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

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?	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 Requires improvement overall. (Previous inspection 12 2020 – Inadequate).

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection on August 6 2021 at SDC (UK)1 Limited Prime Health & Beauty Clinic – Derby to follow up on breaches of regulations. CQC previously inspected the service on 14 December 2020 and rated it as Inadequate overall. We asked the provider to make improvements regarding safe care and treatment, safeguarding service users from abuse and improper treatment, good governance and staffing. We found that there had been improvements in safeguarding service users from abuse and improper treatment and staffing. However there were continued breaches of regulations relating to safe care and treatment and good governance.

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. SDC (UK)1 Limited Prime Health & Beauty Clinic – Derby 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 a 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.

During this inspection, two people provided feedback about the service. We were told that the staff were friendly, and that the doctor provided holistic advice including information on nutrition and exercise.

Our key findings were:

- The provider had established systems to keep people safeguarded from abuse.
- The provider had implemented a system to provide assurance that safety alerts were reviewed and acted upon by the clinical team.
- The provider had updated their cleaning policy to ensure staff knew which cleaning products to use in specific clinic areas.

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

- Ensure care and treatment is provided in a safe way to patients.

Overall summary

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

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

- Develop a system for the effective sharing of information with patients' registered GPs.
- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.

This provider was placed in special measures in January 2021. Some improvements have been made and therefore this service is no longer in special measures. However, as there are still areas of concern, this service will be kept under review.

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 optimisation team. The team included another member of the CQC medicines optimisation team.

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

SDC (UK)1 Limited Prime Health & Beauty Clinic – Derby 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 wheelchair accessible. The clinic is open from midday to 7pm on Mondays and from midday to 6pm on Wednesdays, Thursdays and Fridays. The clinic employs a managing director and five members of staff who carry out administrative and reception duties.

How we inspected this service

We spoke to the registered manager, the managing director, administrative staff, two users of the service 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.

Requires Improvement

Are services safe?

We rated safe as Requires improvement because:

The systems for managing patient records did not provide assurance that they were accurate.

Safety systems and processes

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

- At the last inspection, the provider had conducted some safety risk assessments and 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 policies, staff had access to relevant contact details. At this inspection, we saw that the provider still had limited safety risk assessments and limited safety policies.
- 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).
- At the last inspection, we were not provided with evidence of appropriate safeguarding training. The safeguarding policy we were shown had limited information for staff. At this inspection, the service had implemented systems to safeguard children and vulnerable adults from abuse. All staff had received up-to-date safeguarding and safety training appropriate to their role. The provider's safeguarding policy had been updated. Staff knew how to identify and report concerns and the safeguarding policy outlined clearly who to go to for further guidance.
- The clinic did not provide chaperones. Patients were encouraged to bring a friend or relative with them if a chaperone was required.
- At the last inspection, the systems to manage infection prevention and control were ineffective and needed review. Staff were not always using running water to clean their hands, though we noted 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. At this inspection, we saw that there was an effective system to manage infection prevention and control. Staff had received updated infection prevention and control training. Staff took temperatures of everyone entering the clinic, and offered hand gel and face masks on arrival if people did not have their own. We saw that a system had been implemented to guide staff on which cleaning products to use in which clinic areas. We saw that the doctor wore gloves at all times and had access to hand washing facilities and hand gel within the consultation room.
- During this inspection, the doctor told us that she changed her gloves after every two or three patients and then sanitized her hands before putting on a new pair of gloves. This does not appear to be in line with the provider's hand hygiene policy which states: 'All clinic staff should be hand washing or using a hand gel: 'before and after direct client contact'. This meant that there was a risk of cross contamination occurring between patients. We spoke to the provider about this, and they said that they would review their hand hygiene policy accordingly.
- A Legionella risk assessment had been carried out. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Staff told us that they opened the taps in the mornings for 5 minutes to reduce any risks of legionella contamination. However, records were not kept of this activity.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- There were systems for safely managing healthcare waste.

Requires Improvement

Are services safe?

- At the last inspection, the provider had not carried out appropriate environmental risk assessments. At this inspection, we saw that the provider had carried out appropriate environmental risk assessments, which took into account the profile of people using the service.

Risks to patients

There were limited 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 for staff tailored to their role. We saw the induction policy which outlined the training that newly appointed staff would have to undertake. At the time of this inspection, we were told that no new staff had been employed since the last inspection.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. We saw evidence that staff had received first aid training.
- There were appropriate indemnity arrangements in place to cover both professional indemnity and public liability.
- At the last inspection, we saw that the systems for ensuring fire safety were inadequate. We did not see evidence of fire training for staff or evidence that fire drills had taken place. At this inspection, we saw that a fire safety risk assessment had been conducted. In addition, staff had been trained on how to use the fire extinguishers, and regular fire drills took place and were recorded.
- This is a service where the risk of needing to deal with a medical emergency is low. The provider had obtained medicines and was in the process of obtaining equipment to deal with medical emergencies. We noted that one medicine that had a reduced shelf life when removed from the fridge. We advised the provider to update the expiry date of this medicine to minimise any risk of it being used after this.

