

Dr Sharma Diagnostics Limited

75 Wimpole Street

Inspection report

The Basement Clinic
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Overall summary

We carried out an announced comprehensive inspection on 29 March 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.

75 Wimpole Street is an independent health service based in Central London, where services provided include homeopathy and complimentary medicine. Examples of the types of disorders the service treats are chronic fatigue, hormone imbalance, hypothyroidism and vitamin D deficiency.

Our key findings were:

- There was evidence in place to support that the service carried out care and treatment in line with relevant guidance.
- There was a system for the doctor to keep up-to-date with new guidance and patient safety alerts.
- The information needed to plan and deliver care and treatment was available in a timely and accessible way.
- The service had systems to update external bodies such as GPs and consultants of care and treatment being provided to their patients.
- Systems were in place to protect personal information about patients.
- The doctor understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Summary of findings

- All staff were aware of their roles and responsibilities including in relation to safeguarding.
- Annual risk assessments were carried out including in relation to health and safety.

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

Review the system for identifying significant events.

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 one area where improvements should be made relating to the safe provision of treatment. This was because the systems for recognising and documenting significant events needed improving.

- The service had clearly defined systems and processes in place to keep people safe and safeguarded from abuse.
- The service had carried out a number of risk assessments, which were updated annually.
- The provider was aware of the Duty of Candour and we saw an example of when this was used.
- All staff had received up-to-date training in accordance with their role.
- There were effective arrangements in place to respond to medical emergencies.

Are services effective?

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

- Patients' needs were assessed and delivered in line with best practice guidance.
- Systems were in place to ensure appropriate record keeping and documentation.
- The doctor was aware of the most current evidence based guidance.
- The service had arrangements in place to share information appropriately about care and treatment given with all necessary external bodies such as GPs and consultants.
- The doctor was a part of two external peer support groups.

Are services caring?

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

- The service provided opportunities to enable patients to be involved in decisions about their care.
- Staff understood their responsibility in terms of patients' privacy, dignity and respect.
- Chaperone posters were displayed in the patient waiting area.

Are services responsive to people's needs?

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

- The premises were suitable for the services provided.
- Patients had a choice of times and days where appointments could be booked.
- The doctor made use of telephone consultations for follow up appointments where appropriate.
- Standing operating procedures for complaints were in place and information about how to complain was readily available.

Are services well-led?

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

- All staff were aware of the service vision and their roles and responsibilities in relation to it.
- There was a suite of policies and procedures that had a process for keeping them up to date.
- Risk assessments were carried out annually.
- There was a system for obtaining feedback from patients.

75 Wimpole Street

Detailed findings

Background to this inspection

75 Wimpole Street operates under the provider Dr Sharma Diagnostics Limited. The provider is registered with the Care Quality Commission to carry on the regulated activity of treatment of disease, disorder or injury. The location site address that we visited as a part of our inspection is The Basement Clinic, 10A Upper Wimpole Street London W1G 6LL, where the provider rented a room from the nursing service.

Dr Rajendra Sharma 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. This service is made up of one doctor, a manager and a receptionist.

The service is open on Tuesdays between 1.30pm and 5pm and Wednesdays between 9am and 5pm, where the doctor carries out nine sessions per month. Services provided are homeopathy and complimentary medicine. Examples of the types of disorders the service treats are chronic fatigue, hormone imbalance, hypothyroidism and vitamin D deficiency.

The service has approximately 1000 active patients and takes on between 100 to 150 new patients each year. The service refers patients to the NHS or private services including those outside of the UK where necessary.

Prior to the inspection we reviewed information requested from the provider about the service they were providing. The inspection was undertaken on 29 March 2018 and the inspection team was led by a lead CQC inspector and included a GP specialist advisor. During the inspection we spoke with the doctor, viewed a sample of key policies and procedures, viewed patient records and made observations of the environment and infection control measures. We also had telephone contact with the service manager post inspection.

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 care in accordance with the relevant regulations; however the provider did not have a clear system for identifying significant events.

