

Courthouse Clinics Body Limited

Courthouse Clinics Body Limited Birmingham

Inspection report

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Date of inspection visit: 23 May 2019

Date of publication: 03/07/2019

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. (The service was previously inspected 15 May 2018 but was not rated.)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Courthouse Clinics Body Limited Birmingham as part of our inspection programme.

Summary of findings

The provider Courthouse Clinics Body Limited has seven other locations nationally registered with CQC providing a range of face, body and skin treatments privately.

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.

Courthouse Clinics Body Limited Birmingham provides a range of non-surgical cosmetic interventions, for example anti-aging aesthetic procedures and laser hair removal which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

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

We received patient feedback on the service through the 24 CQC comment cards completed. All were positive about the service they received and were very complimentary about the staff.

Our key findings were:

- The provider had systems and processes in place to keep patients safe and safeguarded from harm.

However, we identified that not all clinical staff had completed child safeguarding training to a level three, staff told us that they did not see or treat patients under 18 years and under the terms and conditions of the service children were not permitted into the premises.

- The premises appeared clean and well maintained.
- Incidents and complaints were used to support learning and improvement.
- There were systems in place for managing risks.
- Staff were given appropriate support and training to carry out their roles and responsibilities.
- Patients were well supported throughout their treatment programme.
- The provider proactively sought patient feedback and used this to support further improvements.
- Patient feedback through our CQC comment cards and the patients' in-house surveys was very positive.
- The clinic was well organised with clear leadership and governance arrangements.
- We saw evidence of service improvement activity however, the provider had not yet undertaken any formal evaluation of their weight loss programme.

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

- Undertake formal evaluation of the weight loss programme to help review the effectiveness of the programme.

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

Courthouse Clinics Body Limited Birmingham

Detailed findings

Background to this inspection

Courthouse Clinics Body Limited Birmingham is a private medical clinic which provides a range of services including the delivery of a weight loss programme under the supervision of a qualified doctor. The weight loss programme is the only service the clinic provides which falls within the scope of registration. The inspection and report therefore only covers this aspect of the service. The weight loss programme is available to anyone over the age of 18 years and involves regular blood test monitoring. Further details about the services provided can be found on the location's website: www.courthouseclinics.com.

The clinic is based in a converted house in Edgbaston, Birmingham. The service is provided across two floors. There is no lift access but patients who may experience difficulties accessing the first floor can be seen on the ground floor.

The service is open 9am to 7pm Monday to Saturday with the exception of Thursdays when the service is open between 9am to 8pm and Saturday when the service is open between 9am and 5pm. Patients can access appointments by telephone or in person. The service estimates that there were 30 patients on the weight loss programme in the last year.

Staffing includes two doctors who regularly hold clinics in Birmingham (the doctors are shared across the provider's various locations). There is a clinic manager, four therapists, and a front of house. There is also weight loss co-ordinator who supports all patients on the weight loss programme at all the provider's locations.

The provider is registered with CQC for the following regulated activities: Diagnostic and screening procedure and Treatment of disease, disorder or injury.

How we inspected this service

Before visiting, we reviewed information we hold about the service, including information from the previous inspection. We also asked the provider to send us some information about the service.

During our visit we:

- Spoke with the doctors and clinic staff.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Reviewed documentary evidence that was made available to us relating to the running of the service.
- We reviewed a sample of patient records to understand how the provider assessed and documented patients care and treatment. We also used this to assess how consent was obtained.
- We made observations of the facilities that were used for providing 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.

Are services safe?

Our findings

We rated safe as Good because:

There were effective systems in place to keep patients safe and safeguarded from abuse. The premises were well maintained, and appropriate risk assessments were in place to mitigate risks. Patient records provided a comprehensive account of the care and treatment provided. Systems were in place for reporting, investigating and learning from incidents.

We found one area where the provider should improve, not all clinical staff had undertaken level three safeguarding training. However, the provider did not see or treat patients under 18 years or permit access under their terms and conditions.

