

Courthouse Clinics Body Limited

Courthouse Clinics Body Limited Wilmslow

Inspection report

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Overall rating for this service

Are services safe?

Are services effective?

Are services caring?

Are services responsive to people's needs?

Are services well-led?

Overall summary

We carried out an announced comprehensive inspection at Courthouse Clinics Body Limited Wilmslow on 13 December 2017 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?.

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

Background Information

Summary of findings

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Courthouse Clinics Body Limited Wilmslow provides anti-aging and aesthetics procedures. The service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 to provide the regulated activities of; Diagnostic and screening; and the treatment of disease, disorder or injury. Many of the services provided do not fall within the regulated activities for which the service is registered with CQC. For example, some of the anti-aging aesthetic procedures and laser hair removal do not fall within the regulated activities for which the location is registered.

Our key findings were:

- The provider had systems in place to provide a safe service.
- A system was in place for reporting, investigating and learning from significant events and incidents.
- Systems were in place to deal with medical emergencies and clinical staff were trained in basic life support.
- There were systems in place to reduce risks to patient safety. For example, infection control practices were carried out appropriately and there were regular checks on the environment and equipment used.
- Feedback from patients about the care and treatment they received was very positive.
- Patients were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Patients were provided with information about their procedures and after care.
- Systems were in place to protect personal information about patients.
- An induction programme was in place for all staff and staff received induction training linked to their roles and responsibilities.
- Clinical staff were trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Staff had access to all standard operating procedures and policies.
- The service encouraged and acted on feedback from patients. Patient survey information we reviewed showed that people who used the service had given positive feedback about their experience.
- Information about services and how to complain was available.
- The service had good facilities, including disabled access. It was well equipped to treat patients and meet their needs.
- There was a clear leadership and staff structure and staff understood their roles and responsibilities.
- There were governance systems and processes in place to ensure the quality of service provision.

Areas where the provider should make improvements;

- Review the arrangements for sharing information with patient's GPs.
- Consider the provision of chaperone training for staff who are responsible for chaperoning as part of their roles and responsibilities.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

- The service had systems, processes and practices in place to keep people safe.
- Staff had received safeguarding adults training and they had access to local authority information on managing and making safeguarding referrals.
- Risks to patients were assessed and well managed.
- Systems were in place for identifying, investigating and learning from incidents.
- There were systems in place to meet health and safety legislation and mitigate risks to patients. Health and safety related checks were carried out on the premises and on equipment on a regular basis.
- Procedures were in place to ensure appropriate standards of hygiene were maintained and to prevent the spread of infection.
- There were enough clinical and non-clinical staff to meet the demand of the service and appropriate recruitment checks were in place for all staff.
- There was no prescribing of medicines and no medicines held on the premises with the exception of medicines to deal with a medical emergency.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

- Patients' needs were assessed and care was planned and delivered effectively.
- Systems were in place to ensure appropriate record keeping and the security of patient records.
- The service had a programme of on-going quality improvement activity. For example there was a range of checks and audits in place to promote the effective running of the service.
- There were staff training, monitoring and appraisal arrangements in place to ensure staff had the skills, knowledge and competence to deliver effective care and treatment.
- Consent to care and treatment was sought in line with the provider's policy.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- We did not speak to patients directly on the day of the inspection. However, we reviewed the provider's patient survey information. This showed that patients were happy with the care and treatment they had received.
- We reviewed CQC comment cards and these contained very positive feedback about people's experiences of the service including; consultations, the quality of treatment, the environment, and the conduct and helpfulness of staff.
- Staff we spoke with demonstrated a patient centred approach to their work.

Are services responsive to people's needs?

We found that this service was providing responsive services in accordance with the relevant regulations.

- There was information available to patients to demonstrate how the service operated.
- Feedback from patients was that appointment availability was good and that they had received timely treatments.

Summary of findings

- The premises were fully accessible and well equipped to meet people's needs.
- Information about how to complain was readily available to patients. The provider responded quickly to issues raised.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- The provider had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in relation to this.
- There were systems in place to govern the service and support the provision of good quality care and treatment.
- There was a clear leadership structure and staff felt supported by management.
- Staff told us the provider encouraged a culture of openness and honesty.
- The provider actively encouraged patient feedback.
- Systems were in place to ensure that all patient information was stored securely and kept confidential.

Courthouse Clinics Body Limited Wilmslow

Detailed findings

Background to this inspection

Courthouse Clinics Body Limited Wilmslow is registered with the Care Quality Commission to provide the regulated activities; Diagnostic and screening; and treatment of disease, disorder and injury.

The service provides a number of anti-aging and aesthetics procedures. Many of the services provided do not fall within the regulated activities for which the service is registered with CQC. For example, some of the anti-aging aesthetic procedures and laser hair removal do not fall within the regulated activities.

