

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

Centre of Integrated Medicine

118 Station Road, London, NW4 3SN

Date of Inspections: 08 January 2014
03 January 2014

Date of Publication: January
2014

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

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	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	Partners in Ministry
Registered Manager	Dr. Liam Edward Chapman
Overview of the service	The Centre of Integrated Medicine provides an integrated approach to whole person health care and combines conventional medicine with nutritional, natural and other treatments. The provider is a registered charity. The service is provided by a three person team with the manager, a GP, providing a consultation service two days per week.
Type of service	Doctors consultation service
Regulated activity	Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Cleanliness and infection control	9
Supporting workers	10
Assessing and monitoring the quality of service provision	11
<hr/>	
About CQC Inspections	12
<hr/>	
How we define our judgements	13
<hr/>	
Glossary of terms we use in this report	15
<hr/>	
Contact us	17

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 3 January 2014 and 8 January 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

Two visits were made as there was no consultation service provided on the first day of the inspection. The second visit was made to talk with people using the service, check records and meet the manager. All the people we spoke with were positive about the service. One person said, "it's really nice, friendly and caring". A second person described the service as, "excellent, I can't speak highly enough." People told us they liked the holistic approach taken and that the manager was professional and took time to listen. One person said, "they deal with the whole person, the doctor has a very good approach."

People told us that they were involved in their treatment and provided with information. One person said, "I get lots of information and they make sure I understand." A second person said, "they show me the records and I also get a copy if any tests are done."

Treatment plans were detailed and provided evidence that people's needs had been assessed. We saw that there were plans in place to meet people's needs. Records were kept online on the provider's dedicated computer software system which meant they were easy to access and set out in clear sections for appointments, tests and follow up.

The premises, including the treatment room, were clean. None of the people we spoke with had concerns about cleanliness. We saw that there were protective gloves and clothing available, that there were suitable arrangements for disposal of clinical waste and that staff had been provided with information and training about health and safety and infection control.

There was a small staff team which worked together effectively. Although appointments were only available two days a week the receptionist / secretary worked full time and was able to make appointments, provide information and respond to arising matters on the other days. Staff had received a range of relevant training including safeguarding and there had been team training sessions in areas relevant to the service such as health and safety. There were a range of systems in place to assess and monitor the quality of the service. For example, clinical audits which included action plans where it was identified that improvements or adjustments were needed.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We spoke with five people using the service either on the day of the inspection or afterwards on the telephone. All the people we spoke with told us they were pleased with the service and felt they were treated with respect, dignity and consideration. One person said, "It has been a very positive experience." A second person said, "it has been excellent and changed my health completely." A third person said, "without a doubt – I'm always treated with respect." We saw the manager and the receptionist / secretary interacting with people professionally and providing information in a polite and friendly manner.

People told us they were given sufficient information and were involved in their care and treatment. One person said, "I always get enough information so I understand. They show me records when I have an appointment and they show me the results of tests." A second person said, "they have time to talk with me and explain, which is really good." A third person said, "I've been coming here for six years, we monitor things together." This meant that people using the service were being provided with information to enable them to understand their treatment.

People told us that the service provided was confidential. We saw that consultations and treatment took place in a private treatment room and that records were stored online on the provider's computer system. Paper records were scanned to the computer and then destroyed.

We asked the provider and people using the service about equality and diversity matters and whether there were any specific initiatives. None of the people we spoke with had any specific examples where action had been taken but neither did they have concerns. However, the provider was able to tell us about action they had taken. This included a Royal National Institute of Blind People (RNIB) audit of the service that had been carried out. Adjustments had been made as a result. These included improvements to signage and introducing a flagging system to highlight treatment plans where people may have a visual impairment. Other examples were the installation of an induction loop system for people with a hearing impairment and the carrying out of an audit of patients with

disabilities. This meant that the provider was taking action to respect the diversity of people using the service.

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

We looked at a sample of four treatment plans. These contained an initial assessment, a plan of care, appointment records and details of any checks that had taken place such as blood tests or reports from specialists. People told us that they were involved in their care and treatment and were given information. One person said, "there have been discussions with my GP which has been helpful." A second person said, "the manager listens to you and gives respect and does things you'd expect." The majority of the people we spoke with told us they liked the holistic approach and the fact the manager had time to look at their overall needs.

