

The Coach House

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires Improvement 

Overall summary

This service is rated as Choose a rating overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced inspection at The Coach House. We carried out this inspection as part of our inspection programme following the registration of a new service.

The service is registered for treatment of disease, disorder and injury and primarily provides services to people seeking weight management including consultations and treatment.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The Coach House provides a range of non-surgical cosmetic interventions, for example fat freezing which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The owner of the organisation is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We asked for feedback from patients via the CQC website. Four people provided a response. Responses were positive and patients highlighted the service provided good communication.

Our key findings were:

- The provider had safe systems and processes to manage patients.
- There was a culture of openness and honesty throughout the organisation.
- There was a lack of oversight of the service in terms of governance.

(Please see the specific details on action required at the end of this report).

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

- Maintain complete medical records for all patients

Overall summary

- Review and update policies and guidelines to reflect the services provided.
- Strengthen leaders' oversight of the governance of the service.

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Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a member of the CQC medicines team and included another member of the CQC medicines team.

Background to The Coach House

The Coach House provides support to people in England to lose weight. This is done by providing consultations for advice and support including diet and exercise as well as prescribing and monitoring the effects of medicines where appropriate for weight loss. There are over 150 people registered with the service. Patients can access the service over the phone or via the website.

The service carries out the regulated activity at the above address. This is also where the inspection took place.

The clinic is open for appointments Monday, Tuesday, Wednesday, Thursday and Friday.

How we inspected this service

Information was gathered from the provider information return prior to the inspection and while on site during the inspection. We also monitored feedback via the CQC online form.

The methods used to carry out this inspection were interviewing staff, reviewing feedback from people who use the service and review of documents.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service demonstrated how they would work with other agencies to support patients and protect them from neglect and abuse.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. Staff knew how to identify and report concerns. Policies we saw were not specific to the service's practice. The service provided revised documents after the inspection, although these did not fully address all issues.
- The provider carried out appropriate environmental risk assessments to staff.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to escalate an emergency situation during a virtual consultation including arranging emergency assistance via 999. Appropriate safeguards were in place to identify the location of the service user prior to any virtual consultation.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place which covered professional indemnity. Staff were responsible for this and the organisation monitored this.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were not always written and managed in a way that kept patients safe.
- During the inspection, we found several incomplete records. The provider audited all records after the inspection and provided us with evidence that this had been rectified.
- The service had systems for sharing information with staff and the GP to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Are services safe?

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The service did not store medicines on site. Prescriptions were written electronically via password protected devices and sent electronically to the online pharmacy. The organisation had processes in place to arrange for delivery to a community pharmacy of the person's choice if necessary.
- The provider told us that they intended to carry out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing on an annual basis. The service had been open less than a year at the time of inspection.
- The service does not prescribe controlled drugs.
- Staff prescribed and gave advice on medicines in line with legal requirements and current national guidance. Staff ensured accurate records of medicines prescriptions were kept.
- There were effective protocols for verifying the identity of patients. The organisation had a contract with an external company to verify patient identity.
- This service prescribes some medicines for weight loss off-label. Treating patients with medicines off-label can have higher risk than treating patients with licensed medicines for their labelled indication. This is because the off-label use may have less safety, quality and efficacy evidence. At the time of this inspection, a licensed form of the medicine had been approved for use in the UK however was not yet available. The provider was aware and had made plans to use this in the future.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service had systems in place to learn and make improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers told us the importance of reporting concerns and policies reflected this.
- There were adequate systems for reviewing and investigating when things went wrong. Leadership at the service encouraged a culture of openness and honesty to safely develop and showed us they had systems to support this.
- The provider was aware of and had systems in place to comply with the requirements of the Duty of Candour. The service had systems in place for knowing about notifiable safety incidents.

Are services effective?

We rated effective as Good

Effective needs assessment, care and treatment

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

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. Where the service felt they couldn't offer enough support, the provider told us they would not treat and signpost the patient appropriately.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- The service provided clinics virtually which allowed people to attend from home. Guidance was given to minimise disturbances and allow people to talk openly.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. The service reviewed 20% of patients every 3 months which included their response to treatment, patient satisfaction and side effects. A high number of patients developing mild side effects was shown which the clinic intended to follow up with further research.
- The service provided further support for those people who were not losing weight as they had expected.
- The service provided us with plans to develop further audits to ensure safety and clinical effectiveness of online consultations.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (nursing) were registered with the Nursing and Midwifery Council and were up to date with revalidation
- Generally, the provider understood the learning needs of staff however training records showed nobody had received Mental Capacity Act training. Staff demonstrated an understanding and training was completed in a timely manner after the inspection.
- Up to date records of skills, qualifications and training were maintained.

Coordinating patient care and information sharing

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

Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. The provider communicated with the GP when medicines were prescribed.
- Before providing treatment, clinicians at the service ensured they had adequate knowledge of the patient's health and their medicines history. The clinic had an awareness of its limitations in treating complex patients and explained they would signpost to more suitable sources of treatment where sufficient information was not available to ensure safe care and treatment.
- The service referred to other services where they felt an online service would not fully meet the needs of the person.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. The provider did not prescribe medicines to people if they did not give their consent to share information with their GP, or they were not registered with a GP. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- The service monitored the process for seeking consent appropriately.

Supporting patients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care. We saw evidence of information leaflets on diet and exercise.
- Risk factors were identified and highlighted. Patients were encouraged to seek additional support from their normal care provider. Patients were directed to apps they could use to help manage daily calorie intake and monitor exercise.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions.

Are services caring?

We rated caring as Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. Feedback was a priority to the service and patients were also sent the web link to the CQC webpage for the receipt of feedback.
- Feedback from patients was positive about the way staff treat people. Patients felt staff within the service communicated well and were easily contactable.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. For those with a hearing impairment, the service had considered written communication to patients.
- Patients told us through online forms, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.

Staff and clinicians ensured that people were in a quiet and confidential space where conversations could not be overheard before starting a consultation.

Are services responsive to people's needs?

We rated responsive as Good

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. We saw evidence of individualised treatment plans for a patient who was struggling to lose weight.
- Staff were very passionate about helping patients to live healthier lives.

Timely access to the service

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

- Patients had timely access to initial assessment, diagnosis and treatment. The organisation was flexible with appointment times to ensure people could access support when needed.
- Waiting times, delays and cancellations were minimal and managed appropriately.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service had a complaints policy and procedure in place which highlighted to inform patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- At the time of inspection, the service had not received any complaints since opening.

Are services well-led?

We rated well-led as Requires improvement because:

Leadership capacity and capability;

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

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

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care. The service did not always demonstrate effective oversight of the service to promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service did not monitor progress against delivery of the strategy and there was insufficient oversight of the service. The provider discussed further plans for audits but these were not in place during the inspection.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal. Clinical staff, including nurses, were considered valued members of the team.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were not always clear responsibilities, roles and systems of accountability to support good governance and management.

Are services well-led?

- Structures, processes and systems to support good governance and management were not clearly set out, understood and effective. Leaders had not established proper policies, procedures and activities to ensure safety and assure themselves that they were operating as intended. Policies were not specific or reflective of the service provided.
- Staff were clear on their roles and accountabilities.

Managing risks, issues and performance

There were not always clear and effective processes for managing risks, issues and performance.

- There was not an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service did not have processes to manage current and future performance. The service provided us with plans to demonstrate the performance of clinical staff through audit of their consultations, prescribing and referral decisions after the inspection. Leaders had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. The provider was part of a peer support group for similar services.
- Staff could describe to us the systems in place to give feedback. One member of staff explained how there was opportunity to give feedback at weekly meetings. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.