Safety systems and processes

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

- The provider conducted a range of safety risk assessments. It had appropriate safety policies, which were regularly reviewed and available to staff. Staff received safety information from the service as part of their induction and refresher training.
- The service had systems to safeguard children and vulnerable adults from abuse. There were safeguarding policies in place. These clearly outlined who to go to for further guidance including relevant agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect and were able to give an example of this.
- Safeguarding training was part of the providers mandatory training and records seen showed staff had undertaken this training for children and vulnerable adults. Only one of the clinical staff had completed level three child safeguarding training. The provider advised that they did not treat patients under 18 years and children under 18 years were not permitted access to the clinic under the clinic's terms and conditions. However, the provider had not fully considered the competency framework set out in the intercollegiate guidance for clinical staff in relation to the level of child safeguarding training required. Following the

inspection, the provider forwarded to us a risk assessment they had completed in relation child safeguarding issues that may arise and control procedures they had put in place.

- The provider carried out 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).
- Staff had undertaken chaperone training as part of the provider's mandatory training requirements and were DBS checked.
- There was an effective system to manage infection prevention and control. We found the premises to be visibly clean and tidy. Monthly infection control audits were carried out with the latest audit scoring 100%. Infection control policies were in place and staff records seen showed staff undertook infection control training. Cleaning was carried out by an external provider and cleaning schedules were in place.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. We saw records to show that equipment underwent electrical safety testing and calibration. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

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

- The staffing levels and skill mix were based on the demand for the service. The service was not intended for the management of emergencies or long-term health conditions.

Are services safe?

- There was an effective induction system for new staff tailored to their role. New staff underwent a standardised induction programme which included training in the weight loss programme. Staff were given manuals to refer to for guidance.
- Safeguarding training was part of the providers mandatory training and records seen showed staff had undertaken this training for children and vulnerable adults. However, not all clinical staff had undertaken child safeguarding to a level three.
- Some emergency medicines were held at the clinic which included an anaphylaxis kit and oxygen. We saw that these were checked regularly to ensure they were still in date. The doctor we spoke with advised that there was little risk of any medical emergency with the weight loss programme and that the medicines stocked were mainly for other treatments provided at clinic. The emergency medicines were stored securely but accessible if needed and staff new of their location. Records seen showed that staff had undertaken basic life support and first aid training. The service did not hold a defibrillator but had risk assessed the need for this.
- There were appropriate indemnity arrangements in place to cover potential liabilities. All staff including clinical staff were employed and covered by the group insurance.
- There were arrangements in place for business continuity in the event of a disruption to services such as power failure or building damage. The clinic manager advised that they maintained a contact list of services that may be needed and for staff, a copy of this was kept off site. They also had access to a buddy clinic.

Information to deliver safe care and treatment

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

- Patient records were available to relevant staff in an accessible way to support care and treatment. care and treatment provided in delivering the weight loss programme. Templates were used to ensure the programme was being followed as required.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe

care and treatment. For example, this included where patients were referred for psychotherapy. The clinic manager advised that they would share information with a patients NHS GP with their consent.

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 minimised risks. The service held stocks of emergency medicines, but no medicines were involved in the weight loss programme.

Track record on safety and incidents

The service had systems to monitor the safety of the service.

- There were comprehensive risk assessments and monitoring arrangements in relation to safety issues affecting the premises.
- There were systems in place for recording and learning from incidents and we saw evidence that these led to safety improvements.

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. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, the provider had obtained an alarm for the emergency kit after a patient had fainted so that other staff could be easily alerted when needed.
- There were systems for sharing learning across the provider's other locations.
- The provider was aware of the requirements of the Duty of Candour and had a policy in place for this. The provider encouraged a culture of openness and honesty.

Are services safe?

- The provider was signed up to receive Medicines and Healthcare products Regulatory Authority (MHRA) alerts. These were shared with staff by the central team however, the clinic manager advised that none had been relevant to the regulated service.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

Patients care and treatment needs were assessed and planned in line with the weight loss programme guidelines. Patient records were comprehensively completed and consent obtained in line with legislative guidance. Staff received appropriate training to deliver care and treatment.

However, we found one area where the provider should improve. Although, we saw some evidence of quality improvement activity for example, in relation to record keeping, this had not included any formal evaluation or audit of the weight loss programme.

Effective needs assessment, care and treatment

- We asked about the evidence base behind the weight loss programme. Practice staff advised us that the programme had evolved over time and that clinicians had been involved in its development. They explained that the current programme they were using had been in place for approximately eight months.
- Following the inspection, the provider sent us journal articles which had contributed to the development of the weight loss programme.
- There was a comprehensive programme manual in place that staff followed to help ensure the programme's success.
- We saw that patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. This formed part of the patients' initial assessment and ongoing monitoring.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service had undertaken some quality improvement activity.