We saw that the treatment records were kept online on the provider's dedicated computer software system. This meant that there were specific sections for each person and that information could be easily and quickly retrieved. The people we spoke with told us they liked the system as they could ask to see reports or information.

The provider's registration covered the conventional medicine service provided. The other aspects of the service, such as the nutritional treatments, were not within the scope of registration. However, the manager had a particular interest in providing an integrated approach to health care combining conventional treatment with nutritional and other treatments and the service was marketed as providing an integrated approach. People to whom we spoke told us that they liked the approach taken and the time they were given by the manager. They said they had often researched providers and chosen this one because of the holistic approach. We saw that the manager had a particular interest in providing an integrated approach, had a personal development plan focused in that area and was completing a relevant masters course. This meant that the provider was taking into consideration relevant information when providing the service for people.

There were arrangements made to respond to foreseeable emergencies. There were emergency drugs which we saw were being regularly checked by the provider. We saw that written records of the checks were being kept. There was guidance provided to staff in a staff handbook and staff had received life support training. We saw certificates to confirm this.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

The premises were clean and tidy. The treatment room was equipped with a wash hand basin, a clinical waste and a sharps bin and protective equipment, such as gloves and aprons, was provided. The toilet was clean and had soap and towels. People told us that they had no concerns about cleanliness at the service. One person told us, "the doctor always washes his hands and wears gloves when needed."

We saw that there had been staff training on health and safety which covered infection control and hand washing techniques. There was information on display about hand washing techniques. We were shown records confirming that there were agreements in place to collect clinical waste and sharps. We were shown records of such collections. We were told that there was a cleaner who worked one day a week and that staff had a rota for cleaning at other times. The manager told us that he would draw up a cleaning schedule for the cleaner. This meant that the provider had taken steps to make sure that people using the service were protected from the risk of acquiring a health care infection.

However, the provider may find it helpful to note that we did not see a specific infection control risk assessment. Although there was health and safety risk information and an infection control procedure, infection control risks may be presented to people if all aspects of infection control have not been risk assessed.

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

The staff team consisted of three people. The manager, who provided the treatment and consultation service, a receptionist / secretary and a third team member who assisted with administration and business duties. We spoke with the manager and the receptionist / secretary. We also spoke to a person from a charity which had an office in the same building. This person was helping with reception duties during the afternoon.

We saw that staff worked effectively together and that each member of staff had worked there for a number of years. Staff told us they enjoyed the work and felt supported. All the people we spoke with who were using the service gave us positive feedback about staff. One person, for example said, "they are all very friendly and helpful."

We were shown staffing records which included records of staff appraisals, staff training and records of information sessions that had been provided. Staff had completed relevant training in such areas as health and safety, data protection and safeguarding children and adults. We saw training certificates in these areas. We also saw records of team meetings which had been signed by all the staff attending. These usually included a topic, such as health and safety, where information was provided. This meant that staff were being provided with a range of training and support to enable them to provide care and treatment safely and to an adequate standard.

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

There were a variety of initiatives in place to regularly assess and monitor the service provided. We saw that surveys of people using the service had been carried out. We saw an example which included a report detailing what areas were covered and what action had been taken to address any arising matters. The one we saw provided details about opening hours and email information.

We saw that a number of audits had been carried out. Areas covered included phlebotomy, patients with disabilities, child protection and the provider's patient information leaflet. We saw that action had been taken as the result of the audits. For example, the phlebotomy audit had resulted in the decision to audit more regularly and to dispose of blood test bottles which were out of date. We saw that other equipment such as needles, syringes and swabs had also been audited to make sure they were within date. This meant that people using the service were being protected against the risks of inappropriate or unsafe care because the provider was regularly assessing and monitoring the service.

We saw that a number of quality and monitoring checks had been carried out in relation to the manager. These included a GP appraisal which had been carried out in 2013. We saw that no concerns had been identified. There was a multi-source feedback document which included feedback on the manager from peers, other health staff and administrative staff. This had been completed on a standard template designed for this type of feedback. Again, there were no arising matters or concerns. In addition, we saw the manager's Personal Development Plan and evidence of continuous professional development.

No complaints had been received for the past two years. We were shown nil returns for these years. There were a range of records available which demonstrated that regular checks were being carried out to make sure that the service ran smoothly and efficiently. For example, we saw fire safety check records as well as checks of the equipment in use and matters such as data protection and registration with the Information Commissioner's Office (ICO).

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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
