

Portland Centre for Integrative Medicine Community Interest Company

Litfield House Medical Centre

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 9 January 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 providing safe care in accordance with the relevant regulations.

Are services effective?

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

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.

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.

The service delivers the only NHS Homeopathic Service in the South West of England. The team of Medical Homeopathic Doctors are all members of the Faculty of Homeopathy. This is the registering body for statutorily regulated healthcare professionals who use Homeopathy in their clinical practice. The doctors are also fully trained in conventional and complementary medicine and consider all medical avenues for their patients, and apply their knowledge using an Integrative Medicine model.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some 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. At PCIM services are provided to patients under arrangements made by themselves, or their employer. These types of arrangements are exempt by law from CQC regulation. Therefore, at Portland Centre for Integrative Medicine (PCIM), we were only able to inspect the services which are arranged for patients by the NHS.

Summary of findings

The clinical lead, Dr Elizabeth Thompson, 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.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received feedback about the service from 18 patients. All of the feedback was positive and patients stating they received a high level of service and were treated with care and consideration. All of the respondents commented positively about their experiences and that they would recommend the service to others.

Our key findings were:

- There was a transparent approach to safety with demonstrably effective systems in place for reporting and recording incidents.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services was available and easy to understand.
- The consultation room was well organised and equipped, with good light and ventilation.
- Clinicians regularly assessed patients according to appropriate guidance such as those issued by the Faculty of Homeopathy.
- The staff team maintained the necessary skills and competence to support the needs of patients.
- The staff team were up to date with current guidelines and were led by a proactive management team.
- Risks to patients were well managed for example, there were effective systems in place to reduce the risk and spread of infection.
- The provider was aware of, and complied with, the requirements of the Duty of Candour.

There was an area where the provider could make improvements and should:

Review the availability of information so that patients are clear how to make a complaint.

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 providing safe care in accordance with the relevant regulations.

- We found there was an effective system for reporting and recording significant incidents. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The service had processes and services in place to minimise risks to patients safety.
- Risk assessments relating to the health, safety and welfare of patients using the service had been completed in full.
- The provider demonstrated that they understood their safeguarding responsibilities and all clinical staff had received training on safeguarding vulnerable adults and children relevant to their role.
- The service had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

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

- The service provided evidence based care which was focussed on the needs of the patients. Consultations were carried out in line with best practice guidance.
- Patients received a comprehensive assessment of their health needs which included their medical history.
- The clinicians were up-to-date with current guidance and received professional development appropriate to their role and learning needs.
- The clinicians were registered with the appropriate professional regulatory body and had opportunities for continuing professional development and were meeting the requirements of their professional registration.

Are services caring?

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

- Feedback from a patient through a completed comment card was positive about their experience at the service.
- Patients told us they were listened to, treated with respect and were involved in the discussion of their treatment options which included any risks, benefits and costs.
- Patients were contacted after consultations for follow up treatments and provision of information.

Are services responsive to people's needs?

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

- Patients could access planned assessments and could request direct contact with the doctor to discuss results or for any further advice.
- The provider had made reasonable adjustments to accommodate patients with a disability or impaired mobility.
- The provider handled complaints in an open and transparent way and apologised when things went wrong. The complaint procedure was not available for patients to read in the reception area or on the provider's website.

Are services well-led?

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

Summary of findings

- There was a management structure in place and the provider understood their responsibilities. The registered manager was always available and the culture within the service was open and transparent.
 - There were effective clinical governance and risk management structures in place.
 - There was a pro-active approach to identify safety issues and to make improvements in procedures where needed.
 - The provider assessed risks to patients and staff and audited areas of their practice as part of a system of continuous improvement and learning.
 - The provider sought the views of patients, and ensured policies and procedures were in place to support the safe running of the service.
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Litfield House Medical Centre

Detailed findings

Background to this inspection

The registered provider is Portland Centre for Integrative Medicine based at Rodney House, Clifton Down Road, Bristol BS8 4AL who deliver an NHS Homeopathic Service on behalf of the University Hospitals Bristol NHS Foundation Trust.

The provider has the one registered location at:

Litfield House

1 Litfield Place

Clifton Down

Bristol which we visited as part of the inspection;

And additional sites at the Vine Surgery, Street, Somerset and The Practice Rooms, 26 Upper Borough Walls, Bath which were not visited.

