

H.B. Health Limited

Inspection report

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Date of inspection visit:
Date of publication: 04/11/2019

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.

Overall summary

This service is not rated in this inspection as no regulated activities were being provided. We carried out an announced comprehensive inspection at H.B. Health Limited, to follow up on breaches of regulations.

HB Health Ltd is a private clinic providing a range of anti-ageing and aesthetic treatments using medicines, treatments and anti-ageing technologies.

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. HB Health Ltd provides a range of non-surgical cosmetic interventions, for example, dermal fillers, non-surgical nose reshaping, skin lifting and tightening and gynaecological treatments using a laser which are not within CQC scope of registration. Therefore, as the service was not carrying out any regulated activities as outlined in the provider's Statement of Purpose, we have not been able to rate the service. We have asked the provider to send us an updated Statement of Purpose as a matter of urgency. It is an offence under Care Quality Commission (Registration) Regulations 2009: Regulation 12, which states that providers must notify CQC of any changes to their statement of purpose and ensure it is kept under review.

CQC inspected the service on 18 December 2018 (also unrated) when regulated activities were being provided. We asked the provider to make improvements to address the following; the provider was not ensuring governance arrangements were operated effectively to assess, monitor and improve the quality of services; to assess, monitor and mitigate risks relating to the service and to evaluate and improve the service. This included a lack of infection control audits and COSHH data sheets. Furthermore, the registered person had failed to take such action as is necessary to ensure that persons employed continued to have the qualifications, competence, skills and experience necessary for the work to be performed by them. In particular, not all staff had completed training in safeguarding, infection control and fire; staff records held on site were incomplete. At this inspection regulated activities were being provided.

We checked these areas as part of this comprehensive inspection and found these had not been resolved. We have highlighted below where the provider should make improvements before carrying out any regulated activities in the future.

We received feedback from five people about the service, including comment cards, all of which were very positive about the service and indicated that clients were treated with kindness and respect. Staff were described as helpful, caring, organised and professional.

Our key findings were:

- Systems and processes were not always in place to keep people safe. The service had not had a registered manager since April 2018. This is in breach of the provider's conditions of registration with the Care Quality Commission and is an offence under Section 33 of the Health and Social Care Act 2008. 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.
- The clinic manager was the lead for safeguarding but neither they or the administration staff had completed their safeguarding training.
- The provider was aware of current evidence-based guidance and they had the skills, knowledge and experience to carry out his role.
- The provider was aware of their responsibility to respect people's diversity and human rights.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- There was a complaints procedure in place and information on how to complain was readily available.
- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.

Overall summary

- The service had systems in place to collect and analyse feedback from patients.

The areas where the provider must make improvements before carrying out any regulated activities are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider should make improvements before carrying out any regulated activities are:

- Develop guidance and undertake a risk assessment for which emergency medicines are needed against the current guidance.
- Develop effective infection control measures to govern activities such as; Cleaning schedules, the recommended storage of cleaning equipment such as mops and introduce a spillage kit for the cleaning of bodily fluid spills.
- Establish a quality improvement plan that will show how you will demonstrate improved outcomes for patients.

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 CQC lead inspector and included a GP specialist advisor.

Background to H.B. Health Limited

HB Health Ltd is a private clinic providing a range of anti-ageing and aesthetic treatments using medicines, treatments, anti-ageing technologies and an internal laser use for gynaecological treatments for adults over the age of 18. The service is provided at 12 Beauchamp Place, London, SW3 1NQ.

The services website is www.hbhealth.com

Their opening hours are 9am to 8pm, Monday to Thursday, 9am to 7pm Fridays and Saturdays and 11am to 4pm on Sundays.

HB Health Ltd is registered with the Care Quality Commission (CQC) to provide:

- Surgical procedures
- Treatment of disease, disorder or injury
- Diagnostic and screening procedure
- Family planning

Our inspection team was led by a CQC lead inspector and the team included a GP specialist adviser. At the time of the inspection no regulated activities were being carried out.

How we inspected this 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?

Systems and processes to maintain safety for staff and clients were not always in place and when they were they were not always embedded or in line with the clinic's own policies or best practice guidance. For example, being trained to the appropriate level for their role and undertaking duties as a fire marshal without additional training. This issue had also been identified in the 2018 inspection.

