Stratum Clinics Ltd

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	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
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 Requires improvement overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Stratum Clinics Ltd as part of our inspection programme. This was the first inspection for this service.

Stratum Clinic provides consultations and dermatological treatments for a variety of conditions such as Eczema. They provide diagnostic tests and provide information and choices about potential treatments. Some medicines are prescribed by the service when needed, which include treatment for acne. Some of the services offered are not regulated by the Care Quality Commission (CQC), such as cosmetic therapies. This report references only those services that are regulated by CQC.

There was a registered manager in place. 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.

Our key findings were:

- Not all staff had completed safeguarding training appropriate to their role.
- Processes for managing risks, issues and performance were not always embedded.
- The provider could not be assured that patient outcomes were appropriate as no clinical audit had been conducted for treatment and procedures carried out by sessional clinicians.
- Processes to identify and implement learning from significant events and safety alerts were not fully established.
- Care was assessed and delivered on an individual basis. National guidance was considered by clinicians.
- Staff treated patients with kindness, respect and compassion.
- Clinicians were qualified and experienced in the areas of care they provided.
- There were arrangements to ensure consent was sought and that patients were fully informed about their care options.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Overall summary

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

Our inspection team

Our inspection team was led by a CQC lead inspector**.** The team included a specialist adviser.

Background to Stratum Clinics Ltd

Registered provider: Stratum Clinic Ltd

Cantay House

Park End Street

Oxford

OX1 1JD

Stratum Clinic provides consultations and dermatological treatments for a variety of conditions including minor surgery for mole removals. They provide diagnostic tests and information about potential treatments such as Eczema. Some medicines are prescribed by the service where appropriate which include treatment for alopecia (hair loss). Some of the services are not regulated by the Care Quality Commission (CQC), such as cosmetic therapies. This report references only those services that are regulated by CQC. The service cares for approximately 2,000 patients a year. There are designated consultation and treatment rooms available.

Opening times:

Monday 9am to 5pm

Tuesday 9am to 5pm

Wednesday 9am to 5pm

Thursday 9am to 5pm

Friday 9am to 5pm

Saturday Ad hoc clinics as required

Sunday Closed

How we inspected this service

We requested information prior to inspection from the provider and conducted a site visit on 22 March 2023. We reviewed care records and documents relating to the management of the service. We spoke with clinical and non-clinical members of staff.

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.

Requires Improvement

Are services safe?

We rated safe as Requires improvement because:

- Not all staff had completed safeguarding training appropriate to their role.
- Recruitment processes were not consistent across all staff groups.
- The new online patient record system was not embedded in practice.
- The provider did not have a process to ensure learning from significant events and safety alerts was embedded in practice.

Safety systems and processes

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

- The provider conducted safety risk assessments. There were policies which covered areas such as safeguarding, fire safety and infection control. These were regularly reviewed to make sure information contained in them was up to date.
- The safeguarding policy detailed training requirements for staff and we found that permanent staff had completed training in line with this. However, sessional staff such as doctors and consultants had not completed training in line with the provider's policy and national guidance.
- Following inspection, we received evidence that clinicians had since started or completed this training. However, concerns were raised with us that sessional staff did not believe it was necessary for them to complete level 3 safeguarding training despite them being advised that it was a requirement.
- Staff we spoke with knew how to identify and report safeguarding concerns.
- The provider demonstrated staff checks were in place for nurses and non-clinical staff working at the service. Disclosure and Barring Service (DBS) checks were undertaken on all staff working with patients. (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). Staff vaccination records were in place and up to date. However, the provider was unable to demonstrate that recruitment checks for sessional staff were consistent. For example, the provider was unable to demonstrate that they obtained references for sessional staff.
- There was an effective system to manage infection prevention and control (IPC). An IPC risk assessment had been conducted in October 2022 and actions identified had been completed. However, the risk assessment did not identify all potential risks. For example, it had not identified that there was carpet in the reception and communal areas which would require regular cleaning. We raised this with the IPC lead who advised they would look into arranging this.
- A Legionella risk assessment had been completed and the service routinely monitored water temperatures in line with recommendations. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings which can cause illness).

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. The provider employed two bank nurses who provided ad hoc cover as required.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- There were appropriate indemnity arrangements in place. Each sessional clinician was required to provide evidence that they held appropriate cover. Clinicians employed by the provider were covered by a group policy.

Information to deliver safe care and treatment

Requires Improvement

Are services safe?

Staff did not always have the information they needed to deliver safe care and treatment to patients.

