

Dr Indra FMGP

Inspection report

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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



Overall summary

This service remains rated as good overall. The service was last inspected on 24 February 2022 and was rated good overall, with requires improvement for the key question of safe. All other key questions were rated good.

Following this inspection the key question of safe is now rated as good.

We carried out an announced focused inspection at Dr Indra FMGP to follow up on a breach of the Health and Social Care Act 2008 Regulated Activities Regulations 2014. Following our inspection in February 2022, we issued the provider with a requirement notice under Regulation 12: Safe care and treatment due to the areas of non-compliance we had identified. At this inspection, we looked across the key question of safe to assess improvement, and to review compliance with the requirement notice.

This service is registered with the CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Therefore, during our inspection we were only able to evaluate the services which fell under our scope of regulation.

The lead doctor is the registered manager. A registered manager is a person who is registered with the CQC 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.

Dr Indra FMGP is a functional medicine specialist practice (functional medicine is a systems biology-based approach that focuses on identifying and addressing the root cause of disease. This involves looking holistically at people, which includes how lifestyle, nutrition and environment impact on a person's health and wellbeing.)

At the previous inspection in February 2022 we found:

- Safety checks to assess if a patient was safe to have hormone replacement therapy were not always completed and recorded.
- We could not be assured that all medicines prescribed were captured within the annual medicines audit.
- The service did not have a robust system in place for medicines reconciliation (to check what medicines a patient was taking). Allergies were not always recorded in records, which may increase the risk of a medicine or supplement being prescribed in error.

In addition, during this February 2022 inspection we also identified some areas where the provider should make improvements:

- Improve the process regarding patient consent to share information.
- Take action to ensure that prescribing audits take account of the information held on both of the patient record systems.
- Take steps to ensure all staff understand and follow safeguarding policies and procedures.

Our key findings were:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received care and treatment that met their needs.
- The way the practice was led and managed promoted the delivery of high-quality, person-centred care.
- The service had developed a detailed quality assurance and audit programme.
- The premises was well maintained.

Overall summary

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

- Continue to embed the new patient record system into the service. In particular the elements relating to improving patient understanding and comprehension of treatments and through this consent, details related to the suitability of patients to be prescribed medicines, and information to facilitate medicines reconciliation.
- Improve the depth and scope of health and safety risk assessments undertaken by the service.
- Fully establish the vaccination status of staff working in the practice in line with current guidance.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a second CQC inspector and a CQC pharmacist specialist.

Background to Dr Indra FMGP

Dr Indra FMGP is based in:

Iveridge Hall

Wakefield Road

Oulton

Leeds

LS26 8EU.

The premises are located approximately 10 miles to the South East of Leeds city centre. Other health and wellbeing services operate from the same premises. Dr Indra FMGP leases a consulting room on the first floor where patients can be seen face-to-face. Access is via stairs or a passenger lift. There are arrangements for a ground floor room to be used should patients have any mobility issues. Onsite parking is available.

The service provides functional medicine, nutritional therapy and support for a range of conditions, such as hormonal imbalances, chronic illness, gastro-intestinal related issues, chronic fatigue and anxiety. Services are carried out by a range of staff including registered doctors who are trained in functional medicine, nutritionists, a health coach and a psychiatrist. Dr Indra FMGP does not provide emergency medical care.

The service is available for patients aged from two years (with consent from their parent/guardian/carer as appropriate) and upwards. However, not all the clinical staff see children. Patients can self-refer or be referred by other healthcare professionals. All patients are self-funded. Patients can initially access the service via the website or by telephone.

The service is staffed by 1 lead GP, 2 registered general practitioner doctors, 1 consultant psychiatrist, 2 nutritional therapists/metabolic balance practitioners and 1 health coach. The clinical team is supported by one patient manager and two practice administrators. All staff are female.

The service opening times are Monday to Thursday 9am to 5pm. Patients have access to virtual online clinics or face-to-face clinics at the Leeds location. When necessary the service makes home visits.

The provider is registered with CQC under the Health and Social Care Act 2008 to provide the following regulated activities:

- Diagnostic and screening procedures.
- Treatment of disease, disorder or injury.

How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

We carried out this inspection on 5 January 2023. Before visiting the location, we looked at a range of information that we hold about the service. We reviewed information submitted by the service in response to our provider information request, this included completed staff questionnaires. During our visit, we spoke with the lead doctor/registered manager, reviewed documents and clinical records, and made observations relating to the service and the location it was delivered from.

This was a focused inspection which looked at the key question:

- Is it safe?

This question therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good:

At the last inspection in February 2022 we rated the service requires improvement because:

- Safety checks to assess if a patient was safe to have hormone replacement therapy were not always completed and recorded.
- We could not be assured that all medicines prescribed were captured within the annual medicines audit.
- The service did not have a robust system in place for medicines reconciliation (to check what medicines a patient was taking). Allergies were not always recorded in records, which may increase the risk of a medicine or supplement being prescribed in error.

At this inspection we saw that:

- The service had adopted a new patient record system, which was still in the process of being fully rolled out at the time of the inspection. We saw that the new patient record system captured details of patient safety checks, prescribing, medicines reconciliation, and whether the patient had any known allergies.
- Medicines and hormone replacement therapy prescribing had been the subject of clinical audits undertaken in December 2022.

