

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Litfield House Medical Centre

1 Litfield Place, Clifton Down, Bristol, BS8 3LS

Date of Inspection: 27 March 2013

Date of Publication: May 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Integrated Health Screening Limited
Registered Manager	Dr. Janet Nicola Hembry
Overview of the service	Integrated Health Screening Ltd is a private clinic using complementary methods to treat and support people. The service is registered to provide diagnostic and screening procedures and treatment of disease, disorder or injury.
Type of service	Diagnostic and/or screening service
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 27 March 2013, observed how people were being cared for and talked with staff.

What people told us and what we found

We carried out our inspection of the service over two visits. Our first visit took place on the 27 March 2013. We returned on the 25 of April 2013 to complete the inspection. We were accompanied on our second visit by two pharmacy inspectors who assisted with the inspection.

We spoke with one patient who came to the clinic for an appointment. We also spoke by telephone to the wife of another patient who used the service. Both people were pleased with the care and treatment at the clinic. The patient we met told us that they were satisfied with their experience. We were told "the doctor is fantastic, she fills you in on the whole picture very clearly".

There was a safe system in place for the management of medicines at the clinic.

There were systems in place to safeguard patients who used the service from the risk of abuse.

There was evidence that the nurse agency the provider used to supply nurses ensured they were competent in their work and were effectively supported.

There was a quality monitoring programme in place, which included patients giving feedback about their experiences. This showed that patients were involved in reviewing the service provided by Integrated Health Screening .

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

The provider ensured that people who used the service understood, consented and knew how to change their decisions before providing care and treatment. The patient records we reviewed contained consent forms that had been signed by the person and the doctor. The patient we met at the clinic told us "you are given an immense amount of information and the doctor makes sure you understand it".

We read a copy of the information pack that all prospective patients received about the treatments provided by Integrated Health Screening. This included information about the types of treatments available at the clinic and, what to expect from the service. This meant people were able to use this information to make an informed decision about whether to use the service or not.

We saw that people were asked to sign a consent form before their procedure. The provider had added further detail to the consent form after our first visit. The form now more clearly showed when people had given their consent. It also showed that the proposed treatments had been explained to them a way that they understood.

The doctor told us consent was a continual process discussed with patients at all stages of their treatment. We saw written information in four patient's medical records that confirmed information was provided to them before their consultation.

People were informed that some of the medicines administered were not licensed and were made aware that where the medicines and herbal remedies had not been subjected to clinical trials; claims of beneficial effects could not be made. The possible side effects of the treatments offered were explained to people; therefore they were fully informed about the treatment being offered.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw in the four medical records we looked at that a detailed medical history was taken during the initial consultation with the person.

We were told by the patient we met that the doctor was, "technically very, very proficient and this gives one a lot of confidence. She turns the medical gobbledegook into things you can understand". We read a comment made by one of the patients in a feedback form. They wrote 'I feel the visits to the clinic have made the difference between life and death I can't praise it highly enough'. The relative we spoke with told us the doctor was "a very pleasant person with empathy and compassion". They also said the doctor was "very proficient" in their work.

We read 'treatment pathway' information in each of the medical records we saw that had been written by the doctor. A treatment pathway sets out in a structured way the treatment the patient will be provided with. It should also record the progress of their condition along their particular pathway. We saw that the doctor had written to each patient and explained to them what they proposed for them for their particular treatment pathway.

The doctor told us that patients received a consultation appointment with them that was always at least an hour long. We saw that the patient we met had an appointment with the doctor that lasted for over an hour. The patient concerned told us that the extra time they had was really useful for them to properly talk through their medical condition.

There were arrangements in place to deal with foreseeable emergencies. All staff had received basic life support training and we saw that the emergency equipment was checked regularly.

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

We saw a letter in one of the medical records we read written by a patient to the doctor. The patient thanked the doctor for advising them to go straight to the accident and emergency department of the nearest hospital. The doctor had advised this course of action after correctly suspecting the patient had an acute medical condition requiring mainstream medical treatment.

We read emails from patients in the medical records we looked at. The content of the emails showed patients were giving permission for the doctor at the clinic to contact their GP and their medical consultant about the service they were receiving at the clinic. We read copies of letters in each of the four medical records that the doctor had written to patients' GPs and to their medical consultants.

This provider understood the importance of effective working with other health care professionals involved in the care and treatment of patients who they were also seeing at their clinic. We read what the doctor had written in the information pack all prospective patients received. We have quoted directly from the providers information pack 'when I become involved with patient's treatment, it is very important that I communicate with their other doctors. There is always personal choice of course but when I prescribe medication it is essential that I let other doctors know '.