- The provider had an online system for patient records. We saw clinicians would record patient information using handwritten notes and this would then be transferred to the online system. While we saw that handwritten notes were uploaded to the new system, there was no standardised template for completing medical histories, diagnosis or treatment. This meant the provider could not be assured there was a consistent approach to assessing and recording patient information.
- Patient records we reviewed contained necessary information. However, information demonstrating if a chaperone was present during a procedure, was inconsistently recorded.
- The provider had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service manager was unable to confirm if they 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. Following inspection, they sent us confirmation that they had put it as an agenda item for the next senior management team meeting.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, controlled drugs and equipment minimised risks.
- There were suitable medicines and equipment to deal with medical emergencies which were checked regularly. However, medicines and equipment were located on the third floor of the building, in an unlocked cupboard which was accessible to the public and the provider had not assessed how quickly the medicines could be accessed in an emergency. We also found that not all staff were aware of where the medicines and equipment were located. The service manager gave assurances they would conduct an emergency drill as part of their basic life support training.
- Staff had processes to follow to ensure they prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. However, the provider had not conducted prescribing audits to maintain oversight of this and ensure they were prescribed appropriately.
- Some of the medicines prescribed by the provider were unlicensed. Treating patients with unlicensed medicines runs a higher risk than treating patients with licensed medicines, because the treatments may not have been assessed for safety, quality and efficacy (the ability to produce a desired or intended result). These medicines would not be recommended by the National Institute for Health and Care Excellence (NICE) or the appropriate professional body. We discussed this with clinicians who advised that unlicensed medicines were prescribed as there were no effective recommended treatments for many of the conditions being treated. Patients were provided with detailed information, verbally and in writing, for each unlicensed medicine to mitigate risk.

Track record on safety and incidents

The service did not always have a good safety record.

- There were comprehensive risk assessments in relation to safety issues. However, not all items requiring action had been completed. For example, a fire risk assessment had been completed in August 2022 which identified that additional fire doors were required. This had not been actioned.

Lessons learned and improvements made

The service learned and made improvements when things went wrong but this was not fully embedded.

Requires Improvement

Are services safe?

- 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 supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. Improvements were needed to ensure learning was effectively shared, acted upon and monitored. One example related to a process being introduced to make sure that no more than 2 attempts were made to obtain a blood sample. A protocol was introduced which was communicated to staff through emails and staff meetings. However, no monitoring had been implemented to ensure new processes were followed.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. We saw evidence that medicine safety alerts were received and communicated to staff where relevant. However, the provider did not have a system to ensure learning was embedded. For example, guidance was disseminated to staff advising of risks to patients of childbearing age using a specific cream for skin conditions and that extra precautions to prevent pregnancy should be taken. However, the provider did not monitor this to ensure staff were advising patients appropriately or that staff newly employed by the service would be informed of the same guidance.

Requires Improvement

Are services effective?

We rated effective as Requires improvement because:

- Training the service considered mandatory had not been completed by all staff.
- The service had not conducted clinical audits for treatment and procedures carried out by sessional staff to ensure patients received effective care and treatment.
- Sessional staff such as doctors and consultants did not have their work peer reviewed to ensure they were acting within their competencies and that patients received appropriate treatment.
- Sessional staff did not have an effective induction programme.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice.

- Clinicians explained that patients were assessed and their needs and care was delivered in line with relevant and current evidence based guidance. This included the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.

Monitoring care and treatment

There was limited quality improvement activity.

- There were no systems to effectively monitor patient care and the individual performance of sessional clinicians. The provider had not conducted audits which looked at the treatment and procedures carried out by sessional clinicians to ensure effective outcomes for patients. We saw that they had done a one-cycle audit in March 2023 for one of their sessional clinicians, which assessed the completeness of information held in patient records. The audit reviewed three patient records and areas for improvement identified. However, information provided did not demonstrate if learning had been shared with the clinician and when a repeat audit would conducted to identify if improvements had been made.
- There was no peer review of consultants' work taking place to assess each other's performance and ensure consistency in care. The provider had recognised the lack of audit and clinician review from other CQC inspections of Stratum Clinics and was in the process of proposing audits and a peer review process.
- Patient feedback was used to identify potential improvements.

Effective staffing

The provider did not always ensure that all staff had the skills, knowledge and experience to carry out their roles.

- The provider did not have a consistent induction process for all staff. Permanent staff employed directly by the provider received a structured induction including a sign off process to ensure processes were followed effectively and staff received all necessary information. Sessional staff did not receive an induction and there was no review of the treatment they provided to ensure it met a required standard. The provider had identified this as a concern and was in the process of introducing a new induction checklist for sessional staff.
- The provider identified the learning needs of permanent staff and ensured that training was maintained periodically as required. However, there were no records to demonstrate that sessional staff working for the service were up to date with training such as fire safety, basic life support or infection prevention and control.
- All staff were appropriately qualified and experienced in their speciality.