Safety systems and processes

The service had some systems in place to keep people safe and safeguarded from abuse.

- The provider had developed some systems and procedures to keep patients safe and protected from abuse. This included up to date safeguarding and health and safety policies. It was though noted that the health and safety risk assessments that had been undertaken were limited in scope and lacked detail.
- The provider liaised with the premises owner to assure themselves that necessary health and safety requirements had been met. This included fire risk assessments and checks made on emergency equipment.
- Safeguarding and health and safety policies 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.
- The service had systems in place to assure that an adult accompanying a child had parental authority. In December 2022 the service had undertaken an audit of all patients under 18 years of age. Of the 5 patients who had attended appointments over the last year all 5 patients had parental consent documented in their records.
- The provider carried out staff checks at the time of recruitment, and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks had been 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 had received safeguarding and health and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. We saw that the provider had undertaken an infection prevention and control audit in February 2022, and that a Legionella risk assessment had been undertaken in October 2021. Staff had been trained in infection prevention and control, and when required had access to appropriate personal protective equipment.
- Staff personnel files were clear and included some key information. However, the provider had not established the vaccination status of staff in line with national guidance.
- There were systems for safely managing healthcare waste.

Risks to patients

Are services safe?

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

- The service employed staff with the necessary skills and professional registrations to deliver care and treatment.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Staff had received training such as basic life support.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity and insurance arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. The service had access to a defibrillator provided by the owner of the premises.

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 service had recently introduced a new patient record system, and this was being rolled out at the time of inspection. This new record system had features to improve the recording of consent, patient and medicines histories (including allergies), and medicines reconciliation. All care records were electronic and were available to relevant staff in an accessible way.
- To access the effectiveness of record keeping, and the new patient record system the provider had undertaken an audit of 27 new patients. This audit looked to see if key information had been recorded on the system. This included patient consent, details of the patient's NHS GP, that a patient summary had either been obtained or requested, and finally that patient identification had been checked. Findings from the audit showed that 24 out of 26 patients had consent forms on the system and GP information recorded. The audit also showed areas which should be improved in relation to patient information held on the system and identification checks. In response, the provider had put in place measures to improve performance. This included starting new patient appointments where consent, patient identification checks, and medical histories would be confirmed prior to the patient receiving treatment.
- As part of the registration process patients were asked to request a summary of their medical record from their own NHS GP. Patients reported to the provider that in some cases GPs were unwilling to supply the information. In response to this the provider told us that other sources of patient data were used such as current NHS GP repeat prescription information, and details recorded on the patient's NHS app.
- The service had systems and processes in place for sharing information with the patient's own NHS GP.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

Safe and appropriate use of medicines

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

- The provider prescribed supplements and some unlicensed medicines which included bioidentical hormone replacement therapy (BHRT) and desiccated thyroid (used in the treatment of hypothyroidism – an underactive thyroid gland).

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. These medicines are not recommended by the National Institute for Health and Care Excellence (NICE) or the appropriate professional body. For example, in relation to BHRT this medicine is not recommended by NICE or the British Menopause Society. NICE Guidance NG23 states that clinicians must explain to women that the efficacy and safety of unregulated compounded bioidentical hormones are unknown.

Are services safe?

We saw that processes were in place to inform patients that a medicine was unlicensed, and assess patient suitability for treatment.

- The service carried out medicines audits. For example, in December 2022 the service carried out an audit of patients in receipt of HRT. This showed that out of 7 patients prescribed HRT all 7 had a consent form requested, and 6 of these had been signed (1 patient had only been requested to give consent in late December 2022, and this was being awaited). In addition, 6 out of 7 patients had either had their blood pressure monitored prior to or during treatment, or didn't require monitoring. A single patient had not had their blood pressure checked. In response to these findings the provider had developed a new HRT prescribing process to further ensure necessary monitoring had been undertaken.
- Processes were in place for checking medicines and staff kept accurate records of medicines prescribed. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were processes for verifying the identity of patients including children.

Track record on safety and incidents

The service had a good safety record.

- The service had put in place a number of measures which supported them to deliver safe care and treatment. This included undertaking infection prevention and control audits, and obtaining assurance from the owner of the building which they operated from that other safety measures such as fire alarm testing had been carried out. However, it was noted that the health and safety risk assessments were not comprehensive and lacked scope and depth.
- The service monitored and reviewed activity. This helped the provider to understand risks and gave a clear, accurate and current picture that led to safety improvements. We saw clinical team meeting minutes which showed that patient safety was discussed on a regular basis. In addition, we also saw evidence which showed that issues highlighted by the 2022 fire risk assessment were being actioned and the progress against issues were monitored.
- The service had developed a risk register which it used to record and manage key organisational risks.

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 informed us that they understood their duty to raise concerns, and report incidents and near misses; 1 significant event had been recorded in the previous 12 months.
- There were 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, the significant event recorded in 2022 involved the failure of the service's computer system, which caused the cancellation of some services. In response to this the provider put in place measures to reduce a possible recurrence, this included improving connectivity to their IT support service.
- The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- The service acted on, and learned from, external safety events as well as patient and medicine safety alerts. For example, there was a mechanism in place to receive and disseminate patient safety and medicines alerts from the Medicines Healthcare products Regulations Agency.