

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

Wholistic Medical Centre Limited

57 Harley Street, London, W1G 8QS

Tel: 02075807537

Date of Inspection: 19 April 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
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	The Wholistic Medical Centre Limited
Registered Manager	Dr. Shamim Daya
Overview of the service	The Wholistic Medical Centre provides services in educating and empowering people to understand their own bodies and feelings and to find a way of maintaining a healthy balance in their lives. The main focus is on primary preventative care with an emphasis on early detection and early intervention. The services are offered in addition to conventional treatments that are provided mainly in the NHS.
Type of services	Doctors consultation service Doctors treatment 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
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	4
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	7
Supporting workers	8
Complaints	9
About CQC Inspections	10
How we define our judgements	11
Glossary of terms we use in this report	13
Contact us	15

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 announced 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 19 April 2013, sent a questionnaire to people who use the service and talked with people who use the service. We talked with staff and reviewed information we asked the provider to send to us.

What people told us and what we found

The practice had carried out a satisfaction survey between the period of June to December 2012 to which 100 people responded. People responded that they were satisfied with a range of aspects relating to the care and quality of the service they had received. 80 percent of people rated their overall satisfaction with the practice as "excellent" and 15 percent rated it as "very good."

People gave their written consent to receive treatment at the practice and we saw completed forms for these in people's care files.

Staff received appropriate professional development. The doctor and staff kept up to date with research relevant to their practise through attending courses and reading journals which counted towards their continual professional development (CPD).

People were not verbally informed on how they could raise a complaint. One person we spoke with told us that they did not know how they would raise a complaint if they needed to. However there was information available for people in a range of written formats on the practice's complaints process. There was a patient manual in the waiting room which detailed how a people could raise a complaint if they wished to and this was also available on the Wholistic Medical Centre's website.

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

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. People gave their written consent to receive treatment at the practice. We saw completed consent forms in people's care files. On these forms people would also be consenting to whether the practice could share information about their treatment with their general practitioner (GP) and in addition allow the practice to use their test results in a research programme.

If a child was using the service they would always be accompanied by a parent and written consent would be given by the parent before a child could receive treatment.

One person using the service told us that their treatment options were explained well and that they always gave their permission before tests or treatment was carried out.

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 spoke to one person who used the service and reviewed recent satisfaction survey feedback.

Before a person received treatment an overall medical assessment would be carried out going through their medical history and outcomes of routine tests and investigations. An initial assessment would then be taken to identify the most stressed organ and to discuss with people ways to address the imbalance in their condition. Staff measured improvements in peoples' health outcomes by using a Measure Yourself Medical Outcome Profile (MYMOP). A treatment plan was drawn up with people during their consultation and their needs were discussed in depth and noted in the plan by the relevant staff. This was reviewed with people and updated at each visit by a range of staff. People were referred on to other specialists when required. We saw care files for two people and saw that treatment was carried out in line with what staff had told us. People were able to access the doctor for advice in between treatments if needed.

In recent patient satisfaction survey feedback to which 100 people responded 75 percent rated Dr Daya as "excellent" in relation to listening to a person's case history, understanding people's needs and answering their questions and 96 percent said they would refer their family and/or friends for treatment with Dr Daya.

There were arrangements in place to deal with foreseeable emergencies. All staff were trained in first aid. There was an oxygen kit onsite. In the event of a serious incident or accident the emergency services would be called.

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

Staff received appropriate professional development. The doctor and staff kept up to date with research relevant to their practice through attending courses and reading journals which counted towards their continual professional development (CPD). All staff attended regular meetings to discuss cases.

Both the doctor and the clinical assistant received regular appraisals. These documented their progress, achievements and identified any further training needs. Staff folders were kept for all staff. We saw staff files for the doctor, one of the health practitioners and the receptionist. Most of these files were up to date. However one of the files had not been updated with recent training a staff member had completed and this was also documented in a recent audit that had been carried out to monitor the gaps in staff files.

One person's feedback in the recent satisfaction survey stated "I feel confident in the care given by Dr Daya and her team."

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was a complaints system available.

Reasons for our judgement

The practice had a complaints policy and process in place. Procedures and timeframes on how to respond to complaints were documented in the policy.

People were not verbally informed on how they could raise a complaint and one person we spoke with told us that they did not know how they would raise a complaint if they needed to. However there was information available for people in a range of written formats on the practice's complaints process. There was a patient manual in the waiting room which detailed how a person could raise a complaint if they wished to and this was also available on the Wholistic Medical Centre's website. A notice was displayed in the reception area on how people could make suggestions or complaints. The provider may wish to note that this was not displayed where people could view it.

When a complaint was raised with the practice, it was summarised along with the actions taken and whether it had been resolved. We looked at an example of a raised complaint and saw it had been looked in to and resolved, where possible to a person's satisfaction.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.