Information to deliver safe care and treatment

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

- At the last inspection, we saw that 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. At this inspection, we saw that this was still the case. The doctor wrote individual care records by hand, and another member of staff transferred the information to an electronic system. However, there was no system to check the accuracy of the electronic records made. In addition, we were told that the electronic record included a picture of the medical record card but not the internal pages or consent signature. We asked the provider to review the management of individual care records.
- At the last inspection, we saw that 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. At this inspection, we saw that the system for sharing information with staff and other agencies was still limited. The provider gave patients letters to take to their own GPs with no system to confirm receipt.
- At the last inspection, 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. At this inspection, the provider had a system in place to retain medical records in line with 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.

Requires Improvement

Are services safe?

- At the last inspection, the systems and arrangements for managing medicines, including controlled drugs, emergency medicines and equipment did not always minimise risk. At this inspection, we found similar issues regarding the management of medicines stock.
- At the last inspection, the service did not carry out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. At this inspection, this was still the case. Whilst there was now a weight loss review, there were no system to ensure prescribing was in line with best practice guidelines.
- The service prescribed Schedule 3 controlled drugs (medicines that have additional levels of control due to their risk of misuse and dependence). At the last inspection, these medicines were not always managed safely. We found that checks were not made to show that the total stock balanced with the records. In addition, 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. At this inspection, whilst there were improvements in the systems to manage medicines stock, we found discrepancies. The records of medicines in stock did not match the amount of medicines stock available. We advised the provider to review the systems for managing medicines stock.
- 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.

- At the last inspection, the service had completed limited risk assessments in relation to safety issues. At this inspection, this was still the case.
- At the last inspection, 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. At this inspection, whilst some steps had been taken in relation to fire risk we did not not see a comprehensive system for managing all risks in the service. For example, staff had not considered the risks in administrative staff transferring patient records to an electronic systems.

Lessons learned and improvements made

The service learned and made 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.
- At the last inspection, the service did not always take action to improve safety. Though risk assessments had been completed, the required actions had not always been completed. At this inspection, we saw that risk assessments were completed and there were systems for reviewing and investigating when things went wrong. Although no significant events had been reported, staff knew how they would be managed.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- At the last inspection, the provider was unable to give assurance that they had reviewed and acted on safety alerts. At this inspection, we saw that the provider had implemented a system to provide assurance that safety alerts were reviewed and acted upon by the clinical team.

Good

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)

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs, height, weight and body mass index and physical wellbeing. The doctor told us that patients were asked about previous history of mental health problems. 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 involved in limited quality improvement activity

- At the last inspection, the service obtained limited information about care and treatment to make improvements. At this inspection, we saw that a weight loss audit review had been done however, it was limited in the clinical decisions made and how these can be improved. This weight loss review was used as part of the doctor's appraisal.

Effective staffing

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

- The provider had an induction programme for all newly appointed staff. We were told that no new members of staff had joined the service since the last inspection. We did not see evidence of completion of the induction programme.
- The doctor was registered with the General Medical Council (GMC) and was up to date with revalidation.
- The provider understood the learning needs of staff and provided training to meet them. At the last inspection, we were provided with limited records of skills, qualifications and training. At this inspection, we saw records that proved that staff had received appropriate training.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care.
- 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. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP.

Good

Are services effective?

- At the last inspection, we did not see any examples of patients GPs being contacted directly, although patients were given a letter that they could take to their GP. During this inspection, where patients agreed to share their information, we saw the same thing. Patient were given letters to give to their registered GP. This is not in line with GMC guidance which states that if consent is given, prescribers should 'share information with the registered GP when the episode of care is completed'.
- If a patient did not consent to information sharing with their own GP, they were not informed of the risks. Patients should be informed of the risks of not sharing information with their own GPs prior to consenting to treatment.

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. For example, patients were given written information on healthy eating. We were told that the doctor also discussed the importance of exercise during the consultations.
- 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. The provider did not have a system to assess and record patients' mental capacity to make a decision.

Good

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 patients experiences at the clinic.
- Feedback from patients was positive about the way staff treat people. We were told that staff were friendly and efficient.
- 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 available for patients who did not have English as a first language. However, people were encouraged to bring an interpreter with them to their consultation if needed. Patients were also told about multi-lingual staff who might be able to support them.
- Patients said 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.
- Staff communicated with people in a way that they could understand, for example, staff told us about times when they read information out to people who were unable to read it themselves.