The service is open from 9am to 8pm Monday to Thursday and 9am to 5pm on Fridays and Saturdays.

A registered manager is 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.

How we inspected this service

Our inspection team was led by a CQC Lead Inspector and included a GP Specialist Advisor.

Before visiting, we reviewed a range of information we hold about the service.

During our visit we:

- Looked at the systems in place for the running of the service.
- Explored how clinical decisions were made.
- Viewed a sample of key policies and procedures.
- Spoke with staff.
- Made observations of the environment and infection control measures.
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.

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.

Why we inspected this service

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Are services safe?

Our findings

We found that this service was providing safe care in accordance with the relevant regulations.

Safety systems and processes

The provider had systems, processes and practices in place to keep patients safe and safeguarded them from abuse, which included:

- The premises were suitable for the service provided. There were procedures in place for monitoring and managing risks to patient and staff safety. There was a range of health and safety related policies and procedures that were available to staff and kept under regular review. The provider had up to date risk assessments for many areas of work and safety checks were carried out as required. For example, fire safety equipment, electrical equipment and clinical equipment were regularly checked to ensure they were working properly.
- Staff recruitment procedures were in place to ensure staff were suitable for their role. Records showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, proof of qualifications, proof of registration with the appropriate professional bodies and checks through the Disclosure and Barring Service (DBS). (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).
- The service was provided to adults only over the age of 18 years. Arrangements for safeguarding adults were in place. Safeguarding policies were accessible to all staff and they clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff were required to undergo safeguarding training during their induction and periodically following this.
- The service maintained appropriate standards of cleanliness and hygiene. There were cleaning schedules and monitoring systems in place. There were infection prevention and control protocols in place and staff had received up to date training. Regular infection control audits were carried out. Systems were in place to ensure clinical waste was appropriately disposed of.

Risks to patients

There were enough staff, including clinical staff, to meet demand for the service. The service was not intended for use by patients requiring treatment for long term conditions or as an emergency service.

Arrangements were in place to respond to emergencies and major incidents. For example;

- Clinical staff had undergone basic life support training
- Emergency medicines were easily accessible to staff in a secure area and staff knew of their location. Medicines were checked on a regular basis.
- A business continuity plan was in place for major incidents.

Risk assessments had been carried out to identify areas of risk to patients and to ensure appropriate control measures were in place. Quality assurance protocols were in place and a variety of checks were carried out at regular intervals. These were recorded and formed part of a wider quality assurance process overseen by the provider.

Information to deliver safe care and treatment

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system and their intranet system.

Safe and appropriate use of medicines

There was minimal prescribing carried out at this location for the regulated activities. The only prescribing was skin reactions or infections following treatment.

Track record on safety

A system was in place for recording, reporting and investigating serious events. There had been one serious event recorded over the past 12 months. This had been investigated and the learning from this had been shared and had resulted in changes to practice. Staff told us they would feel confident to raise any events or concerns.

Lessons learned and improvements made

Policies and procedures were in place to support the requirements of the Duty of Candour. Staff told us the provider encouraged a culture of openness and honesty and that they would feel confident to report incidents or concerns.

Are services safe?

The service had a centrally controlled system in place for acting on safety alerts and demonstrating the actions taken in response.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was providing an effective service in accordance with the relevant regulations.

Effective assessment and treatment

Doctors assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards.

Monitoring care and treatment

The provider had systems in place to monitor and assess the quality of the service including the care and treatment provided to patients. Key performance indicators were in place for monitoring care and treatment and patient feedback was sought from every person who had used the service.

Effective staffing

Staff were required to complete induction training and on-going training linked to their roles and responsibilities. A system was in place to ensure staff received regular performance reviews.

The provider had a clear staffing structure that included senior staff and clinical leads to support staff in all aspects of their role.

Coordinating patient care and information sharing

Patients were asked if the details of their consultation could be shared with their registered GP in line with General Medical Council (GMC guidance). However, we found that there was no contact with the person's GP for procedures where this would be advisable. The clinician told us the patient would be asked to inform their GP under such circumstances. This was under review for some aspects of the services provided. This review should be extended to all areas relating to the regulated activities of the service.

Supporting patients to live healthier lives

Patients were provided with information about procedures including the benefits and risks. They were also provided with information on after care.

Consent to care and treatment

There was clear information available with regards to the services provided and the cost of these.

Staff understood and sought patients' consent to care and treatment in line with legislation and guidance.

Are services caring?

Our findings

We found that this service was providing a caring service in accordance with the relevant regulations.

Kindness, respect and compassion

We observed that members of staff were courteous and helpful to patients and treated people with dignity and respect.

All feedback we saw about patient experience of the service was positive. We made CQC comment cards available for patients to complete two weeks prior to the inspection visit. We received 11 completed comment cards all of which were very positive and indicated that patients were treated with kindness and respect. Comments included that patients felt the service offered was excellent and that staff were caring, professional and treated them with dignity and respect.