We inspected the Portland Centre for Integrative Medicine (PCIM) at Litfield House Medical Centre on 9 January 2018. PCIM provides services from a rented room at Litfield House Medical

Centre. The medical centre provides reception staff as part of the room rental fee. The centre

also employs a business manager who ensures that all staff at the building are trained and when necessary have a disclosure and barring service check (DBS), and that the facilities are maintained. The service is available to the whole population including children.

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

Their statement of purpose identifies the provision of medical homeopathy. There is a team of five medical doctors who deliver the NHS Homeopathic Service; all of the team are Medical Homeopathic Doctors and members

of the Faculty of Homeopathy. This is the registering body for statutorily regulated healthcare professionals who use Homeopathy in their clinical practice. The doctors are also fully trained in conventional and complementary medicine. This means they consider all medical avenues for their patients, and apply their knowledge using an Integrative Medicine model. All patients are referred to the service via their GP.

Four of the medical team are seconded from University Hospitals Bristol NHS Foundation Trust; the provider directly employs one doctor on a part time basis and two temporary administrative staff.

The core hours for the service are 9am – 6pm Monday to Friday; there is no urgent care provision however patients can be fast tracked to earlier appointments if this is deemed necessary. All NHS patients must apply for 'Prior Approval' funding from their clinical commissioning group to use the service.

We informed NHS England, Healthwatch and the clinical commissioning group that we were inspecting the service; however we did not receive any information of concern from them.

Prior to the inspection we received the pre-inspection information for the provider and reviewed the information available on their website.

During our visit we:

- Spoke with the provider and registered manager.
- Observed how patients were being cared for.
- Reviewed records and documents.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Detailed findings

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?

- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

We found that this service was providing safe services in accordance with the relevant regulations. The service had processes and services to minimise risks to patients safety. We found there was a system for reporting and recording incidents and significant events. Risk assessments relating to the health, safety and welfare of patients using the service had been completed in full. The provider demonstrated that they understood their safeguarding responsibilities. The service had adequate arrangements to respond to emergencies and major incidents.

Safety systems and processes

The provider had systems to keep patients safe and safeguarded from abuse.

- The provider conducted safety risk assessments. The service had a range of safety policies which were regularly reviewed and communicated to staff. Staff received safety information as part of their induction. The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff; level three child safeguarding training had been completed by clinical staff and others had training appropriate to their roles and responsibilities.
- The provider carried out recruitment curriculum vitae CV
- There was an effective system to manage infection prevention and control.
- The premises were suitable for the service provided. There was an overarching health and safety policy which all staff received. The service displayed a health and safety poster with contact details of health and safety representatives that staff could contact if they had any concerns. Regular health and safety audits were completed. An assessment of the risk and management of Legionella had been undertaken. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

- All staff received an induction and training for health and safety, fire safety awareness, infection control and safeguarding relevant to their role.

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.
- Staff had received annual basic life support training.
- The service had emergency equipment and a defibrillator (used to attempt to restart a person's heart in an emergency) available on the premises; there was oxygen available for use in an emergency situation.
- Professional indemnity arrangements were in place for all clinical staff.

Information to deliver safe care and treatment

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

- Individual patient records were written and managed in a way that kept patients safe. The service used patients NHS hospital records to record their assessment and treatment plan. Consistent information was recorded for all patients.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

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

- The service did not store any medicines on the premises. They followed the prescribing protocol for the single homeopathic medicine they prescribed and used a private prescription format to do so. Prescriptions were printed as required.
- There were protocols in place for identifying and verifying the patient and General Medical Council guidance, or similar, was followed.

Are services safe?

- The medicines required for resuscitation or other medical emergency were in place.

Track record on safety

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.

- 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.
- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong. There had been one reported incident at the service. This had been subjected to an internal investigation and discussion amongst the clinical team.
- There was a system for receiving and acting on safety alerts. The service received safety alerts and these were reviewed and any action necessary taken.

Are services effective?

(for example, treatment is effective)

Our findings

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

The service provided evidence based care which was focussed on the needs of the patients. Patients received a comprehensive assessment of their health needs which included their medical history. The service encouraged and supported patients to be involved in monitoring and managing their health. There was effective staffing; clinicians were registered with the appropriate professional regulatory body and had opportunities for continuing professional development to meet the requirements of their professional registration. Consent was sought and recorded before treatment and for information sharing; the provider demonstrated a thorough understanding of the Mental Capacity Act 2005.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clinical pathways and protocols.