Safety systems and processes

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

- The provider conducted some safety risk assessments; however, the service could not provide evidence of Legionella or Asbestos risk assessments, evidence of a fire drill having taken place in the last 12 months or the service carrying out the 5 yearly electrical fixed wire testing. The service had systems to safeguard children and vulnerable adults from abuse, however not all staff had received safeguarding training, including the safeguarding lead at the time of the inspection.
- The service had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction, however not all staff had completed mandatory training, including; infection prevention, basic life support, fire training, chaperone training and safeguarding training.
- The service worked with other 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.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate, however they did not hold records of the doctor's indemnity and revalidation records. There was a recruitment policy which outlined that all staff would have a Disclosure and Barring Service (DBS) check undertaken prior to employment however these records were not available for all staff who would be carrying out the regulated activities. (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).

- Not all staff received up-to-date safeguarding and safety training appropriate to their role. However, staff told us they knew how to identify and report concerns. Staff who acted as chaperones were not trained for the role.
- The system to manage infection prevention and control was not effective. One the day of inspection we found a mop had been stored in a mop bucket with dirty water in it. The service did not have cleaning schedule available in order to monitor cleaning standards and there was no spillage kit available to clean bodily fluid spillages.
- There were systems for safely managing healthcare waste.
- The provider carried out some environmental risk assessments, such as infection control audits and a fire risk assessment which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an induction system for agency staff tailored to their role, however not all staff had completed all of the mandatory training.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- No risk assessment had been carried out to determine what emergency medicines would be required should the service start providing regulated activities to patients. Emergency medical equipment had not been calibrated or checked and the defibrillator did not have a battery.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment would be available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

Safe and appropriate use of medicines

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

- There were safe systems and processes in place for managing medicines should the service start providing regulated activities to patients. Whilst no risk assessment had been carried out on what stock of emergency medicines would be required, other medicines were stored securely. The service kept prescription stationery securely and monitored its use.
- If staff were to prescribe, administer or supply medicines to patients there were systems in place to ensure they would in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records.

Track record on safety and incidents

The service did not have a good safety record.

- There were a number of risks that had not been appropriately managed, for example; the service did not

have a trained fire marshal and not all staff had received fire training, no fire drills had been conducted in the last 12 months, there was also no evidence of Legionella or Asbestos risk assessments.

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.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service had systems in place to give affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Are services effective?

The service was not providing any regulated activities to patients at the time of our inspection, but there were no plans to develop a quality improvement programme.

Effective needs assessment, care and treatment

The provider had some systems to keep clinicians up to date with current evidence-based practice. Clinicians knew how they would assess the needs and deliver care and treatment in line with current legislation, standards and guidance (relevant to their service) should they start seeing patients.

- The lead doctor described how they would assess the needs and deliver care in line with relevant and current evidence-based guidance and standards.
- This would include assessing a patients' immediate and ongoing needs. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.

Monitoring care and treatment

The service was not actively involved in quality improvement activity as no regulated activities were being provided at the time of our inspection.

- The service carried out a post consultation satisfaction survey after every consultation and used this information to resolve concerns and improve quality. At the time of our inspection these satisfaction surveys were in relation to treatments out of scope of registration with CQC.
- The lead doctor advised us that audits were carried out on their own work, but these were not two cycle audits and were not documented and there was no plan to develop a quality improvement programme should the service start providing regulated activities.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/

Nursing and Midwifery Council and were up to date with revalidation. Although the service did not hold these records the lead doctor sent this to us after the inspection.

- 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 not maintained, for example; Not all staff had completed mandatory training including; Infection prevention, basic life support, fire training, chaperone training and safeguarding training, as stated in the services recruitment policy. No plans were in place to provide this training to ensure relevant staff had the necessary skills and competencies should regulated activities start being provided to patients.

Coordinating patient care and information sharing

Systems were in place to enable staff to work well with other organisations, to deliver effective care and treatment.

- Systems and processes were in place to provide coordinated and person-centered care should the service start providing regulated activities. Staff could refer to, and communicate effectively with, other services when appropriate.
- Before providing treatment, doctors at the service would ensure they had adequate knowledge of the patient's health, any relevant test results and their medicines history. This was done in the initial consultation, treatments would be administered in a subsequent consultation.
- All patients would be asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- There was a system in place to ensure patient information could be shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was accessible to relevant staff.

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.

Are services effective?

- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, for nutritional and weight loss support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service had systems and processes in place to ensure it would obtain 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 described how they supported patients to make decisions. Where appropriate, they described how they would assess and record a patient's mental capacity to make a decision if they were providing a treatment which was within scope of CQC registration.
- The service had systems in place to monitor the process for seeking consent appropriately.

Are services caring?

We found the clinic had systems and processes in place to provide care in accordance with the relevant regulations should they start carrying out regulated activities.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of care patients received for treatments not within the scope of registration. this was generally done via email or on the services website and the process would be the same should the service start providing regulated activities.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- There were systems and processes in place to ensure the service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff described how they would help patients to be involved in decisions about care and treatment.