Following their procedures, patients were sent a survey asking for their feedback. Patients that responded indicated they were very satisfied with the service they had received.

Staff we spoke with demonstrated a patient centred approach to their work and this was reflected in the feedback we received in CQC comment cards and through the provider's patient feedback results.

Involvement in decisions about care and treatment

Patients were provided with information about procedures including the benefits and risks.

Any signposting or referring of patients to other services was discussed with them and their consent was sought to refer them on.

Privacy and Dignity

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Chaperones were available should a patient choose to have a chaperone. Staff who were designated to provide chaperoning had undergone required employment checks but they had not been provided with chaperoning training.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing a responsive service in accordance with the relevant regulations.

Responding to and meeting patients' needs

The provider made it clear to the patient what services were offered and the limitations of the service were clear.

The provider offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against any client group.

Discussions with staff indicated that the service was person centred and flexible to accommodate people's needs.

The clinic was accessible to patients who were physically disabled and a ground floor consultation and treatment room was provided.

Timely access to the service

The service was open from 9am to 8pm Monday to Thursday and 9am to 5pm on Fridays and Saturdays. The evening and weekend appointments were available for all patients but provided particular flexibility for working patients who required these.

Patients booked appointments directly with the clinic and we saw no feedback to indicate that there were any delays in treatments.

Listening and learning from concerns and complaints

The provider had a complaints policy and procedure and information about how to make a complaint was available for patients. The complaints information detailed that complainant could escalate their complaint through different stages with the provider or could approach a designated organisation if they were not happy with how their complaint had been handled. The complaints policy contained appropriate timescales for dealing with a complaint.

There was a lead member of staff for managing complaints and all complaints were reported through the provider's quality assurance system. This meant that any themes or trends could be identified and lessons learned from complaints could be shared across the organisation. We found there had been one formal complaint received in the past 12 months. This had been investigated and responded to in a timely manner.

The provider used customer satisfaction questionnaires. This enabled patients to leave feedback on their experiences of the service. The survey results we looked at showed very high customer satisfaction. The manager told us that if any feedback from patients indicated that there could be improvements made to the service then these would be acted upon and improvements would be made in response.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We found that this service was providing a well-led service in accordance with the relevant regulations.

Leadership capacity and capability;

The service provided at this location is provided by Courthouse Clinics Body Limited and as such the clinic is part of a larger organisation providing a range of services in different part of the country.

The provider had a range of reporting mechanisms and quality assurance checks to ensure appropriate levels of capacity were available at this location.

Processes were in place to check on the suitability of and capability of staff in all roles. Staff in a range of roles told us that managers were approachable, listened and supported them in their roles and responsibilities.

There was a leadership and staffing structure and staff were aware of their roles and responsibilities and the limitations of these. Staff we spoke with felt well supported and appropriately trained and experienced to meet their responsibilities.

Vision and strategy

There was a vision to provide a high quality responsive service that put care and patient safety centrally. A business plan was in place and the service was monitored to ensure continued sustainability and growth.

Culture

The provider had a whistleblowing policy in place. Staff told us they felt the service had an open and transparent culture. They told us they felt confident to report concerns or incidents and felt they would be supported through the process.

Regular staff meetings were held to promote effective communication and these provided a means for staff to suggest improvements to the service.

Governance arrangements

There was a clear organisational structure and staff were aware of their roles and responsibilities. There was a range of service specific policies that were available to all staff. These were reviewed regularly and updated when necessary.

There was a range of processes in place to govern the service in all aspects of service delivery including the clinical aspects of the service. A range of meetings were held including clinical meetings and systems were in place to monitor and support staff at all levels.

Systems were in place for monitoring the quality of the service and making improvements. This included the provider having a system of key performance indicators, carrying out regular audits, carrying out risk assessments, having a system for staff to carry out regular quality checks and actively seeking feedback from patients.

Managing risks, issues and performance

There were arrangements for identifying, recording and managing risks and for implementing mitigating actions. Risk assessments we viewed were comprehensive and had been reviewed.

There were a variety of daily, weekly, monthly, quarterly and annual checks in place to monitor the performance of the service.

Appropriate and accurate information

Systems were in place to ensure that all patient information was stored and kept confidential.

Business contingency plans were in place which included minimising the risk of not being able to access or losing patient data.

Engagement with patients, the public, staff and external partners

Patients were actively encouraged to provide feedback on the service they received. This was constantly monitored and the manager told us that action would be taken if feedback indicated that the quality of the service could be improved.

Continuous improvement and innovation

The manager told us that the provider and staff at this location consistently sought ways to improve the service.

Staff were encouraged to identify opportunities to improve the service delivered through team meetings and the appraisal process.

The provider was in the process of reviewing information technology systems to improve the effectiveness of access to, and sharing of, patient information.