- The service had undertaken several audits to support service improvements. These included monthly audits of a sample of new patient records to review compliance

with the providers standards of record keeping. There was also a monthly audit of consent forms. Results were shared with individual therapists to support improvement.

- Patients on the weight loss programme were required to undergo monthly blood monitoring and weekly review appointments with a therapist. There were checklists in place for each stage of treatment and these were overseen by the weight loss coordinator to ensure all steps had been completed. This enabled any adjustments to care and treatment to be made.
- There had not been any formal evaluation of the weight loss programme. Staff told us that the success of the programme was on an individual basis. However, they explained that the programme had recently been modified in order to improve success and compliance. The provider recognised that there were patients who may need extra support to successfully complete the programme and so sought to identify them and put strategies in place to help them succeed. This included a psychology assessment and support. The provider also employed a weight loss coordinator who had successfully completed the programme themselves and was available to provide guidance and support to others. Patients who failed to attend for their appointments were followed up.
- The provider also used patient feedback through in-house patient surveys to monitor the quality of the service provided. We saw positive feedback from patients.

Effective staffing

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

- Staff involved in delivering the weight loss programme had received appropriate training and had access to guidance to support them.
- The provider had an induction programme for all newly appointed staff. New therapists received a three-month induction and probationary period that was standardised across the organisation. There was a designated trainer who reviewed and signed off as competent new members of staff.

Are services effective?

(for example, treatment is effective)

- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, with a patients usual GP or psychologist.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health. The provider undertook a comprehensive assessment of the patients' medical history and medicines. This enabled the doctor to assess whether the programme was appropriate for the patient to ensure safe care and treatment.
- Patients were asked for consent to share details of their consultation with their NHS GP when they registered with the service.

Supporting patients to live healthier lives

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

- The aim of the weight loss programme was to enhance patient's wellbeing. Patients were continually supported to help them throughout the programme and to maintain the weight loss once their target had been reached.
- During the programme the therapist regularly discussed any potential risk factors patients might experience. Any symptoms identified such as constipation, joint pain or headaches were shared with the doctor to review and modify the treatment as appropriate.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs. For example, the weight loss programme was not suitable for patients with certain conditions. Patients were made aware of this and would be signposted to their GP.

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. There was a clear policy in place for consent and we saw evidence that consent was sought for care and treatment.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. All staff received Mental Capacity Act training as part of the provider's mandatory training requirements.
- Information about the cost of care and treatment was clearly available to patients prior to them committing to the programme.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated caring as Good because:

Feedback from patients obtained through our CQC comment cards and the provider's own survey was consistently positive. Patients were treated with dignity and respect.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people. The provider undertook in-house patient surveys, this included all patients who used the service as well as those on the weight loss programme. New and existing patients were asked a range of questions including: how they rated their experience, expertise of the practitioner, quality of treatment, whether they were made to feel at ease and the greeting they received when attending the clinic. Between May 2018 and April 2019 responses were received from 250 existing patients and 22 new patients. Patients scored each question on a scale of one to ten (one relating to a poor score and ten the best). Results were monitored monthly and any individual comments were reviewed and addressed as appropriate. Average monthly scores for existing patients ranged between 8.8 to 10 and for new patients between 9 and 10.
- We received 23 completed CQC comment cards as part of our inspection. Patients told us they received an excellent service and were very complimentary about the staff. Patients described staff as caring, attentive and friendly and told us that they were treated with dignity and respect.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to patients. There was a policy

statement that no patient would be excluded based on ethnic background or disabilities. Equality and diversity training was undertaken by all staff as part of the provider's mandatory training requirements.

- The service gave patients timely support and information. Patients on the weight loss programme could access support and guidance via telephone when they needed it, even when the service was closed.

Involvement in decisions about care and treatment

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

- The provider advised us that they would source interpretation services for patients who did not have English as a first language if needed but had never been asked for this.
- Patients told us, through the CQC comment cards, 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.
- As part of the provider's in-house patient survey patients were asked questions including whether they received sufficient information, whether their questions were addressed and if any side effects had been explained. All responses were positive.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. Confidentiality agreements were signed by staff.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Consultation and treatment room doors were closed during consultations and conversations could not be heard.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

Patients found it easy to access the service. The service was responsive to patients' needs. Complaints were used to support learning and improvement.

