SDC (UK)1 Limited Prime Health & Beauty Clinic - Derby

Inspection report

216-218 Burton Road
Derby
DE23 6AA
Tel: 01332299505
www.slimminganddiet.co.uk

Date of inspection visit: 14 December 2020
Date of publication: 21/04/2021

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	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Inadequate

Overall summary

This service is rated as Inadequate overall. (Previous inspection April 2017 – Not rated)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Inadequate

We previously inspected this location in 2016 where breaches of regulation were found. A further inspection in 2017 showed some improvements had been made. However we carried out a rated announced comprehensive inspection at SDC (UK)1 Limited Prime Health & Beauty Clinic – Derby on 14 December 2020 as part of our inspection programme to rate the service where we rated the service inadequate overall.

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. Prime Health and Beauty Clinic provides a range of non-surgical cosmetic interventions, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The clinic is run by one doctor who 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.

Five people provided feedback about the service by speaking with us and their comments were all positive. They told us they were happy with the service provided and how things have been managed during the pandemic.

Our key findings were:

- There was a lack of monitoring of the quality of care being provided.
- There was a lack of established governance procedures to deliver safe care.
- There was a lack of appropriate training to ensure staff were suitably qualified and competent.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure that care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.Ensure patients are protected from abuse and improper treatment.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

Overall summary

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

- Improve systems for the retention of medical records if the provider ceases trading, in line with Department of Health guidance.
- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.

Another location operated by this provider was rated inadequate and placed in special measures for the second time. We are now taking action in line with our enforcement procedures to begin the process of preventing this provider from operating the service.

Dr Rosie Benneyworth BM BS BMedSci MRCGP
Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

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

Background to SDC (UK)1 Limited Prime Health & Beauty Clinic - Derby

Prime Health and Beauty Clinic provides a weight reduction service for adults and supplies medicines and dietary advice to patients accessing the service.

- The clinic operates from a ground floor consulting room on Burton Road in Derby.
- The clinic is open from midday to 7pm Mondays and midday to 6pm Wednesday, Thursday and Friday.
- The clinic employs three receptionists.

How we inspected this service

We spoke to the registered manager and receptionist and reviewed a range 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.

Inadequate

Are services safe?

We rated safe as Inadequate because:

Systems and processes did not always ensure that care was provided in a safe way.

Safety systems and processes

The service did not have clear systems to keep people safe and safeguarded from abuse.

- The provider had conducted some safety risk assessments. It had limited safety policies. The service had limited systems to safeguard vulnerable adults from abuse. Whilst the service did not consider safeguarding of children in its current policies, staff had access to relevant contact details.
- The provider carried out staff checks at the time of recruitment. 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).
- We were told that staff had been given safeguarding and safety training. Staff were able to describe how they would report concerns, but we were not provided with evidence of appropriate training. The policy we were shown had limited information for staff.
- The systems to manage infection prevention and control were ineffective and needed to be reviewed. Staff were not always using running water to clean their hands, though we note that staff had access to hand sanitizer. Whilst there was an infection control policy, it was not specific to this clinic location. The provider did not complete any infection control audits. We saw that the cleaning products in use were not always fit for purpose. Equipment was not always cleaned to an appropriate standard. We could not be assured that the provider was following current guidance for the prevention of infection.
- A Legionella risk assessment had been carried out. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- The provider had not carried out appropriate environmental risk assessments.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff had some understanding of their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. We were told that the doctor was qualified in basic life support and evidence of this was provided following the inspection.
- This is a service where the risk of needing to deal with a medical emergency is low. We were told that staff had access to a first aid kit and medicines to treat anaphylaxis, which were accessible to staff but located within another service managed by the provider in the same building. We did not review these during the inspection but saw a risk assessment had been undertaken by the provider in relation to the management of emergency medicine.
- There were appropriate indemnity arrangements in place to cover both professional indemnity and public liability.
- The systems in place for ensuing fire safety were inadequate. We did not see evidence of fire training for staff or evidence that fire drills had taken place.

Information to deliver safe care and treatment

Inadequate

Are services safe?

Staff did not have all 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. The care records we saw did not always show the information needed to deliver safe care and treatment to relevant staff in an accessible way.
- The service had limited systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Patients were given letters that they could take to their GP.
- The service did not have 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.

Safe and appropriate use of medicines

The service did not have reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including controlled drugs, emergency medicines and equipment did not always minimise risk.
- The service did not carry out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service prescribed Schedule 3 controlled drugs (medicines that have additional levels of control due to their risk of misuse and dependence). These were not always managed safely. We found that checks were not made to show that the total stock balanced with the records.
- Medicines were not accurately recorded in accordance with the provider's policy. Therefore, it was not possible to check medicine stock on the day of inspection.
- Some of the medicines this service prescribes for weight loss are unlicensed. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. These medicines are no longer recommended by the National Institute for Health and Care Excellence (NICE) or the Royal College of Physicians for the treatment of obesity. The British National Formulary states that 'Drug treatment should never be used as the sole element of treatment (for obesity) and should be used as part of an overall weight management plan'.

Track record on safety and incidents

The service did not have a good safety record.

- The service had completed limited risk assessments in relation to safety issues.
- Safety documentation was not reviewed regularly meaning that the service did not always understand risks. There was no clear, accurate and current picture that led to safety improvements.

Lessons learned, and improvements made

The service did not always learn and make improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses.
- The service did not always take action to improve safety. Though risk assessments had been completed, the required actions had not always been completed.

Inadequate

Are services safe?

