

Mamedica

Inspection report

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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

This service is rated as Good overall. This is the providers first inspection.

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 comprehensive inspection of Mamedica 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.

Mamedica is a private clinic that provides medical treatment for patients focused around the use of Cannabis-based products for medicinal (CBPMs) use, which are prescribed by experienced medical staff working within the latest Governmental guidelines

The Practice and Business 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.

Our key findings were :

- 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 monitored the service provided to assure safety and patient satisfaction.
- There were systems to support improvement and innovation work.
- The systems of accountability to support good governance and management were not always in place or effective.

The areas where the provider **must** make improvements are:

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

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health Care

Our inspection team

Our inspection team was led by a CQC lead inspector who was accompanied by, two specialist advisers, another inspector and a member of the CQC medicines team.

Background to Mamedica

Mamedica is a private clinic with a linked dispensary which specialises in cannabis-based prescriptions (CBPMs), for patients who have not found satisfactory results for their conditions with their previous medication. The medicines are prescribed by experienced medical staff working within the latest Governmental guidelines. The service is located at 2 Lower Sloane Street, London SW1W 8BJ. The building entrance lobby is accessed via steps from the pavement. Wheelchair access is via a ramp at the front of the building. The service has access to consultation rooms and a waiting area for patients. However, most consultations take place online.

The usual opening hours are 9am to 5.30pm Monday to Friday. Patients can also book appointments for evenings and weekends. The medical team comprises of consultants who specialise in Psychiatry, Pain and Neurology. There are also a GP and Prescribing Pharmacist.

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

How we inspected this service

We reviewed information sent to us by the provider remotely prior to attending the site to reduce the time spent on site. We spoke with the CEO, clinical director, the Practice and Business Manager, 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. Enhanced Disclosure and Barring Service (DBS) checks were undertaken for all staff. (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. The safeguarding lead was trained to level 4 and all other staff had completed 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.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. The provider had worked out the staff to patient ratio needed and said they would increase staff as the patients the numbers increased.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. The consultants told us they would cease a consultation if the patient appeared unwell and would either call 999 or 111 or would advise the patient to do so themselves.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place. All consultants had to provide evidence of insurance before they were onboarded.

Information to deliver safe care and treatment

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

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

Are services safe?

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

- The service kept prescription stationery securely and monitored its use. All consultants were responsible for their own prescription pads.
- The service carried out patient records and prescribing audits to ensure safe prescribing was taking place.
- The service only prescribed Cannabis-based products for medicinal use (CBPMs) which is a controlled drug (medicines that have the highest level of control due to their risk of misuse and dependence). Clinicians prescribed cannabis-based medicines to patients and gave advice on how to take them in line with legal requirements and current national guidance. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety, which was recorded in the patient's records.
- Cannabis based medicines are currently unlicensed medicines. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. Therefore, they must be prescribed and supplied in line with the Medicines and Healthcare products Regulatory Agency (MHRA) guidance for the prescribing and supply of unlicensed medicines.
- They had effective protocols for verifying the identity of patients.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- 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, they had implemented a prescription log system to ensure they had an overview of all prescriptions written for their patients.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

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

- Cannabis-based products for medicinal use (CBPMs) was legalised in the UK on 1 November 2018, but the regulations around its use and supply remain strict. We noted the provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The service had designed processes to gather relevant medical and medicines information to confirm a diagnosis. They had access to patient NHS records prior to the first consultation.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. One month's supply of medication was prescribed and patients had to attend follow up consultations to obtain repeat prescriptions.
- Staff assessed and managed patients' pain where appropriate.

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 administrative audits which included consultations notes, follow up notes, prescriptions/repeat prescriptions, referrals and consent forms.
- They were in the process of developing a system for carrying out formal clinical audit.

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. All consultants were expected to complete an external medicinal cannabis course, attend at least two MDT meetings and shadow two consultations prior to carrying out their own consultation.
- Doctors were registered with the General Medical Council (GMC) 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. 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 their summary care records from their GP.
- 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. They would not prescribe CBPMs if the patient did not give their consent to share information with their GP.
- 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.
- 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. Consultants would discuss patients life style and how it might impact on their overall health.
- 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.