Privacy and Dignity

The service respected patients' privacy and dignity.

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

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 would improve services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- Social distancing was encouraged by the amendment of the appointment system, as well as the stickers on the floor.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, if someone had poor eyesight, the doctor would ensure that they understood how to take the medicines.

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 and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available.
- 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 a complaints policy in place. During the last inspection, we found that the policy needed updating to reflect best practice for managing complaints. During this inspection, we saw that the policy still required updating to reflect best practice. On the day of inspection, we discussed this with the provider. They have since sent evidence that the complaints policy has been updated in line with best practice.
- There were no examples of complaints recorded as the provider told us that they had not received any.

Requires Improvement

Are services well-led?

We rated well-led as Requires improvement because:

There are limited processes for managing risks, issues and performance and for continuous improvement and innovation.

Leadership capacity and capability

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

- Leaders had limited knowledge about issues and priorities relating to the quality and future of services. They did not understand the challenges or address them until the recent inspection had taken place.
- Leaders had implemented systems that were not always effective. Patient medical records were transferred to an electronic system by administrative staff. We saw that administrative staff were also responsible for completing records of medicines that had been supplied. We found errors in transferred patient medical records as well as the record of medicines that had been supplied. There was no system to check the accuracy of records that were transferred by administrative staff.
- Leaders at all levels were visible and approachable. We found limited evidence of them working closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

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.

Culture

There was limited evidence of a culture of high-quality sustainable care.

- Staff told us that they felt respected and valued.
- The service focused on the needs of patients.
- Openness, honesty and transparency were considered when we spoke to staff about responding to incidents and complaints. At this inspection we were told there had not been any incidents or complaints since the last inspection.
- 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.
- We were told that there were processes for providing all staff with the development they need, including appraisal and career development conversations. However, we did not see any documentation that these conversations had taken place.
- We were told that the doctor had met the requirements for professional revalidation.

Governance arrangements

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

Requires Improvement

Are services well-led?

- Structures, processes and systems to support good governance and management were not clearly set out. For example, there was no system to ensure that medicines stock checks were accurate. However, individual staff were clear on their roles and accountabilities.
- Leaders had not established proper policies, procedures and activities to ensure safety and assure themselves that they were operating as intended.
- At the last inspection, we were told that staff had regular meetings, however we were told that these were not documented. At this inspection, staff meetings took place and we saw evidence that these meetings were documented.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

There were limited processes for managing risks, issues and performance.

- There was a limited process to identify, understand, monitor and address current and future risks including risks to patient safety.
- During the last inspection, the clinic policies were not in line with guidance issued by Public Health England in light of the COVID 19 pandemic. At this inspection, we saw that clinic policies had been updated to take into account current guidance relating to the ongoing COVID 19 pandemic.
- The service had limited processes to manage current and future performance. At the last inspection, there was no audit of consultations and prescribing. At this inspection, this was still the case.
- At the last inspection, we were told leaders had oversight of safety alerts, incidents, and complaints. However, we were not provided with any record of this. At this inspection, the provider had implemented a system for managing safety alerts. The provider had not received any complaints and we were told that there had not been any incidents.
- At the last inspection, 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. During this inspection, we saw an example of a weight loss review that had been completed.

Appropriate and accurate information

The service did not have appropriate and accurate information.

- At the last inspection, we did not see quality or operational information being used to ensure and improve performance. At this inspection, this was still the case.

Engagement with patients, the public, staff and external partners

The service involved patients to support high-quality sustainable services.

- The service encouraged and heard views and concerns from patients to shape services and culture.
- Staff could describe to us the systems in place to give feedback. For example, there was a patient feedback form that they were encouraged to complete. As a result of feedback, the provider had taken steps to manage the expectation of patients attending the clinic. They were told at the outset that they might have to wait a few minutes longer than the scheduled appointment. The provider said that as a result, patients were happier as their expectations had been managed.

Requires Improvement

Are services well-led?

- We did not see evidence of formal feedback opportunities for staff, but they told us that they felt able to speak to leaders about how the service could be developed.

Continuous improvement and innovation

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

- At the last inspection, there was no documented evidence of continuous learning and development of staff. At this inspection, we saw evidence that staff had received training in various areas for example, safeguarding.
- The service had a process to manage internal and external reviews of incidents and complaints. We were told learning from incidents could be shared and used to make improvements. We did not see any evidence of this as there had not been any incidents since the last inspection.
- We saw no evidence of staff reviewing individual and team objectives, processes and performance.