- Patients' needs were fully assessed. The provider offered consultations to the whole population and did not discriminate against any patients group. It had clear information on the website about the type of patients for whom the service was suitable.
- The service had systems to keep all clinical staff up to date. Staff had access to guidelines from the British Homeopathic Society and the National Institute for Health and Care Excellence (NICE), and used this information to deliver care and treatment that met patients' needs.

Monitoring care and treatment

- The service took part in quality improvement activity, for example, they completed audits across health and safety risk assessment and regular reviews of policies and procedures. We were told that as part of clinical supervision patient records were informally selected and reviewed to ensure that consultations were fully documented and records were appropriately maintained.

- The service had not initiated a planned programme of clinical audit because there were no formalised homeopathic treatment standards to audit against. The clinical lead was involved in research and development of these and this had been noted as a service development area with the appointment of a clinical auditor from 1 April 2018.
- The clinicians sought ongoing support through attendance at local professional meetings such as those at the University Hospitals Bristol NHS Foundation Trust, and as part of their continued professional development. The clinicians continued to have professional appraisals, and external support for revalidation.

Effective staffing

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

- Staff were provided with ongoing support. For all staff this included an induction process, and for directly employed staff there were appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- The provider understood the learning needs of employed staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. All staff (including seconded staff) were encouraged and given opportunities to develop through attendance at specific training and peer group events.

Coordinating patient care and information sharing

- Patients who used the service were referred by their GP. The service provided the GP with details of the consultation and any recommended treatment. They provided the patient's GP with information on discharge from the service.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital following surgery.

Supporting patients to live healthier lives

The service was consistent and proactive in helping patients to live healthier lives.

Are services effective?

(for example, treatment is effective)

- The service identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
 - The service encouraged and supported patients to be involved in monitoring and managing their health; the service also ran a number of well-being activities which patients could access such as mindfulness.
 - As an NHS funded service they supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity by giving self-care advice or referring to other services.
 - Written policies were in place to record consent. The service could also see children who were accompanied by a parent or guardian. All patients who used the service had a referral letter which included their NHS/hospital number and the service used NHS patient records.
 - Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
 - Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
 - The service monitored the process for seeking consent appropriately.
 - Staff we spoke with told us how they ensured that patients understood what was involved in the procedures for their treatment and care.
- Consent to care and treatment**
- The service obtained consent to care and treatment in line with legislation and guidance.

Are services caring?

Our findings

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

Patients indicated through feedback they were listened to, treated with respect and kindness, and were involved in the discussion of their treatment options which included any risks and benefits.

Kindness, respect and compassion

We observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. The feedback we saw was positive about the service experienced. Patients said they felt the service offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We made CQC patient comment cards available at the service prior to our inspection visit. There were 18 completed comment card which were positive and complimentary about the caring nature of the staff. Many patients commented about the positive effect their treatment had particularly on their well-being.

Involvement in decisions about care and treatment

Patients had access to information about the clinicians working for the service. Staff helped patients be involved in decisions about their care and discussions took place with patients at the point of referral and throughout their treatments to support them to make the right decisions about care and treatment. The service encouraged the use of well-being measures such as the Warwick well-being scale and the Measure Yourself Concerns and Wellbeing (MyCAW), an individualised questionnaire that has been designed for evaluating complementary therapies in cancer support care, the results from which can help patients focus on treatment choices.

Privacy and Dignity

- Curtains were provided in the consulting room to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation room doors were closed during consultations.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a privacy to discuss their needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was mostly providing responsive care in accordance with the relevant regulations. The service was responsive and ensured there was timely access to the service with a range of appointment times available. The provider handled complaints in an open and transparent way but had not made their procedure easily available.

Responding to and meeting people's needs

The information on the website was clear for potential patients to understand what the service provided.

- The service offered flexible appointment times to meet the needs of their patients. The range of services was kept under review to meet demand.
- The service was available to the whole population, and did not discriminate against any patients group and was clear about the level of care they were able to provide.
- Reasonable adjustments were made so that people with a disability could access and use services. The facilities at the centre complied with the Disability Discrimination Act 2005; they were comfortable and welcoming for patients, with a manned reception area and an inner waiting room with refreshments available for patients.