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. Patients were encouraged to leave feedback on various social media platforms. They also sent feedback questionnaires to patients following a consultation.
- Feedback from patients was positive about the way staff treat people
- 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.
- We noted that patients stated they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Privacy and Dignity

The service respected/did not respect patients' privacy and dignity.

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

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. For example, they were in the process of developing an app that streamlined the patient experience in relation to booking appointments, ordering repeat prescriptions and providing information about this field of medicine.
- The facilities and premises were appropriate for the services delivered although they currently carried out all their consultations online.

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, prescribed medication and follow up appointment'
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients feedback stated the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. For example, we noted that referrals to other services was completed either during the consultation or immediately afterwards.

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 and we noted that the complaints they had received were dealt with inline with their procedure.

Are services well-led?

We rated well-led as Requires improvement because:

- There was no formal agreement in place to ensure the provider had sight of, and approved media content of, promotional material posted on social media. We found some content on social media which gave inaccurate or misleading information about the criteria to be met before people could be prescribed CBPMs. However, following the inspection the provider informed us they have implemented a policy to cover all media content.
- The providers monitoring processes were not always effective as they could not evidence the sending of patient consultation notes to NHS GPs for all patients.
- The providers own process for triaging prior to onboarding was not always followed as we found evidence that they had not communicated with all patients NHS GPs prior to the patient being accepted.
- Although there was an operational policy in place, it did not give clear guidance to ensure prescribers only offered patients treatment with CBPMs where unmet clinical need is robustly evidenced.
- The provider had not yet established a program for carrying out clinical audits on the quality of care and outcomes for patients.

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.
- The service developed its vision, values and strategy jointly with staff.
- 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.

Are services well-led?

- 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 clinical 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.

Governance arrangements

Staff were clear on their roles and accountabilities. However, we found gaps in some systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were not always clearly set out. For example, we found some content on social media which gave inaccurate or misleading information about the criteria to be met before people could be prescribed CBPMs. Although the provider told us they had not posted all the content, they had contributed to it and were aware it had been posted, however they had not taken any action to have it removed. We were told there was no formal agreement in place to ensure the provider had sight of, and approved media content of promotional material posted on social media. The provider deleted one piece of content at the time of inspection and requested the patient remove his review.
- There was an MDT process where patients prescribing decisions were made, however this was not always attended by two clinicians from the same discipline. Therefore, we could not be assured that decisions to onboard and prescribe for patients was robust.
- Leaders had established policies, procedures and activities to ensure safety, however they did not have appropriate monitoring processes in place to assure themselves that they were operating as intended. For example, of the patient records we looked at, we found one record where the provider could not evidence that patient consultation notes had been sent to their GP. Therefore, the system they had set up was not operating effectively. However, the provider had not identified this issue prior to our inspection.
- The providers own process for triaging prior to onboarding was not always followed, as we found evidence that on one occasion they had not communicated with all patients NHS GPs prior to the patient being accepted as that patient had transferred from a similar service, therefore they would not contact GPs prior to onboarding for these patients.
- Although there was an operational policy in place, it did not give clear guidance to ensure prescribers only offered patients treatment with CBPMs where unmet clinical need is robustly evidenced. For example, we noted it did not give any guidance as to the period of time that a licensed treatments had to have been undertaken.

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.

Are services well-led?

- 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.
- Administrative audits were undertaken, however the provider had not carried out or implemented a process for clinical audits to demonstrate they were taking action to improve the quality of care and outcomes for patients.
- 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.
- The service used performance information which was reported and monitored and management and staff were held to account
- 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.

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.
- Staff could describe to us the systems in place to give feedback. For example in staff meetings and appraisals.
- 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. The provider was in the process of developing a desk top application for patients to book follow-up consultations and track their prescription through the dispensary.
- Leaders and managers encouraged staff to take time out to review individual and team 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 |
|--|---|
| 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> <ul style="list-style-type: none">• There was no formal agreement in place to ensure the provider had sight of, and approved media content of promotional material posted on social media• The provider could not evidence the sending of patient consultation notes to their GP, as the system as they had set up, was not operating effectively.• The Operational policy did not provide guidance for prescribers in relation to establishing unmet clinical need.• The providers own process for triaging prior to unboarding was not always followed, as we found there was an occasion when they did not communicate with the patients NHS GP prior to the patient being accepted. <p>This was in breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |