

Wholistic Medical Centre Ltd

Wholistic Medical Centre

Inspection report

8 Upper Wimpole Street
London
W1G 6LH

Tel: 0207 486 2196

Website: <https://www.wholisticmedical.co.uk/>

Date of inspection visit: 19 June 2018

Date of publication: 11/09/2018

Overall summary

We carried out an announced comprehensive inspection of Wholistic Medical Centre on 19 June 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 as there were some areas of risk management which were not fully established on the inspection day including those related to infection control and the control of hazardous substances. Risk management systems were introduced after the inspection to address these areas.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations, however, improvements were required in order to ensure that consent to treatment was obtained appropriately.

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, however in some areas the provider's governance arrangements required a review in order to ensure that these supported the effective mitigation of risk.

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.

Wholistic Medical Centre provides private medical services in the City of Westminster in London. Services are provided to both adults and children aged five and above. This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by a medical practitioner, including the prescribing of medicines.

We received feedback from 16 people about the service, including comment cards, all of which were positive about the service and indicated that patients were treated with kindness and respect. Staff were described as empathetic, caring, thorough and professional.

Our key findings were:

- There were arrangements in place to keep patients safe and safeguarded from abuse.
- Most health and safety and premises risks were assessed and well-managed.

Summary of findings

- There were safe systems for the management of medicines.
- Staff knew how to deal with medical emergencies. Appropriate medicines and equipment were available.
- The premises were clean and hygienic, however infection control systems were not clearly monitored at the time of the inspection.
- The service had systems for recording, acting on and improving when things went wrong.
- Assessments and treatments were carried out in line with relevant and current evidence based guidance and standards.
- There was evidence of some quality improvement measures.
- Staff had the specialist skills and knowledge to deliver the service.
- Staff treated patients with kindness, respect, dignity and professionalism.
- Patients were able to book appointments when they needed them.
- The service had a clear procedure for managing complaints. They took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- The leader had the skills and capacity to deliver the service and provide high quality care.
- Staff stated they felt respected, supported and valued. They were proud to work in the service.
- There were clear governance arrangements for the running of the service.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The service asked staff and patients for feedback about the services they provided.

There were areas where the provider could make improvements and **should**:

- Continue to monitor the systems for assessing and managing risks related to infection control and the control of substances hazardous to health.
- Review the system for monitoring consent including the undertaking of records audits.
- Monitor the systems for communicating with a patient's GP and verifying a patient's identity.

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, however some risk management systems were established after the inspection, including those related to infection control and the control of hazardous substances.

- The service had policies and procedures in place to keep people safe and safeguard them from abuse.
- Staff were qualified for their roles and the provider completed essential recruitment checks.
- Health and safety and premises risks were assessed and well-managed; however risks related to the control of substances hazardous to health were reviewed after the inspection.
- The premises were clean and hygienic, however infection control systems were not clearly monitored at the time of the inspection. Systems to manage risks relating to infection control were implemented after the inspection, including staff training and an infection control audit.
- The service had suitable arrangements for dealing with medical emergencies.
- The management of medicines including prescribing was safe.
- The service had systems for recording, acting on and improving when things went wrong.
- There were no systems for routinely communicating with a patient's GP and the service did not verify patients' identity details taken at registration, however these areas were reviewed and systems were implemented after the inspection.

Are services effective?

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

- Conventional medical assessments and treatments were carried out in line with relevant and current evidence based guidance and standards.
- Lifestyle management advice was a central treatment approach used by the service.
- We found evidence of quality improvement measures including clinical audit.
- The service obtained consent to care and treatment in line with legislation and guidance.
- Staff had the skills and knowledge to deliver the service.
- There was evidence of a comprehensive induction programme and structured appraisals for staff.
- The service did not have communication arrangements with patients' GPs, however this was reviewed after the inspection.

Are services caring?