The information pack also went on to state ' patients are asked to supply details of all professionals involved in their care at the time of an initial consultation, and to update me if there are any changes' .

The doctor understood their responsibility to cooperate with other providers involved in their patients' treatment. The doctor was aware of the Litfield House safeguarding policy which states, 'where there is a question as to the suitability of a patient to give informed

consent the operating practitioner will be responsible for ensuring that the advice of the patient's General Practitioner or other medical attendant is sought prior to treatment'.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Litfield House, the location used by the provider to run the service from, had their own safeguarding procedure for people to follow when working from the premises. The Litfield House procedure was detailed and informative and it included information about the types of abuse that can occur.

We saw a copy of the provider's safeguarding procedure. The procedure was to help inform staff what they needed to do to keep people safe from abuse. The procedure included the contact details for whom to contact to report concerns.

We spoke with the doctor's medical secretary who was able to tell us what whistle blowing in the work place meant. They understood that it meant to report to someone in authority if they thought there was malpractice at work. They told us there was a whistle blowing procedure in place with the contact information of who staff could report concerns to if they had them.

The registered manager had been on training in protecting vulnerable adults. We were told that there were plans for one member of staff to undertake training but no definite date had been set.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were kept securely. The medicines and herbal remedies were stored in a locked cupboard within an area that was only accessible to clinic staff. Therefore no unauthorised person could access the medicines.

Medicines were supplied appropriately. A full medical history together with a review of currently prescribed medicines took place. Therefore any potential interactions between the regularly prescribed medicines and the newly prescribed medicines, nutritional supplements or herbal remedies could be identified and avoided. People therefore did not receive remedies that could interfere with existing treatment.

Medicines supplied were clearly recorded. The client's records included a copy of the medicine order and any medicines, nutritional supplements and herbal remedies which were administered, supplied or recommended for use to the person. There was therefore a complete audit trail for the products in use.

The provider might find it useful to note that although the medicines were prescribed on a signed order and there was a signed protocol in place for when the medicines were administered in the patient's home, there was not a signed instruction for how they were to be administered if this took place within the clinic. This could increase the risk of a medicine being given incorrectly and causing harm.

Medicines supplied were clearly recorded. The client's records included a copy of the medicine order and any medicines, nutritional supplements and herbal remedies which were administered, supplied or recommended for use to the person. There was therefore a complete audit trail for the products in use.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We looked at the staff records of the doctor and nurse who work at the clinic. We saw a document confirming that the doctor was registered with the General Medical Council. This ensured that the doctor met the professional standards which were a condition of their ability to practice. We also saw certificates confirming that the doctor had attended 50 hours of continued professional development in the last year. These had been arranged by the British Society of Ecological Medicine and included topics such as gastroenterology, cardiovascular disease and dermatology. We saw a document confirming that the doctor had been appraised in the last year and that the appraisal had been carried out by an appropriately qualified consultant physician.

We saw written evidence, in the form of a contractual agreement from the agency who supplied the nurses to the clinic, that the nurses were competent to work for the provider and carry out the clinical duties that were required. We were also supplied with information on our second visit to the clinic that confirmed the nurses were appraised and supervised in their work. This helped to show that the competency of staff was assessed and support was provided if gaps in knowledge or skills were identified.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We saw a system to obtain the views of patients who used the service by the provider. We saw a suggestion and comments box and feedback forms that were available in the clinic. The provider took account of complaints and comments to improve the service. We saw that there was a clear procedure for responding to complaints and details of this were sent to people who used the service when they first made an appointment. The registered manager told us that there had only been one complaint in the last year. We read this and found that the investigation that followed was proportionate and thorough. A response was sent to the complainant in an appropriate and timely manner.

We saw the certificate from the body known as the 'Hellenic Accreditation System' used by the provider to verify the safety and competency of the laboratory in Greece used for specific tests carried out by the doctor. The purpose of the accreditation certificate was to verify that the laboratory used had carried out procedures, based on internationally agreed criteria with impartiality and competence.

We saw that the clinic had a number of policies and procedures in place to guide and inform staff so that they followed the most suitable and safest actions in a number of areas to do with how the clinic was run. These included and safety, infection control, responding to emergencies, and safe management of medicines. The provider may find it useful to note that policies and procedures used at the service were not dated or signed to verify that they were current and up to date. This could impact on the overall quality of the treatment and services at the clinic. This is because the actions set out in the policies and procedures may not be current or auditable and may not reflect current best practise.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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