

The Well - One Limited

Well-One Clinic

Inspection report

Jacob's Well Yard
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Overall summary

We carried out an announced follow up inspection on 5 December 2018 to ask the service the following key questions; Are services safe 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 well-led?

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

We carried out this follow up 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.

CQC inspected the service on 7 March 2018 and asked the provider to make improvements regarding the management of medicines and governance. We checked these areas as part of this follow up inspection and found they had been resolved.

Well-One Clinic is an Independent Health clinic. The clinic provides general practice, consultation and treatment without accommodation. The provider offers services across a range of areas but in particular in relation to Lyme disease and chronic fatigue.

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 Well One Clinic a service was provided called RIFE treatment which is short wave therapy delivered by a machine. This was built for the clinic by a PhD scientist following research into the various types of RIFE machines. This service is registered with CQC under the Health and Social Care Act 2008 in respect of the treatment of disease, disorder or injury by, or under the supervision of, a medical practitioner, including the prescribing of medicines. At Well One Clinic the RIFE treatment that is provided is exempt by law from CQC regulation. Therefore, we were not able to inspect the RIFE treatment element of the service.

Dr Beryl Beynon is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- Arrangements for the management of medicines kept patients safe.
 - Clinical staff maintained the necessary skills and competence to support the needs of patients. Staff were up to date with all required training.
 - Systems and processes were in place for managing governance in the service.
- There were areas where the provider could make improvements and should:
- Review and improve policies to check they are relevant to the service.
 - Review and improve the quality assurance/clinical audit tool so it captures all outcomes for patients.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Well-One Clinic

Detailed findings

Background to this inspection

Well-One Clinic, Jacobs Well Yard, Swinemoor Lane, Beverley, HU17 0JX is an independent provider of medical services. The provider offers services across a range of areas but in particular in relation to Lyme disease, chronic fatigue and psychological therapies. The service has a website where people can access information, www.welloneclinic.org.uk. Services are available to people on a pre-bookable appointment basis and there is an open-door support session on a Wednesday afternoon. The service is based in a single storey building and consists of a reception and waiting area, consultation rooms and a communal meeting room.

Well-One Clinic provides a fee charging service consisting of consultations and treatment particularly in relation to the management of Lyme disease, chronic fatigue and psychological therapies.

The clinic team consists of one GP, an administrator and two volunteer administration staff. During the inspection we spoke with the GP and the administrator. We looked at practice policies and procedures and other records about how the service is managed.

The clinic is open 9am to 5pm, Monday and Thursday, 9am to 12.30pm on Tuesday, 9am to 4pm on Wednesday and 9am to 3pm on Friday.

The inspection took place on 5 December 2018, the team was led by a CQC inspector and included a CQC Medicines Inspector.

We informed the Clinical Commissioning Group CCG that we were inspecting the service; the CCG did not share any concerns about the service.

Are services safe?

Our findings

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.

Safe and appropriate use of medicines

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

- A medicines policy was in place and had been reviewed in April 2018. However, the policy referred to a lead nurse, who was not employed at the clinic.
- Administrative staff produced dispensing labels and kept records of medicines which had been supplied. Staff had received training for this role.
- We reviewed records and found that no medicines were being used outside of their licensed indications. We

found one patient had been prescribed a medicine for which the manufacturer recommended extra monitoring and blood tests before and during treatment with this medicine. However, there was no record in the medical notes that these tests had been carried out. We found no evidence that this had caused any harm for the patient.

- We checked the arrangements for dealing with medical emergencies. The practice had done a risk assessment to determine which equipment and medicines they needed to have available. The clinic held adrenaline (a medicine used to treat severe allergic reactions), this was kept in a tamper-evident container.

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. A near miss log had been implemented. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

Are services well-led?

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

Our findings

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

- Review and improve policies to check they are relevant to the service.
- Review and improve the quality assurance/clinical audit tool so it captures all outcomes for patients.

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,

understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Some policies contained information that was not relevant to the service.
- We found staff had completed required training, for example, safeguarding and infection control and records were kept.
- The service had implemented a spreadsheet to record the treatment of each patient attending the clinic and to monitor the quality of care and treatment provided. This required further development to ensure it captured all outcomes clearly.