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

- We received feedback from 16 patients including Care Quality Commission comment cards. Patients were positive about all aspects of the service provided.
- Patients reported staff were empathetic, caring and supportive. They said that they were given helpful, honest explanations and information about medical treatment and said the doctor listened to them.
- We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

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

Summary of findings

- The facilities and premises were appropriate for the services delivered.
 - Patients were able to get appointments when they needed them.
 - The service took patients views seriously. They responded to concerns and complaints quickly and constructively to improve the quality of care.
-

Are services well-led?

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

- There was an organisational structure and staff were aware of their roles and responsibilities.
 - The service had arrangements to ensure the smooth running of the service, however some systems required a review to ensure they were effective.
 - Regular staff meetings were held and there was evidence of clear communications with all staff.
 - 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.
 - There was evidence of processes for managing most issues and performance.
 - There was evidence of some quality improvement measures.
 - The service encouraged feedback from patients and staff and this was used to monitor performance.
-

Wholistic Medical Centre

Detailed findings

Background to this inspection

Wholistic Medical Centre provides private medical services in the City of Westminster in London. Services are provided to both adults and children aged five and above. The address of the registered provider is 8 Upper Wimpole Street, London, W1G 6LH. Wholistic Medical Centre is registered with the Care Quality Commission to provide the regulated activity: Treatment of disease, disorder or injury. Regulated activities are provided at one location.

The organisation is run by the medical director who is also the registered manager for the service. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service is housed within leased premises at basement level, accessed via a lift or stairs from the ground floor. The premises used by patients consists of two patient waiting areas, one doctors' consultation room, two patient toilets, both with accessible facilities and a staff office. There are also two treatment rooms used predominantly by other therapists employed by the service. The service is open for pre-booked consultations Monday to Friday from 10am to 6pm. Reception and telephone opening hours are between 10am to 6pm, Monday to Friday.

Wholistic Medical Centre aims to bring together medical and holistic perspectives, with an emphasis on prevention, early detection and early intervention. Regulated services offered at Wholistic Medical Centre include general medical consultations and treatment. Treatments may include prescribing of medicines and lifestyle advice and modifications.

Services not regulated by CQC that were offered by the provider include osteopathy, wellbeing massages and body and face treatments, electro-lymphatic therapy, pulsed electromagnetic field therapy and digital infrared thermal imaging.

Wholistic Medical Centre commenced services in 1997. There are currently 300 registered patients and on average the service treats in total 65 patients per month.

The staff consist of one full time doctor who is the medical director of the service and a clinic administrator. The doctor is supported by a number of self-employed holistic practitioners.

How we inspected the service:

Our inspection team on 19 June 2018 was led by a CQC Lead Inspector and included a GP Specialist Advisor.

Before visiting, we reviewed a range of information we hold about the service.

During our visit we:

- Spoke with the medical director.
- Spoke with the clinic administrator.
- Looked at the systems in place for the running of the service.
- Viewed a sample of key policies and procedures.
- Explored how clinical decisions were made.
- Made observations of the environment.
- Reviewed feedback from 16 patients including CQC comment cards.

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?

Detailed findings

- 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 found that this service was not providing safe care as there were some areas of risk management which were not fully established on the inspection day including those related to infection control and the control of hazardous substances. Risk management systems were introduced after the inspection to address these areas.

Safety systems and processes

The service had a number of systems to keep patients safe and safeguarded from abuse, although some systems required a review.

- The service had systems to safeguard children and vulnerable adults from abuse. A policy was available for safeguarding both children and adults; these were accessible to all staff and contained contact numbers for local safeguarding teams.
- Staff were aware of safeguarding procedures for the service and they knew how to identify and report concerns. The doctor had received up-to-date safeguarding children's training; however the administrator undertook this shortly after the inspection. Safeguarding adults training had been undertaken by the doctor shortly after the inspection.
- The service carried out staff checks, including checks of professional registration and indemnity where relevant, on recruitment and ongoing.
- Disclosure and Barring Service (DBS) checks were undertaken for all employed staff in line with the service's policy (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).
- A chaperone policy was in place for any consultation and staff who acted as chaperones had been appropriately trained for the role. Staff who acted as chaperones had received a DBS check.
- The service conducted an annual health and safety risk assessments for the premises, and there was evidence of concerns being actioned, however the control of substances hazardous to health (COSHH) had not been clearly assessed or managed. We found that there was unrestricted access to cupboards which stored cleaning products and supplements. The service ensured that these were locked on the inspection day and after the inspection the provider put systems in place to manage

COSHH products in the premises. We found on the inspection day that the health and safety risk assessment had not identified risks related to blind loop cords, however the service assessed this the day after the inspection and put actions in place to mitigate any risks to patients.

