. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- 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. 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, due to the Pandemic, 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, password secure laptop to log into the operating system, which was a secure programme.
- 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.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. For example, we saw two occasions where consultants had stopped the consultation to ask for psychiatric assessments before any treatment would be considered.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place

### Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. 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.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## 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 regular 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 patients 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. Additional written information to guide the patient when and how to use these medicines safely was supplied with the medicine.
- They had effective protocols for verifying the identity of patients including children.

## 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, we saw they had put a hold on some prescriptions where safeguarding concerns had been brought to their attention.
- 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.

# 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 including sessional and agency staff.

# Are services effective?

## **We rated effective as Good because:**

In August 2020 we served a Warning Notice on the provider as we found:

- The provider was failing to keep contemporaneous records in respect of each patient, including a record of the care and treatment provided and of decisions taken in relation to the care and treatment provided.
- The systems in place for maintaining oversight of clinician's training was ineffective.

At this inspection we found these issues had improved, the provider is therefore rated as Good for providing effective services.

## **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 the Medical Cannabis Clinicians Society and National Institute for Health and Care Excellence (NICE) best practice guidelines. We noted all patient records that we reviewed contained clear information about the care and treatment provided including the rationale.
- 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.
- Individual consultants would recommend specific medication, however patients would only receive their prescriptions once the patients had been discussed at the twice weekly MDT meetings attended by all consultants.
- We saw no evidence of discrimination when making care and treatment decisions.
- 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 service carried out quarterly medical records audits and monthly patient's outcome reports. The patient outcomes report was based on information gathered during follow up appointments and noted whether patients were either feeling 'better', 'the same' or 'worse'. The clinic found that on a monthly basis the majority of patients reported feeling better. For example, one month's data that we saw showed that of 232 follow up appointments carried out 194 patients reported feeling better, 30 felt the same and 6 felt worse. The clinic would then discuss different options with patients in the latter two categories.
- The service had only been operating for just over a year and had not developed a system for carrying out clinical audits.

## **Effective staffing**

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

# Are services effective?

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. However, we found it was not always effective, as there was no formal process in place for recruiting, inducting and developing doctors. Further, there was no evidence to show the provider had assessed and understood the learning needs of their clinicians and management staff at the time of recruitment and there was no probationary period for clinicians.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and the Nursing Midwifery Council (NMC) and were up to date with revalidation
- We saw that all staff had completed generic mandatory training such as Safeguarding, Health and Safety, GDPR and Mental Capacity Act. Clinicians were required to provide copies of training certificates to confirm they were up to date with the training.

## **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 a 'summary of care' 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 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 evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, mental health services.
- The service monitored the process for seeking consent appropriately. They carried out monthly audits to ensure patients had not be given an appointment for consultation until consent had been given to obtain a medical diagnosis and history form the patients NHS GP.

## **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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, 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.
- Feedback from patients was positive about the way staff treated people.
- 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. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats. These were emailed to patients to help them be involved in decisions about their care.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff 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.

# 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 reviewed their staff specialisms and were increasing their clinicians' team in response patients' enquiries.
- The facilities and premises were appropriate for the services delivered. At the time of our inspection most consultations took place online. Patients could book and pay for consultations and follow up appointments through their website 24 hours a day, seven days a week.

## **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. We noted that there were occasions when there was a delay in patients receiving their medication which was due to external factors such as lack of availability at the pharmacy.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- We saw that patients feedback obtained by the provider where patients had stated 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 what they called 'informal grumbles', seriously. For example they had noted that a number of patients had mentioned not being happy about the price of the medication and/or not being happy about having to have a follow up appointment before receiving their prescription. 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 concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, they were in the process of reviewing information on their website to ensure people were fully aware of the possible delays in relation to supplying medication.

# Are services well-led?

## **We rated well-led as Requires improvement because:**

In August 2020 we served a Warning Notice on the provider as we found:

- The prescribing of CBPMs was not in accordance with NICE guidance and the evidence base relied on for prescribing outside of these guidelines was not set out in the providers policies
- Several policies we reviewed, were not service specific.
- The systems for carrying out multidisciplinary team meetings (MDT) were not effective.

At this inspection we found these issues had improved. However, we found further improvements needed to be made to their Medicines Management policy and the Prescribing policy as there was no mention of how consent was obtained, what information is given to patients about unlicensed drug use, how the provider would manage any misuse of drugs, what is defined as unmet clinical need, additional considerations for remote prescribing or how patients received prescriptions.

Further, the provider did not have effective processes in place to recruit and assess the competencies of all staff they employed in order to plan appropriate training and development.

The provider is therefore rated as Requires Improvement for providing well-led services.

## **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 did not have 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.

# Are services well-led?

- 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.
- 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 staff and teams.

## Governance arrangements

### **There were some 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 policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However, we looked at a selection of policies and found that the Medicines Management policy and the Prescribing policy needed to be reviewed as there was no mention of how consent was obtained, what information is given to patients about unlicensed drug use, how the provider would manage any misuse of drugs, what is defined as unmet clinical need, additional considerations for remote prescribing or how patients received prescriptions.

## Managing risks, issues and performance

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

- The provider held twice weekly MDT meetings where all proposed treatment was discussed and agreed. This meeting was attended by all consultants. Meeting notes were produced and circulated to any consultant who could not attend to ensure consistent learning.
- The service used performance information which was reported and monitored.
- 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.
- 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.
- The provider had not completed any clinical audits, however there was clear evidence of action to change services to improve quality as they completed monthly patient outcome audits and investigated and made changes where patients were either feeling the same or worse.
- The provider had plans in place and had trained staff for major incidents.

# Are services well-led?

## 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. For example, the provider was in the process of implementing a quarterly patient survey and were members of a website that allowed patients to give feedback on their service and we noted that out of 165 reviews given 73% rated them as excellent. The provider also responded to all the negative comments they received.
- Staff could describe to us the systems in place to give feedback. They told us they had daily and 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

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

- There was a focus on continuous learning and improvement. Following visits to other countries to research how they were developing this field of medicine, the provider had developed a CPD accredited course for clinicians, in conjunction with The Academy of Medical Cannabis. They had also been involved in organising a 'Women in cannabis' event for women's day.
- 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.

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.

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
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Regulation 17 HSCA (RA) Regulations 2014 Good Governance</b></p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• Some policies did not provide clear guidance to clinical staff such as the medicines management and the prescribing policy in relation to how consent is obtained and what information is given to patients about unlicensed drug use.</li><li>• There was no formal recruitment and selection process for clinical staff and no skills assessment process for managerial staff.</li><li>• The provider did not have a formal system for carrying out clinical audits and quality improvement</li><li>• Patients were not provided with clear information about external factors that may delay receipt of their medication</li></ul> <p><b>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>