Safety systems and processes

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

- The service had multiple risk assessments which were carried out annually on their behalf by an external agency, which the service adopted and made changes when required. The service did not consult with persons aged below 18 years and there were systems to safeguard vulnerable adults from abuse.
- Policies were regularly reviewed and were accessible to relevant staff members, policies included the contact details for external bodies where necessary such as the contact details for social services or the local safeguarding lead to be used if there was a safeguarding concern.
- The service manager was in charge of carrying out staff checks; the service did not use locums and had one reception staff member who had all the relevant checks carried out. The reception staff member did not have a Disclosure and Barring Service (DBS) check undertaken, but a risk assessment was carried out stating that this staff member would have no contact with any patients or patient records. 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 members had received up-to-date training appropriate to their roles. For example, all staff had completed information governance training and the doctor and service manager had completed safeguarding adults training.
- If a chaperone was required the doctor used nursing staff who operated in the same building, all of whom had a DBS check. There were posters advertising that this service was available in the patient waiting area.

- The infection control systems were managed by the nursing service. We saw that the doctors' room was clean and tidy.

Risks to patients

There were effective systems to monitor and manage risks to patient safety.

- The practice had adequate arrangements to deal with emergencies, during our visit we saw that the doctor had access to a defibrillator and oxygen and there were emergency medicines on site, however it was explained that due to the nature of the service and treatments provided it was very unlikely that these would be needed.
- The doctor had received annual basic life support training; this was not required by any other staff members as they did not have any contact with the public.
- When there were changes to services such as a change in premises this was communicated to all staff and the service carried out a risk assessment on the possible impact of the change.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. There was a failsafe system to prevent records from being edited after three weeks of the initial entry.
- The practice had systems for sharing information with the patients GP practice and other agencies to enable them to deliver safe care and treatment. We viewed examples of letters sent to GPs and hospital consultants advising of treatment that patients were receiving at the service.
- The doctor received national safety alerts such as those from Medicines and Healthcare Regulatory Agency (MHRA) and alerts relevant to the service speciality and had systems in place to act on these.
- Referral letters we viewed had all the necessary information.

Safe and appropriate use of medicines

Are services safe?

- Medicines used by the doctor were limited to emergency medicines and there were no vaccines or refrigerated medicines. The service kept prescription stationery securely and monitored its use.
- The doctor did not administer any medicines and prescribed medicines on average twice a week, which we saw was in line with current national guidance.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues including fire safety, trips and falls, and the Control of Substances Hazardous to Health (COSHH).

- 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 practice learned and made improvements when things went wrong.

- The provider was aware of the Duty of Candour and we were shown an example of when this had been used.
- There had been no recorded significant events; we saw that these had been handled as part of the complaints process.

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.

Effective needs assessment, care and treatment

The doctor had systems and processes to keep up-to-date with current evidence based practice. We saw that the doctor 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. This included their clinical needs and their physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The doctor reminded patients of the remit of the service and where to seek further help and support.

Monitoring care and treatment

The service had carried out one audit looking at the appropriateness of testing for patients with suspected intestinal permeability. The audit showed that during the time period, 69 patients were sent for testing, 28 had a positive result, six had an equivocal result and 35 had a negative result, which was an equal split of positive and negative outcomes. The service had plans to review this audit within a year and continued to monitor the tests available guidelines advising of symptoms that would indicate that a test was required.

The service also monitored its prescribing of conventional medicines such as thyroxine and vitamin B12.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Only the doctor had direct contact with patients.

- The service understood the learning needs of staff and provided protected time and training to meet them.
- Staff had access to an online training suite.
- The practice used an external service which would help with any human resources issues.
- The doctor had completed his revalidation, took part in the annual appraisal process and had a responsible officer. The doctor was also a part of two external peer support groups.

Coordinating patient care and information sharing

The doctor worked together with other health professionals to deliver effective care and treatment.

- We saw evidence that showed that all appropriate organisations including consultants and GPs were kept informed and consulted where necessary on treatments given to patients.
- Patients received coordinated and person-centred health assessments.

Consent to care and treatment

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

- The doctor understood the requirements of legislation and guidance when considering consent and decision making.
- Consent to care and treatment was appropriately documented in patients records and this included consent to share information with next of kin and external services such as the patients GP.

Are services caring?