- The premises were leased. The provider had evidence of clear communication links with the landlord; there was evidence that legionella risk had been assessed and managed, and that asbestos risk for the premises had been assessed. Electrical installation checks of the premises had been conducted and systems for managing fire risk were working effectively.
- There was evidence that a range of portable electrical equipment had been tested for safety, however medical equipment including a blood pressure machine, pulse oximeter and otoscope had not been calibrated on the inspection day. We saw evidence that calibration had been undertaken shortly after the inspection. The service used a range of equipment including pulsed electromagnetic field therapy and equipment for electro-lymphatic therapy. This equipment was maintained in line with manufactures' guidance.
- There were some arrangements to manage infection prevention and control, although improvements were required. There was an infection control policy in place and there were systems for safely managing healthcare waste, including sharps. The clinic appeared clean and hygienic, however there was no updated cleaning schedule and cleaning records were not kept. There was no system to provide assurance that clinical equipment was decontaminated after use, although staff reported equipment was cleaned. The provider had not undertaken an infection control audit for the service and staff had not received infection control training. However, after the inspection, the provider sent evidence to demonstrate that they had implemented daily cleaning records and had produced a cleaner's manual, which included detailed information related to COSHH and the cleaning schedule. The medical director and administrator undertook infection control training after the inspection and the provider completed an infection control audit.

Risks to patients

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

Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff needed. The service did not employ locum doctors or temporary administrative staff; cover was arranged using existing staff members.
- We found that there was an effective and thorough induction system for all new staff. This was tailored to their role and induction checklists were completed.
- The service had a lone working policy in place. Staff confirmed there were normally at least two staff members working during opening hours, and access to the premises was via a manned reception provided by the landlord.
- The service had evidence of professional indemnity and employers and public liability insurance.
- There were suitable arrangements for managing fire risk in the premises. A fire procedure outlined the arrangements in place. A fire risk assessment had been undertaken and actions completed such as repair of a ceiling tile in the premises. There was evidence of regular fire drills and fire safety equipment had been appropriately maintained. The administrator had received training in fire safety during the induction from the doctor, however the doctor had not undertaken training in fire safety. After the inspection, the doctor undertook formal training in fire safety.
- There was a procedure in place for managing medical emergencies. All staff had completed training in first aid which included emergency resuscitation and basic life support. There had been one medical emergency on the premises. The doctor had obtained an emergency medicine via an urgent prescription from a local pharmacy in order to care for the patient, however the provider told us they had updated their emergency procedure after this to ensure that the ambulance service was requested for all emergencies.
- Emergency equipment including oxygen was available as described in recognised guidance. The provider did not provide a defibrillator for use in emergencies; they had undertaken a risk assessment outlining why this was not required.
- Appropriate emergency medicines were kept and a risk assessment outlined their decision making regarding which emergency medicines were required. We were told that emergency medicines and equipment were checked monthly; however records of these checks were

not kept. We found on the inspection day that all emergency medicines and equipment were within their expiry dates, and in working order. The provider commenced a log of checks after the inspection.

- When there were changes to services or staff, the provider and registered managers assessed and monitored the impact on safety via governance meetings. There was evidence of some arrangements to manage major incidents in relation to the premises; the provider had an emergency plan for the premises, developed by the landlord. The provider had a business continuity plan in place for the running of the service, however this did not provide assurance that potential risks and resulting actions had been fully considered. The provider reviewed and updated this after the inspection.