- The provider was not aware of Duty of Candour and its requirements. However, the provider told us they were open and honest with patients. The service was unable to show evidence of learning from external safety events. The service was signed up to receive periodic medicine alerts that advise providers of any concerns in relation to medicines. Whilst we saw that the alerts were received, the provider was unable to provide assurance that these alerts were reviewed and acted upon by the clinical team.

Requires Improvement

Are services effective?

We rated effective as Requires improvement because:

There was limited evidence of monitoring care and treatment to assess if it was in line with current guidance.

Effective needs assessment, care and treatment

The provider did not always have systems to keep clinicians up to date with current evidence based practice. Clinicians were not always able to evidence assessment of needs to deliver care and treatment in line with current legislation, standards and guidance (relevant to their service).

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs, height, weight and body mass index and physical wellbeing. There was a clinic protocol and a treatment protocol that had limited information to support clinical decision making. The doctor told us they knew when to prescribe.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. Patients were asked to review consent and past medical history by signing and dating the individual care record annually.

Monitoring care and treatment

The service was not actively involved in quality improvement activity.

- The service obtained limited information about care and treatment to make improvements. For example, we were told about one audit completed to review weight loss. However, we did not see any meaningful analysis of the data obtained or resulting actions.

Effective staffing

Staff did not have all the skills, knowledge and experience to carry out their roles.

- The provider had an induction programme for all newly appointed staff. However, we did not see evidence of this being implemented fully. We could not be assured all staff were appropriately trained and qualified.
- The doctor was registered with the General Medical Council (GMC) and was up to date with revalidation.
- The provider told us they understood the learning needs of staff and had provided training to meet them. However, we were provided with limited records of skills, qualifications or training. For example we were provided with a certificate and told this was for adult safeguarding. This document was not titled and did not have a date or a level assigned.

Coordinating patient care and information sharing

Staff worked together, but did not work well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care.
- Doctors at the service did not always ensure they had adequate knowledge of the patient's health and their medicines history before providing treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP. Although there were no examples of patients GPs being contacted directly, patients were given a letter that they could take to their GP.

Requires Improvement

Are services effective?

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. Patients were given food information leaflets.

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. The doctor told us how they would assess and record a patient's mental capacity to make a decision. However there was no evidence of training in this area.

Good

Are services caring?

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 from patients was positive about the way staff treat people
- 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 not made available where possible for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them. Patients could also be supported during their appointment by a friend or relative.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Consultations with the doctor were held in a private room where people could discuss sensitive issues.

Good

Are services responsive to people's needs?

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and told us they would listen to patients requests for improved services.
- The appointment system was amended to encourage social distancing.
- Not all facilities and premises were appropriate for the services delivered.

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 and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously but did not have systems to respond to them appropriately to improve the quality of the service.

- Information about how to make a complaint or raise concerns was available.
- The service had a complaints policy in place, however the policy needed updating to reflect best practice for managing complaints. There were no examples of complaints recorded as the provider had not received any.

Inadequate

Are services well-led?

We rated well-led as Inadequate because:

Processes were not established to identify and monitor risks. There was no evidence of monitoring and learning from incidents.

Leadership capacity and capability

Leaders did not always have the capacity and skills to deliver high-quality, sustainable care.

- Leaders were not knowledgeable about some of the issues and priorities relating to the quality and future of services. They did not understand the challenges and were not addressing them.
- Leaders at all levels were visible and approachable. However, there was limited evidence of them working closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The service did not have a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- The vision and values for the service were not clear. The service was not able to describe a strategy and supporting business plans to achieve priorities.

Culture

The service did not have a culture of high-quality sustainable care.

- Openness, honesty and transparency were described by the provider when asked about responding to incidents and complaints. They had not recorded any incidents or complaints because they had not had any. The provider was not aware of duty of candour.
- Staff told us they could raise concerns.
- We were told that the doctor had met the requirements for professional revalidation.
- We were unable to see processes for providing all staff with the development they need. We were not provided with evidence of appraisal or career development conversations.
- There was not a strong emphasis on the safety and well-being of all staff.

Governance arrangements

There were no clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out.
- Staff were not clear on their roles and responsibilities.
- Leaders had established some policies, procedures and activities to ensure safety but did not assure themselves that they were operating as intended. The policies did not include all procedures and activities of the service.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Inadequate

Are services well-led?

Managing risks, issues and performance

There was limited clarity around processes for managing risks, issues and performance.

- The processes to identify, understand, monitor and address current and future risks including risks to patient safety were not effective. The clinic policies were not in line with guidance issued by Public Health England in light of the COVID 19 pandemic.
- Performance of clinical staff could only be demonstrated through one mandatory annual audit as part of their revalidation. There was no audit of their consultations and prescribing. We were told leaders had oversight of safety alerts, incidents, and complaints. However, we were not provided with any record of this.
- Clinical audit did not have a positive impact on quality of care and outcomes for patients, as this was not part of the routine of the service. There was no clear evidence of action to change services to improve quality.

Appropriate and accurate information

The service did not always have appropriate and accurate information.

- We did not see quality and operational information being used to ensure and improve performance.
- We were told that staff had regular meetings, however we were told that these were not documented.

Engagement with patients, the public, staff and external partners

The service involved patients to support sustainable services.

- The service encouraged and heard views and concerns from patients to shape services and culture.

Continuous improvement and innovation

There was limited evidence of systems and processes for learning, continuous improvement and innovation.

- There was no documented evidence of continuous learning and development of staff.
- The service had a process to review internal and external reviews of incidents and complaints. We were told learning from incidents could be shared and used to make improvements; however we did not see any evidence of this.
- We saw no evidence of staff reviewing individual and team objectives, processes and performance.