

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

## Integrated Health Screening

Litfield House Medical Centre, 1 Litfield Place,  
Clifton Down, Bristol, BS8 3LS

Date of Inspection: 17 December 2013

Date of Publication: January  
2014

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

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 December 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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We spoke with three people who came to the clinic during our inspection. We also spoke with one person who had accompanied a person to the clinic. The people we spoke with were pleased with the care and treatment at the clinic. People told us that they were satisfied with the treatment that was provided. One person told us "the doctor fills you with so much hope there are always options". Other comments people made included, "the doctor always explains everything, they tell you why you can't have a treatment but there are always options" and, "the treatment here you can't get anywhere else, the doctor is very professional".

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

The nurse who worked at the clinic was monitored and supported in their work. The doctor was also supervised and appraised by a fellow medical professional. This was to ensure they were fit to practise.

There was a quality monitoring programme in place that included seeking feedback from people who used the service.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

### Care and welfare of people who use services

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

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

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### Reasons for our judgement

People felt satisfied with the treatment that was provided at the clinic. One person we met told us that the doctor had, "so much empathy she is very knowledgeable and gives you hope there are always different things you can try". Another person told us, "she is so well read she knows everything that you need to know, she works with you and helps you to choose your treatment". Another comment made about the doctor was, "you are treated like you would a friend. If I had a test result due and I was anxious they wouldn't leave me hanging on".

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 completed during the initial consultation with the person. We saw that the doctor used this information to plan people's treatment with them. People told us they were fully consulted with in relation to their proposed plan of treatment.

People were fully informed and involved in the treatment they received. We read 'treatment pathway' information written by the doctor, in each of the medical records we saw. A treatment pathway sets out what treatment a person has. It is a record of the progress of their condition along their particular pathway. We saw that the doctor had written to each person. They had explained in detail to them what they proposed for them for their particular treatment pathway.

This provider worked with other health care professionals involved in the care and treatment of people they were seeing at their clinic. We viewed the information pack people received. This stated, '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 '.

We read emails from people who used the service to the doctors at the clinic. We saw confirmation that people had given permission for the doctor at the clinic to contact their

GP and their medical consultant about their treatment. We read copies of letters in each of the three medical records that the doctor had written to people' GPs and to their medical consultants.

There were arrangements in place to deal with unforeseeable emergencies. We were shown confirmation that the nurse had received basic life support training. We saw that the emergency resuscitation equipment was in working order. We saw records that confirmed this was checked regularly to ensure it worked in the event of a medical emergency.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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Medicines were stored safely at the clinic. We saw that there was a walk in lockable cupboard used to store medicines at the clinic. The doctor told us they were the only person who had a key to this room. This was to ensure that medicines were stored safely.

We saw that there was a lockable fridge that was used to store medicines that required refrigeration. Checks of the fridge temperature were carried out to ensure it was working correctly.

Medicines were prescribed and given to people appropriately. We saw that a full medical history and a review of peoples prescribed medicines took place. This was to minimise the likelihood of potential interactions between the regularly prescribed medicines and the newly prescribed medicines, nutritional supplements or herbal remedies. We saw confirmation that people did not receive remedies that could interfere with existing treatment.

A suitable medicines administration record was in place for the doctor to record the medicines they had given people. We saw three people's records and they had been written and signed by the prescribing doctor. We also saw medication protocols in place that set out how to safely give people IV medicines.

Records showed that medicines supplied for people were clearly recorded. The three people's records we saw included a record of medicines, nutritional supplements and herbal remedies administered, supplied or recommended for them. There was therefore a complete audit trail for the products that were used.

We saw records that confirmed that the doctor prescribed medicines for people on a signed order. People took the order to a dispensing pharmacist so that they were able to be prescribed the medicines that they required.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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Every person we spoke with had positive views of the doctor and their ability to provide them with effective treatment. One person told us "they have so much empathy and they just want the best for you ". Another comment made was "we cannot manage without the doctor, they know how to find the information and treatment we need ".

Staff received appropriate professional development. There was one doctor and one nurse at the clinic. We saw confirmation that they were registered with the General Medical Council. This ensured that they met the professional standards as a condition of their ability to practice. We saw certificates confirming that they had attended continued professional development in the last year. We saw evidence that confirmed that the doctor had been appraised in the last year. The appraisal had been carried out by a suitably qualified medical doctor.

We also saw evidence that the doctor liaised for clinical supervision and peer support with their peers on a regular basis. This ensured that they had a system in place to review the treatments that were provided at the clinic.

Staff were able, from time to time, to obtain further relevant qualifications. The nurse we spoke with told us they were encouraged to attend training courses that were relevant to the needs of the people they supported. We viewed their recent training records and we saw that they had attended training courses that included how to administer first aid, safeguarding vulnerable adults, venepuncture, and an update on intra muscular injections. The nurse also told us they read journals so that their knowledge was up to date about the types of treatments provided at the clinic.

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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We saw a system to obtain the views of people who used the service by the provider. We saw a suggestion and comments box and feedback forms that were available in the clinic.

The doctor told us they had commissioned an independent medical doctor to survey people and review the service they provided. We saw that people who used the service had been asked their views of the treatment that was provided at the clinic. We saw that there was a high degree of satisfaction about the treatment people received. An action plan had been put in place to address matters that the doctor thought they needed to improve on.

The provider took account of complaints and comments to improve the service. We saw that there was a complaints procedure that was used to respond to complaints. We saw confirmation that details of this were sent to people who used the service. The doctor told us that there had been one complaint in the last year. We read this and found that the investigation was proportionate and ensured the matter was fully investigated.

The doctor ensured that the laboratory they used for test results was suitable and effective for their needs. We saw an in date certificate from the body known as the 'Hellenic Accreditation System'. This body verified the safety and competency of the laboratory in Greece used for specific tests carried out by them.

We saw that the clinic had a number of policies and procedures in place to guide and inform staff. This was to support them to follow the most suitable and safest action 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 policies and procedures were dated and signed to verify that they were current and up to date.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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