Information to deliver safe care and treatment

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

- Individual care records were written, managed and stored 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 were no formal policies and processes for verifying a patients' identity, as the services provided were deemed as low risk.
- The service recorded identity information for adults accompanying child patients, however this was not verified.
- After the inspection, the provider implemented procedures for verifying a patient's identity.
- GP contact details were consistently asked for at registration, although the service reported that a large majority of patients declined to give details or for their GP to be contacted. If GP details were provided, the service did not routinely communicate with a patient's GP regarding test results and treatments. However, after the inspection the provider updated their consent policy to reflect new procedures for gaining consent to share information with patients' GPs.
- The service referred patients to a local provider for the taking and testing of blood samples; blood tests were rarely taken in-house. Saliva samples were taken, and sent abroad for analysis. The systems for managing test results were safe.

Are services safe?

Safe and appropriate use of medicines

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

- There were effective systems for managing medicines, including prescribing and storing of medicines. Appropriate checks were undertaken for supplements, medical gases, emergency medicines and emergency equipment to minimise risks.
- The provider did not stock any medicines that were required to be stored in a refrigerator.
- The service occasionally provided private prescriptions for licensed medicines, in line with evidence based guidance and standards.
- The service undertook regular prescribing for bio-identical hormones. Private prescriptions were written, scanned and emailed to a chemist in Germany and the medicines were then either posted to the patient or directly to the clinic. Where these unlicensed medicines were prescribed, patients were fully informed about benefits and risks and consent forms were kept.
- There was no documented prescribing protocol for the service, however the systems for managing prescriptions including repeat prescriptions were safe. A prescribing protocol was written after the inspection to reflect current prescribing practices in the service
- The service did not prescribe high risk medicines or controlled drugs that required close monitoring.
- Prescription stationary was securely stored.

Track record on safety

- There was evidence that risk assessments for the premises were in place in relation to most safety issues although improvements were required.
- The service monitored and reviewed activity through governance meetings, staff meetings and communications with the landlord. This helped it to understand risks and led to safety improvements.

Lessons learned and improvements made

There was evidence that the service learned and made improvements when things went wrong.

- There was an accident reporting policy for the service. Although the system for reporting, recording and acting on incidents was in place, there was no documented policy or procedure for staff to follow.
- Staff told us they would report any concerns to the doctor, who supported them when they did so.
- There was evidence that the provider was taking action and making improvements when things went wrong. There were processes to ensure learning points were shared with staff to improve safety; incidents and resulting improvements made were discussed in staff meetings and governance meetings. For example, following the loss of the post log book, the environment was re-arranged to ensure important correspondence could not fall into the bin. The provider also changed the emergency procedure policy to ensure staff were aware to call 999 for all medical emergencies following an incident.
- The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents. The provider was aware of and complied with the requirements of the Duty of Candour.
- When there were unexpected or unintended safety incidents the service gave affected people reasonable support, truthful information and a verbal and written apology.
- The service had a robust system for receiving and acting on safety alerts, with clear evidence that all alerts were reviewed and they were actioned where relevant. Safety alerts were shared with staff during the governance meeting.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The service provided specialist holistic and medical consultations and treatment for a range of medical problems. Treatments included dietary and lifestyle advice and management, prescribing of bio-identical hormones, use of electromagnetic field therapy, thermal imaging and electro-lymphatic therapy in conjunction with conventional medical investigations and treatment. We spoke with one doctor and reviewed five records. From evidence we saw, the service carried out conventional medical assessments and treatment in line with relevant and current evidence based guidance and standards.

All the records reviewed were clear, accurate and contained adequate information regarding assessments and treatments. The service routinely produced email reports after each consultation that were provided to patients which included an agreed patient-centred management plan. The doctor advised patients what to do if their condition got worse and where to seek further help and support.

We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The provider had evidence of some quality improvement activity to monitor the medical services provided, including clinical audit. The service had conducted an audit in 2016 and 2017 of patients prescribed bio-identical hormones to determine compliance with the service's prescribing guidance, requiring a six-monthly review. Data from both audits indicated that 14% of patients were reluctant to attend for a six-monthly review. The service developed a new patient disclaimer and information sheet for patients to sign when bio-identical hormones were prescribed.