Our findings

We found that this service was providing caring services in accordance with the regulation

Kindness, respect and compassion

- On the day of inspection we observed the consulting room to be spacious and clean, we were told that the consultant room would be kept closed during patient consultations to aide confidentiality unless the patient preferred the room door to be kept open.

Involvement in decisions about care and treatment

- The doctor carried out a patient satisfaction survey with patients once a year which had 100% positive results.

- We viewed a sample of patient records which indicated that treatment options were extensively discussed with patients and they were given the opportunity to input into the decisions.

Privacy and Dignity

The service respected and promoted patients' privacy and dignity.

- Staff we spoke with recognised the importance of patients' dignity and respect.
- The service complied with the Data Protection Act 1998 and staff had received training in information governance.
- Chaperone posters were displayed in the waiting area as was also discussed at the point of registration.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The premises were suitable for the service provided.
- Patients were able to access information about the service through a variety of sources including a website and leaflets.
- Health assessments were personalised to reflect individual patients' needs.

Timely access to the service

The service was open on Tuesdays between 1.30pm and 5pm and Wednesdays between 9am and 5pm, where the doctor carried out nine sessions per month. Services provided were homeopathy and complimentary medicine. Examples of the types of disorders the service treated were chronic fatigue, hormone imbalance, hypothyroidism and vitamin D deficiency.

- Patients had timely access to initial assessments and ongoing treatment.
- We were told that standard consultation times could be changed to suit patients' needs where required.
- The doctor made use of telephone consultations for follow up appointments where appropriate.

Listening and learning from concerns and complaints

- The service manager was the lead member of staff for managing complaints. The service manager was supported by the doctor.
- The service had a complaints policy in place and information about how to complain was on the service's website. The complaints information included details of an independent external adjudicator that patients could refer their complaint to if they were not satisfied with the services response.
- The service had received two complaints in the last 12 months; we viewed both complaints and found that they were dealt with satisfactorily and in a timely manner with clear documentation. Lessons were learned from concerns and complaints and action taken as a result led to the improvement of quality care.

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 services in accordance with the relevant regulation.

Leadership capacity and capability;

This service was led by the only doctor who had overall responsibility for the service and was supported by a service manager who led on human resources, policies and procedures and complaints. The service also had a reception staff member whose sole responsibility was booking appointments and had no contact with patients. The doctor and service manager regularly met to discuss the service and any required changes for example as a result of a risk assessment or building move.

Vision and strategy

The provider was able to verbalise a clear vision to deliver high quality care and promote good outcomes for patients but there was no formal strategy.

- We spoke with the doctor and service manager both of whom understood the services vision and values and their role in delivering them.
- The provider had plans to work alongside an external organisation to carry out research to improve and support the services being carried out.

Culture

There was a positive and professional working culture at the service. We were told that staff would be supported to raise concerns and suggestions in how to improve the service. The provider was aware of and had systems to ensure compliance with the duty of candour and we saw an example of when this was used.

Governance arrangements

- Due to there being only three members of staff there was a simple staffing structure and all members of staff knew and understood their roles and responsibilities including in respect of safeguarding.
- Structures, processes and systems to support good governance and management were effective.

- Service leaders had established policies and procedures and were acutely aware of the regulations they should follow and were all signed by the doctor.

Managing risks, issues and performance

There were clear effective processes for managing risks, issues and performance.

- Comprehensive annual risk assessments including health and safety risk assessments were completed annually by an external agency.
- There were processes in place to manage current and future performance.
- The doctor was a part of two external peer support groups which ensured that he was not operating in silo of his peers in the same field and he was able to seek advice on complex cases.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- All potential patients had to complete a comprehensive registration form which took into account their whole medical history including any medicines they were taking. This form was analysed by the doctor before their initial registration appointment.
- The doctor had communicated where appropriate with other health care professionals involved in patients' care to ensure that he was acting on up to date accurate information.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, record and data management systems.

Engagement with patients, the public, staff and external partners

- The doctor carried out an annual survey of patient satisfaction with services which consistently scored 100% satisfaction.
- The service had systems to enable patients and external partners such as GPs and consultants to feedback about the service.