Requires Improvement

Are services effective?

- Clinicians were registered with the General Medical Council (GMC) or Nursing and Midwifery Council (NMC) and were up to date with revalidation.

Coordinating patient care and information sharing

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

- Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results, and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP.
- The provider had risk assessed the treatments they offered. They had identified medicines that should not be prescribed if a patient was not suitable to receive them. For example, if there were risks associated with taking medicines.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- 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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- 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.

Good

Are services caring?

We rated caring as Good because:

Patients reported a caring service and there were arrangements to protect patients' dignity and privacy.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on patient satisfaction and the quality of clinical care they received.
- Feedback from patients was mostly positive about the way staff treated them.
- 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. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care. However, the provider told us that they were unable to source information leaflets in braille.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Treatment rooms had lockable doors and there was a system to indicate when a treatment room was in use.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

The provider was responsive to the needs of their patients.

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 improved services in response to those needs. The service manager identified a growing requirement for services relating to skin conditions, such as eczema and psoriasis which was not being provided. This was escalated through the organisation and the provider recruited a specialist sessional doctor to fulfil this role.
- The 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, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised and where necessary, this was shared with their GP.
- Referrals and transfers to other services were undertaken in a timely way.

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 informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place.

Requires Improvement

Are services well-led?

We rated well-led as Requires improvement because:

Improvements were needed to ensure that governance and quality assurance processes were effective and drove improvement in the service provision.

Leadership capacity and capability

There was not sufficient leadership capacity to ensure high-quality, sustainable care.

- Leaders were knowledgeable about their field of care and services provided.
- There was not sufficient clinical leadership to provide oversight of systems and processes and provide clinical quality assurance. For example, there was no clinical audit programme for sessional clinicians.
- The provider did not ensure there were appropriate leaders across all aspects of the service. For example, there was no effective line management of sessional clinicians.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and 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.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

The service's culture was not always consistent with the requirements of delivering high-quality sustainable care.

- The culture exhibited by the provider did not encourage effective oversight or performance management of sessional clinicians. For example, when evidence of completed or additional training was requested by service managers, this was not always complied with. The provider did not offer any further support to service managers ensure these requests were met.
- There were processes for providing all permanent staff with the development they needed. This included appraisal and career development conversations. However, the provider did not have an equivalent system for sessional doctors to identify any areas for performance development.
- Permanent staff had received equality and diversity training.
- Staff felt respected, supported and valued.
- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. 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.

Governance arrangements

Requires Improvement

Are services well-led?

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

- Internal processes were inconsistent when applied to permanent and sessional staff and did not follow internal policies. For example, recruitment and induction processes.
- Processes to identify and implement learning from significant events and safety alerts were not fully established.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service submitted data or notifications to external organisations as required.

Managing risks, issues and performance

Processes for managing risks, issues and performance were not always embedded.

- The provider did not have systems to support effective oversight of sessional staff such as consultants. There was no process to monitor their performance or offer peer support in the organisation.
- The provider did not have a clinical audit process for sessional clinicians to monitor patient outcomes, ensure consistency and identify improvements where necessary.
- Oversight of training was not effective for sessional staff.
- Processes to identify and mitigate risk were not always embedded. For example, it had not been identified that the location of emergency medicines or the carpets in communal areas, could indicate a potential risk to patients.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service could not be assured they always acted on appropriate and accurate information.

- The provider did not have a system to ensure patient information was recorded consistently and was relevant to their needs.
- Sustainability was discussed in relevant meetings where all staff had sufficient access to information.

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. The service manager had carried out a whole staff survey in 2022 which was due to be repeated this year. This would give staff an opportunity to feedback to the organisation.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was some evidence of learning, continuous improvement and innovation.

Requires Improvement

Are services well-led?

- There was a focus on continuous learning and improvement. Following CQC inspections conducted at other locations, the provider had implemented some improvements to address shortfalls identified.
- Following inspection, the provider told us they had implemented a new human resources team who would have responsibility for monitoring training for all staff groups and ensuring recruitment checks are conducted consistently. They told us they were building an audit programme for the clinical directors to have more oversight of performance for sessional clinicians.
- Following inspection, the provider told us they had scheduled monthly clinical meetings to discuss and review governance performance including complaints, audits and serious incidents.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: • Processes to identify and implement learning from significant events and safety alerts were not fully established. • The provider did not have effective oversight to ensure systems and processes were managed consistently across all staff groups. For example, training and recruitment. • The provider did not have a process to ensure patient information was recorded consistently and appropriately. • The provider did not have established systems and processes to assess, monitor and improve the quality and safety of the service. For example, there was no programme of clinical audit for sessional clinicians. This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.