

Portland Centre for Integrative Medicine Community Interest Company

Litfield House Medical Centre

Inspection report

1 Litfield Place
Clifton Down
Bristol
BS8 3LS
Tel: 01179731323
Website: ncim.org.uk

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Overall summary

This service is rated as Requires improvement overall.

The key questions are rated as:

- Are services safe? – Requires improvement
- Are services effective? – Requires improvement
- Are services caring? – Good
- Are services responsive? – Good
- Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Litfield House Medical Centre as part of our inspection programme to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

This service provides Homeopathic Services 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 we reregistered with the General Medical Council (GMC).

This service, the National Centre for Integrative Medicines (NCIM), 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 general

exemptions from regulation by CQC which relate to particular types of service and these are set out in of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the NCIM services are provided to patients under arrangements made by their employer with whom the service user holds a policy (other than a standard health insurance policy). These types of arrangements are exempt by law from CQC regulation. Therefore, at NCIM, we were only able to inspect the services which are not arranged for patients by their employers with whom the patient holds such a policy.

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 asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received feedback about the service from 17 patients. All the respondents commented positively about their experiences, stating they received a high level of service and were treated with care and consideration.

Summary of findings

Our key findings were:

- Risks to patients were well managed for example, there were effective systems in place to reduce the risk and spread of infection.
- The provider did not maintain effective oversight of staff training and not all staff had received appropriate training in line with policy.
- Policies and procedures were not fully embedded. For example, recruitment checks were not consistent and inline with policy.
- 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 areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

- Monitor patient outcomes to identify opportunities for improvement.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Litfield House Medical Centre

Detailed findings

Background to this inspection

The registered provider is the National Centre for Integrative Medicine based at Rodney House, Clifton Down Road, Bristol BS8 4AL which delivers a Homeopathic Service.

The provider has the one registered location at:

Litfield House
1 Litfield Place
Clifton Down
Bristol

Which we visited as part of the inspection.

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

We inspected the National Centre for Integrative Medicine (NCIM) at Litfield House Medical Centre on 15 May 2019. NCIM 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 to ensure 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 provider's statement of purpose identifies the provision of medical homeopathy. There is a team of five medical doctors who deliver the 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 and are registered with the General Medical Council, GMC). This means they consider all medical avenues for their patients, and apply their knowledge using an Integrative Medicine model.

The core hours for the service are 9am – 6pm Monday to Friday. There is no urgent care provision.

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.

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 rated safe as Requires improvement because:

- The provider did not have effective systems to safeguard children and vulnerable adults from abuse in that not all staff had received appropriate safeguarding training.
- The provider's recruitment procedures were not consistently implemented.

Safety systems and processes

The service did not have clear systems to keep people safe and safeguarded from abuse.

Whilst the provider had safety policies which were regularly reviewed and communicated to staff, we saw evidence that the provider did not always follow their own policies, staff training was not in line with national guidance and there was not effective oversight of this.

The provider did not have effective systems to safeguard children and vulnerable adults from abuse. The safeguarding children policy outlined that all staff should receive the minimal level one training, but we found that some staff including call handlers had not completed this. We discussed this with the provider who told us their rationale was that some staff did not speak to children and therefore did not need to complete the training.

Not all staff had received safeguarding children training or had completed training to the appropriate level. We saw evidence that one clinician had not completed safeguarding children level three training in line with national guidance.

The safeguarding adults policy had also not been followed. The policy stated that the provider ensured all staff and volunteers received basic awareness training, however information given to us by the provider showed that they had no evidence that some clinicians had completed adult safeguarding training. The provider also told us that not all call handlers had received this safeguarding adults training.

The provider's recruitment procedures were not consistently applied. On inspection we reviewed nine staff files and found that there were gaps in information:

- In seven of the files we reviewed, there was no information to show the employment history or qualifications of the staff members.

- Seven files were missing references and one file had only one reference noted.
- The provider's staff handbook identified that not all staff required a DBS and in those cases a risk assessment would be conducted (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). However, we found that this process was not embedded.
- For one staff member there was no DBS check and no risk assessment in line with the staff handbook. In two files, including one of a clinician, there was evidence of a DBS check which had been conducted by a previous employer. No risk mitigation assessment was evident in either of those files.

The service had systems in place to assure that an adult accompanying a child had parental authority.

The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.

There was an effective system to manage infection prevention and control. A Legionella risk assessment had been conducted and recommended actions were completed. We saw that water temperatures were regularly documented and they were all within a safe range.

The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

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.

Are services safe?

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities. The provider held a group policy with an insurance company which gave cover for two clinicians, the other three clinicians had their own individual policies.

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 care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- 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 reliable systems for appropriate and safe handling of medicines.

- Arrangements for emergency medicines and equipment was maintained by the management team of the premises where the provider rented their treatment room. We reviewed these arrangements on inspection and found them to be adequate.
- The provider had not conducted any audits of their homeopathic recommendations.

- There were effective protocols for verifying the identity of patients including children.

Track record on safety and incidents

The service had a good safety record.