- At the time of our inspection no interpretation services were available for patients who did not have English as a first language. We were told that most patients who would use the service spoke Arabic, as did most of the staff. If the service started providing regulated activities, patients would be told about multi-lingual staff who might be able to support them.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

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

Are services responsive to people's needs?

We found the clinic had systems in place to provide responsive care in accordance with the relevant regulations should regulated activities be carried out.

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 service used the results of patient surveys and feedback to tailor the services to patient's needs.
- The facilities and premises would be appropriate for the regulated activities the provider was intended to carry out.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.

Timely access to the service

Patients would be able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients would have timely access to an initial assessment and treatment.

- The clinic's opening hours are 9am to 8pm, Monday to Thursday, 9am to 7pm Fridays and Saturdays and 11am to 4pm on Sundays.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- We were advised that patients with the most urgent needs would have their care and treatment prioritised.
- Referrals and transfers to other services could be undertaken in a timely way and the service had good links with the local hospitals.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had appropriate systems and processes in place to ensure it responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available.
- The service had complaint policy and procedures in place. There was evidence of how the service had learned lessons from individual concerns, complaints and had completed an analysis of trends in relation to treatments provided which do not require registration with CQC.

Are services well-led?

Whilst the provider had put systems and processes in place these had not been fully embedded in practice should regulated activities be carried out. There was a lack of documentation to demonstrate that routine checks undertaken by the clinic had taken place. There was a lack of oversight of processes to ensure all staff had the correct recruitment documents, received training and appraisals to provide assurances they maintained up to date with competencies.

Leadership capacity and capability;

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

- Leaders at all levels were always visible and approachable
- The provider did not have effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. There had been no Registered Manager for the service since April 2018. This is in breach of the provider's conditions of registration with the Care Quality Commission and is an offence under Section 33 of the Health and Social Care Act 2008. 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.
- Staff we spoke with, including the lead clinician were not knowledgeable about issues and priorities relating to the quality and future of services. They were not clear what regulated activities would be provided and there was no quality improvement programme in development.

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, but the provider's Statement of Purpose was out of date and did not reflect the services being provided.

- The service developed its vision, values and strategy jointly with staff and external partners (where relevant).
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care. However, some improvements were required should the service start carrying out regulated activities.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service was focused on the needs of its patients.
- The doctor and clinic manager acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. However, the service was unable to provide documentary evidence that all staff had completed training relevant to their role and therefore had the necessary skills and competencies should they start carrying out regulated activities. Not all staff had received an appraisal in the last year.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. However, not all staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were some systems to support good governance and management. However, improvements were required should the provider start carrying out regulated activities.

- At the time of our inspection no regulated activities were being provided to patients, but there was no clinical governance or quality improvement programme in development to ensure there would be effective monitoring and assessment of the overall quality of the service.

Are services well-led?

- Staff were clear on their roles and accountabilities.
- The provider had developed policies and procedures to support the safe running of the service and they were able to assure themselves these were operating as intended for those aspects of the service that did not require registration with CQC. However, there were areas where we identified gaps should the clinic start providing regulated activities.

Managing risks, issues and performance

There were some processes in place for managing risks, issues and performance. However, improvements were required should the provider start carrying out regulated activities.

- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, monitoring of specific areas such as the calibration and checking of clinical equipment, fire drills, emergency medicines and the management of legionella was not managed appropriately.
- The service had not conducted a risk assessment to determine what emergency medicines would be required dependant on the treatments that would be provided should the clinic start carrying out regulated activities.
- The service had processes to manage current and future performance. The lead GP had oversight of safety alerts and incidents.
- The provider had plans in place for major incidents, however not all staff had received fire training.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Care and treatment records were complete, legible and accurate, and securely kept.
- The doctor responsible for monitoring patients' care was able to access previous consultation notes.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

- The service submitted data or notifications to external organisations as required.

Engagement with patients, the public, staff and external partners

The service had systems in place to involve patients, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. This was done by encouraging patients to either leave feedback online or email the service for services not within the scope of registration with CQC. However, if the clinic started providing treatments that constituted a regulated activity, the same feedback mechanisms would be used.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. Staff meetings were held regularly which provided an opportunity for staff to engage with the service.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was some evidence of systems and processes for learning, continuous improvement and innovation, which would be adopted if the clinic started carrying out regulated activities.

- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The doctor had attended a conference in Florence annually to keep up to date with evidence-based practice.