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. For example, the weight loss programme had been modified to help address issues that might impact on success.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. Patients with mobility difficulties could access the service through a side door with ramp access. Consulting rooms were available on the ground floor along with disabled toilet facilities.

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. Texts were sent to patients to remind them of their appointments. Patients who failed to attend for their ongoing treatment were followed up.
- Evening and Saturday appointments were available to patients who worked or had other commitments during usual working hours.
- Patients could book appointments either by telephone or in person.
- Results from the provider's patient survey showed patients were satisfied with the waiting times and appointment availability. Our CQC comment cards raised no concerns regarding the appointment system.

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.

- The service had a complaints policy and procedure in place.
- There had been three complaints received in the last 12 months. We saw that complaints were handled in a timely way and the service acted on and learned from concerns and complaints to improve the quality of care.
- The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. We saw that policies had been reviewed and updated as a result of a complaint.

Are services well-led?

Good 

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

Our findings

We rated well-led as Good because:

There were clear leadership structures and governance arrangements in place. Leaders were knowledgeable about the services provided and staff were well supported. We found the clinic was well organised and risks appropriately managed to support safety.

Leadership capacity and capability

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

- Courthouse Clinics Body Limited Birmingham is part of a larger organisation whose head office is based in Essex. we did not visit the head office or any other of the provider's locations as part of this inspection.
- During our inspection we focused on the local leadership, we spoke with the local service manager and clinical lead who also held a national role. We found leaders of the service were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and took action to address them. We found the service was well organised.
- Leaders at all levels were approachable. They worked closely with staff and others to help deliver high quality care. Leaders with national roles were contactable when needed.

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 aims and objectives of the service were set out in the provider's statement of purpose. This was to be acknowledged as a leader in their field which would be achieved by recruiting and training highly professional staff whose ambition is to exceed patient expectations.
- Our discussions with staff and feedback seen from patients who had used the service indicated that staff were aware of, understood and followed the vision and values of the service.

- The service had systems for supporting and monitoring staff to help them succeed in delivering the vision and values.

Culture

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

- Staff felt respected, supported and valued. They found leaders approachable.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Where appropriate, we saw action was taken in response to incidents and complaints received in order to improve the service. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff received regular annual appraisals in the last year and were given protected time for professional development and evaluation of their work.
- The service actively promoted equality and diversity. There were policies in place to support equality and diversity in the workplace and staff were expected to complete equality and diversity training.
- There were positive relationships between staff and teams. Staff told us that they regularly communicated with each other and that there were good supportive networks in place.

Governance arrangements

There were 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, understood and effective.
- We found the service was well organised. There was a comprehensive range of policies and procedures to

Are services well-led?

Good 

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

ensure safety and support staff in their work. These were supported by clear systems and processes to help assure the provider that they were operating as intended as well as monitor the quality of the service.

- Staff were clear on their roles and accountabilities and were provided with appropriate training and support to carry out those roles.
- Meetings were regularly held at all levels within the organisation to ensure important information was shared with all staff.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. We saw a range of risk assessments in place relating to the premises and service. These were regularly updated.
- The service had processes to manage current and future performance. There was system of monitoring checks that were undertaken covering areas such as the safety of the premises and patient records to ensure standards were being maintained.
- Leaders had oversight of safety alerts, incidents, and complaints.
- The provider had systems in place and had trained staff for major incidents such as a medical emergency or unforeseen disruptions to the service.
- However, the service was unable to demonstrate how they routinely reviewed the effectiveness and appropriateness of their weight loss programme.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account. Patient records were regularly audited to ensure quality standards were being maintained.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Confidentiality agreements were signed by staff and information governance training was part of the provider's mandatory training. We saw patient records were securely stored.

Engagement with patients, the public, staff and external partners

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

- The service proactively sought patients views about the service they received. Information obtained through the ongoing patient surveys was monitored and used to support improvement.
- Staff were able to provide feedback through staff meetings and appraisals.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. Staff received a comprehensive induction programme and ongoing supervision.
- The service made use of incidents and complaints to support learning and improvement. The doctor we spoke with advised us that the weight loss programme in itself was innovative and that it had developed beyond current best practice guidelines.