- The provider had conducted a risk assessment in relation to safety issues however we found that not all risk had been identified. For example, we found that patient files were transferred to the premises where services were delivered, on foot. This had not been identified as a risk. Following inspection, the provider sent us evidence to show that this had been added to their risk assessment.
- 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 service did not have systems in place for knowing about notifiable safety incidents.
- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service had arrangements in place to learn and share lessons, identify themes and take action to improve safety in the service. There had been no significant events raised in the 12 months prior to inspection.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a written apology.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Requires improvement because:

- The provider did not maintain effective oversight of staff training.
- The provider was inconsistent in their induction process.
- No audits had been conducted to help improve care and treatment.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination in relation to care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was not actively involved in quality improvement activity.

- The service did not use information about care and treatment to make improvements.
- The provider could not be assured of the effectiveness of their treatment recommendations as no quality improvement monitoring had been conducted.

Effective staffing

Staff did not have the skills, knowledge and experience to carry out their roles.

The provider did not demonstrate understanding of the learning needs of staff and they did not maintain effective oversight of staff training:

- The provider's induction programme for all newly appointed staff was inconsistent. An induction checklist was available and included essential documents and training requirements. Of the four staff files we reviewed, none contained an induction checklist.
- The provider could not evidence that all staff had completed necessary training. For example, they could not evidence that staff had completed training in information governance, fire safety and equality and diversity. These training modules were identified as mandatory training requirements on their induction checklist.
- In the files we reviewed, other than recorded verbal statements, there was no evidence of staff appraisal or revalidation of professional qualifications.
- The provider advised that annual reviews would be done for all staff but that their staff had not been employed for a full year so this had not yet been completed.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing recommendations, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.

Are services effective?

(for example, treatment is effective)

- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff 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.

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 rated caring as Good because:

- **Staff treated patients with kindness dignity and respect.**
- **Patients felt respected and listened to.**

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs, their family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

- Patients were able to access care and treatment in a timely way.
- Services met patients' needs.

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. The provider had identified that not all patients who required their service could afford it. They set up an access fund which subsidised appointment prices for patients on lower incomes. They also offered a discount for students and patients over 65 years old.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. Patients who required additional support were identified at the point of contact and their accessibility requirements would be discussed and a note made on their patient record.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use.

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.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, a complaint was raised at the branch site following a miscommunication regarding access to the premises where the appointment was due to be conducted. The patient turned up for the appointment but as there was no receptionist the patient was unsure which room their appointment was in. This led to the patient missing their appointment. Following this, a change in process was implemented which meant, if it appeared that a patient had not turned up, clinicians working from the branch site would enter the reception area to see if they were waiting there.

Are services well-led?

Requires improvement 

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

Our findings

We rated well-led as Requires improvement because:

- Policies and procedures were not always followed.
- The provider did not have a business continuity plan.

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners (where relevant).
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- 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 were processes for providing all staff with the development they need. This included appraisal and career development conversations.
- There was a strong emphasis on the well-being of all staff. At the beginning of each team meeting, they would take five minutes for mindfulness (mindfulness is an integrative, mind-body based approach that helps people to manage their thoughts and feelings and mental health). Staff were also able to access the services offered by the National Centre for Integrative Medicine at a discount.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Responsibilities, roles and systems of accountability to support good governance and management were not always embedded.

- Policies and procedures to ensure safety were not always followed. For example, the provider did not follow their safeguarding policy.
- The provider did not have sufficient oversight of staff training and could not be assured that all staff had completed relevant training in line with their policy.
- Our inspection indicated that some procedures were not always followed. For example, the staff handbook stated that staff files should contain key documents which included photo identification and Disclosure and Barring Service (DBS) checks. We found that records did not consistently contain this information.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

Managing risks, issues and performance

Are services well-led?

Requires improvement 

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

Processes for managing risks, issues and performance were not always effective.

- Appropriate risk assessments had been conducted for Litfield Medical Centre where the regulated activity was conducted from. However, we identified the transfer of patient files from the administration office to Litfield Medical Centre was done in person and this had not been risk assessed. Following inspection, the provider sent us evidence that a risk assessment had been completed.
- Leaders had oversight of complaints.
- The provider did not have a business continuity plan.
- The provider did not conduct audits on patient outcomes.

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.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

- The service submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged patients to feedback about the service they received but the provider told us that they had not received any.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were not always systems and processes for learning, continuous improvement and innovation.

- There was not always a focus on continuous learning and improvement. The provider did not have systems to improve services based on patient outcomes.
- Learning from incidents and complaints was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider did not establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• The did not have systems in place to ensure policies and procedures established within the service were followed• The service did not use information about care and treatment to make improvements• No quality improvement activity was carried out to provide assurance of the effectiveness of treatment provided• No business continuity plan was in place <p>This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities 2008) Regulations 2014.</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The provider failed to ensure persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out their duties.</p> <p>In particular we found:</p>

This section is primarily information for the provider

Requirement notices

- Not all staff had received necessary induction and training identified by the provider as relevant to their role.
- Not all staff had received safeguarding training at the correct level in line with the provider's policy.

This was a breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities 2008) Regulations 2014.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

The provider did not undertake adequate checks on the suitability of staff employed in the service.

In particular we found:

- There was a lack of information as to the qualifications, competence, skills and experience of some staff employed.
- DBS checks or risks assessments had not been carried out.
- Recruitment checks were inconsistent, records were incomplete and not in line with policy.

This was a breach of Regulation 19(2) of the Health and Social Care Act 2008 (Regulated Activities 2008) Regulations 2014.