Timely access to the service

Patients were able to access care and treatment from the service within an acceptable timescale for their needs. We were told this would be at a time convenient to patients during the day or late afternoon.

- Patients had timely access to initial assessment and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

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.

- The complaint policy and procedures were in line with recognised guidance. There was one complaint received in the last year relating to medical student being present at consultations. The provider took action to amend the system and ensure patients gave consent for any third party to be present.
- Systems were in place to ensure the service learned lessons from individual concerns and complaints and also from analysis of trends. We were told that this information would be used to improve the quality of care.
- Information about how to make a complaint or raise concerns was not readily available for patients. The complaint procedure was not available for patients to read in the reception area or on the provider's website.

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

There was a management structure in place and the provider had managerial capacity to run the service. The registered manager was available onsite and the culture within the service was open and transparent. There were clinical governance and risk management structures which monitored performance. There was a pro-active approach to identify safety issues and the provider acted on this information to make improvements in procedures where needed. The views of patients were sought, and policies and procedures were in place to support the safe running of the service. There was a focus on improvement within the service.

Leadership capacity and capability

The service was run by the lead clinician who was also the registered manager, and an interim service manager. Both had the capacity and skills to deliver high-quality, sustainable care.

- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The management team were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The service had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. For example, they were advertising for a permanent Business Development and Operations Manager to further develop the service.

Vision and strategy

The provider told us they had a clear vision to work together to provide a high quality personalised care, making treatments accessible and safe. The staff we spoke with shared the same ethos and vision.

Culture

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

- The service focused on the needs of patients.

- Openness, honesty and transparency were demonstrated with their response to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to 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 directly employed staff had received regular supervision and annual appraisals in the last year.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.
- There were good communication systems in place and we observed positive relationships between the staff at all levels. The team had regular weekly meetings to discuss any issues or forthcoming events.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out and understood. The provider reported on their contract performance as requested by University Hospitals Bristol NHS Foundation Trust; the provider had a board that also retained oversight of operation and performance.
- Staff were clear on their roles and accountabilities.
- The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There was a comprehensive written risk management policy and procedures, which covered the identification and assessment of risks throughout the service. This included health and safety audits, infection control audits and arrangements for the identification, recording, analysing and learning from adverse health events or near

Are services well-led?

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

misses. When areas for improvements were identified as a result of an audit, an action plan was developed and closely monitored until all actions had been completed. Service specific policies and standard operating procedures were available to all staff, such as safeguarding. Staff we spoke with knew how to access these and any other information they required in their role.

There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. Performance of employed clinical staff could be demonstrated through completed annual appraisals. The lead clinician had oversight of the Medicines and Healthcare products Regulatory Agency (MHRA) alerts, incidents, and complaints.

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. The provider had a Patient Experience Questionnaire which focussed and informed them about the access and provision of the service.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- There were arrangements in place in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Patient records were paper files which were held securely and returned to the hospital trust when a patient completed treatment. Patient information was held electronically, was password protected for security with off-site backup of data.

Engagement with patients, the public, staff and external partners

There was evidence that the service regularly obtained feedback about the outcome of care and effect on well-being of treatments for patients. For example, the Patient Reported Experience Measure (a standardised validated clinical outcome measure used to measure the quality of provision of patient care) was used to validate outcomes.

The service worked with teaching and training establishments to offer experience to medical and homeopathic students.

The provider had a whistleblowing policy in place. A whistleblower is someone who can raise concerns about service or staff within the service. Staff meetings were taking place a number of times each year or when new developments needed to be discussed. All incidents, complaints and positive feedback from surveys were discussed at staff meetings.

Continuous improvement and innovation

There was a focus on continuous learning and improvement at all levels within the service. The service management board were keen to learn and improve the outcomes for patients. They met on a regular basis to review their work and put together actions plans to ensure improvement. For example, the provider currently delivered the Diploma of Homeopathy training and had planned to deliver the Integrated Medicine Diploma.

The clinical lead was active in publishing research relating to homeopathic therapies working toward developing national standards.

We were also told about the appointment of a clinical auditor from 1 April 2018 who would be reviewing the work of the service and collating information about outcomes and effectiveness of treatments for patients.