The service continuously monitored patients' care and treatment through the use of a quality of life measure that patients completed at each consultation so treatment could be monitored effectively.

The service also monitored quality of care and treatment through a review of incidents, case discussions, complaints and feedback.

Records audits had not been conducted to monitor the quality of medical records.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The service had an induction programme and detailed staff handbook for all staff containing comprehensive details about the service's systems and processes. Induction arrangements included topics such as fire safety, confidentiality and health and safety. Induction checklists were kept.
- There was evidence that staff had undertaken first aid training which included basic life support.
- The doctor had received training in safeguarding children and undertook safeguarding adults training shortly after the inspection. The administrator had not received safeguarding children's training but this was undertaken shortly after the inspection.
- Not all staff had undertaken training in information governance. Up to date information governance had been discussed in the most recent governance meeting with all staff; however, the doctor had not undertaken formal training in this.
- Infection control training had not been completed.
- There was evidence that the doctor attended a number of conferences and training courses in holistic medicine approaches.
- The doctor's appraisal was up to date they had been revalidated by the General Medical Council (GMC). The clinic administrator received a structured annual appraisal and detailed, monthly development meetings during their six-monthly probation period.
- The service conducted a governance meeting every four months. There was evidence of case discussions being held between all members of the team.

Coordinating patient care and information sharing

We found that the service had some systems in place for coordinating patient care and sharing information as and when required.

- There was no system in place for communicating with a patient's GP; the service did not routinely inform a

Are services effective?

(for example, treatment is effective)

patient's GP of any test results and treatments, if GP details were recorded. GP contact details were consistently asked for at registration, although the service reported that a large majority of patients declined to give details or consent for their GP to be contacted. Following the inspection, this was reviewed and policies updated to reflect new procedures for gaining consent to share information with patient's GPs

- We saw that minimal referrals were made, as the circumstances where these were required were infrequent. There was one example of a referral to a specialist. The referral letter included detailed information about the doctor's findings and concerns.
- The service referred patients to a local provider for the taking of blood tests; blood tests were rarely taken in-house. Saliva samples were taken, and sent abroad for analysis.

Supporting patients to live healthier lives

The doctors told us that lifestyle advice and management including using food as medicine was a central approach utilised by the service. There was evidence of comprehensive lifestyle advice and management in consultation reports and patient-centred treatment plans that were emailed to patients.

There was evidence that patients were encouraged to attend national cancer screening programmes, for example, breast screening.

The service had begun using their website to educate patients. The service had commenced a patient newsletter in June 2018.

Consent to care and treatment

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

- Doctors understood the requirements of legislation and guidance when considering consent and decision making.
- The service had updated and detailed consent processes and supporting policies.
- Staff were aware of the consent requirements when treating young people under 16. Staff described that patients under 16 were always accompanied by a responsible adult. Children aged under five were not treated at the clinic.
- The doctors understood the importance of obtaining and recording patients' consent to treatment, information about treatment options and the risks and benefits of these so they could make informed decisions.
- Written consent was obtained for all consultations and treatment and this was in line with General Medical Council (GMC) guidance.
- Records audits were not undertaken to monitor the process for seeking consent.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect, dignity and professionalism.

- Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.
- Patients commented positively that staff were empathetic, caring and kind.
- We saw that staff treated patients respectfully in the waiting area and over the telephone.
- Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy. Staff told us that if more privacy was required they would take patients into another room.
- We observed treatment rooms to be spacious, clean and private.
- We received feedback from 16 patients including Care Quality Commission comment cards. All comments were positive about the service experienced. Patients described the service as outstanding, professional, accommodating and thorough. Patients felt that they were given time and listened to. We received a number of comments from patients reporting that the service had substantially improved their quality of life.
- Patient feedback was analysed annually; this showed that 96% of patients would recommend the service to friends and family in 2017 compared with 83% of patients in 2016.
- The service also reviewed online feedback. The majority of comments were positive.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their treatment.

- The doctor always provided a telephone consultation before seeing any new patients to ensure patients were fully informed about what the service could offer so that patients could make informed choices. Clear pricing information was provided.
- The service's website provided patients with information about holistic management.
- Patients reported that staff listened to them, did not rush them and discussed options for treatment.
- Patients particularly commented that they felt the doctor was very knowledgeable and that the person-centred care and holistic management plans were highly beneficial.
- The service had procedures in place to ensure patients could be involved in decisions about their care and treatment:
 - If needed, patients were advised to bring a suitable interpreter/family member.
 - The clinic were able to provide flexible appointments to accommodate those with additional needs.
 - Patients were able to book appointments via email or by telephone.

Privacy and Dignity

The staff respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' privacy and dignity when taking telephone calls or speaking with patients.
- Staff could offer patients a private room to discuss their needs.
- The service had a clear privacy policy requesting consent and explaining how patients' information was used.
- From our observations during the inspection, there was evidence that the service stored and used patient data in a way that maintained its security, complying with the General Data Protection Regulation.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting patients' needs

The service organised and delivered services to meet patients' needs and expectations.

- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments for patients with disabilities. The service had re-located within the last three years to a basement level premises with disabled access.
- Where required, patients were advised ahead of their appointment to bring someone to act as an interpreter. The service treated some patients from abroad who were able to attend with a relative or carer.
- Longer visits were accommodated where required, for example those with additional needs and patients were able to book either via email or on the telephone.
- The website contained comprehensive information regarding the services offered and an updated website had recently been launched.
- The service had commenced a quarterly newsletter in June 2018 which was emailed to patients and was available on the website.

Timely access to the service

The service had an efficient appointment system to respond to patients' needs.

- The doctor was available Monday to Friday. Clinical hours were between 10am and 6pm. Reception hours were 10am to 6pm, Monday to Friday.
- Patients were able to self-refer.
- Patients were provided with an initial 10 minute telephone consultation with the doctor to ensure the service was suitable for the patient's needs. Subsequent appointments in the clinic were for 60 minutes each. The appointments were structured so they were two months apart. On average, patients attended for between two and four appointments.
- All appointments were pre-bookable; we saw that the next available appointment was in one week.

- We saw that patients who wished to see the doctor urgently were accommodated on the same day where possible.
- Out of hours, patients were directed to their GP and the NHS 111 services if this was indicated and the doctor provided patients with their personal contact number for urgent queries.
- Feedback from 16 patients including CQC comment cards showed that patients were satisfied with access to appointments and there were no patient concerns with appointment delays.
- The provider reported that they had a low level of cancellations due to their appointment reminder system.

Listening and learning from concerns and complaints

The service had a clear procedure for managing complaints. They took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- The service had a detailed complaints policy providing guidance to staff on how to handle a complaint and complaints information was available for patients.
- The clinic administrator and doctor were responsible for receiving and handling complaints.
- Written complaints were recorded onto a central log. The service had received three written complaints over the previous 12 months.
- We looked at two complaints received. This showed the service responded appropriately and in a timely way and there was evidence they discussed the outcome with staff to share learning and improve the service. For example, following a complaint about the service not meeting a patient's expectations, the provider updated their process to ensure patients were fully informed about the service's holistic approach during the initial telephone consultation.
- Information was available about organisations patients could contact if not satisfied with the way the service dealt with their concerns.
- The provider also gathered information relating to concerns from patient feedback. There were examples where they implemented a pill organiser calendar following a patient comment.

Are services well-led?

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

Our findings

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

Leadership capacity and capability

Leaders had the skills and capacity to deliver the service and provide high quality care.

- Leadership was provided by the doctor who was the director of the service.
- Day to day management of the service was provided by the doctor, supported by the clinic administrator.
- The doctor provided effective leadership which prioritised high quality care. They worked cohesively with staff to address the business challenges in relation to performance of the service and oversight of most risks.
- The doctor was visible and approachable.

Vision and strategy

The service had a clear vision to deliver high quality and accessible care and treatment.

- There was a mission statement and staff were aware of this.
- The service aimed to 'help patients achieve better health and well-being' by focussing on a holistic treatment approach.
- The provider had a documented business plan and they were aware of challenge and risk. Delivery of the service had been affected by premises challenges, resulting in re-locating the service approximately three years previously.

Culture

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

- Staff told us that the doctor was focussed on patient care; they prioritised high quality care and some areas of safety.
- Staff stated they felt highly respected, supported and valued. They were proud to work in the service.
- Staff told us there was an open, no blame culture at the service. They said that the doctor encouraged them to raise any issues and felt confident they could do this.

- Staff were aware of the Duty of Candour requirements to be open, honest and to offer an apology to patients if anything went wrong. This was demonstrated when responding to incidents and complaints.
- There was evidence that staff worked as a team and dealt with issues professionally.
- Leaders and managers challenged behaviour and performance that were inconsistent with the vision and values of the service and a staff handbook provided clear policies for employees.
- There were processes for providing staff with the development they needed. This included detailed one to one meetings and annual appraisals.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- The doctor took time to review staff feedback as well as focusing on staff development.

Governance arrangements

There were responsibilities, roles and systems of accountability to support good governance and management.

- Staff knew the management and governance arrangements and their roles and responsibilities.
- The service had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. However, some systems, including those for communicating with GPs and verifying patients' identity, were implemented after the inspection. The provider did not have a documented prescribing protocol or documented incident reporting procedure for staff to refer to, however these were both implemented after the inspection.
- There were no clear governance arrangements in place for the shared reception services provided for other organisations in the premises in relation secure handling of patient information.
- Governance of the organisation was monitored and addressed during three monthly governance meetings, which all staff were now invited to attend.
- Additional staff meetings occurred monthly with all staff to focus on day to day issues and changes.
- All meetings allowed for clear dissemination of information including complaints, patient feedback and changes to systems and processes.

Are services well-led?

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

- The service had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Managing risks, issues and performance

There was evidence of processes for managing most risks, issues and performance.

- There were systems to identify, understand, monitor and address health and safety risks; however, some risk systems were not fully developed including those for infection control and the control of substances hazardous to health. These areas were addressed after the inspection.
- The provider had effective oversight of risks relating to the premises that were managed by the landlord.
- There was evidence of some arrangements to manage major incidents in relation to the premises; the provider had an emergency plan for the premises, developed by the landlord; however, the business continuity plan to support the running of the service was not fully developed. This was updated after the inspection.
- Incidents, concerns and complaints were well-managed; there were clear systems for acting on issues, making changes and sharing these with staff.
- There were thorough systems for recruitment and induction; however, staff had not always received appropriate safety training to cover the scope of their work.
- There was evidence of clinical audit to improve and address quality. Quality was also monitored via complaints, concerns and patient feedback.

Appropriate and accurate information

The service had process in place to act on appropriate and accurate information.

- The service had systems in place which ensured patients' data remained confidential and secured at all times and policies had been updated.
- Data protection training had been discussed during governance meetings; however, the doctor had not undertaken any training in information governance.

- The service used information from a range of sources including financial information, concerns, complaints and patient feedback to ensure and improve performance.
- The provider submitted data or notifications to external organisations as required.

Engagement with patients, the public, staff and external partners

The provider had systems to involve patients, the public, staff and external partners to improve the service delivered.

- The service encouraged feedback from patients. Feedback was gathered annually from a sample of 50 patients. This was analysed and shared with staff during meetings.
- Patient feedback showed that 96% of patients would recommend the service to friends and family in 2017 compared with 83% of patients in 2016.
- The service also reviewed online feedback. The majority of comments were positive.
- Improvements made from feedback included implementing a pill plan calendar to assist patients with taking medicines and supplements effectively.
- The service had commenced a quarterly newsletter in June 2018 which was emailed to patients and was available on the website.
- The provider had systems for engaging with staff. There was evidence that staff feedback was listened to and acted on during staff meetings and appraisals.

Continuous improvement and innovation

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

- The provider showed a commitment to learning and improving the service and valued the contributions made to the team by individual members of staff.
- There was evidence that the doctor had attended a number of training courses in order to develop the holistic aspects of the service.