

Rodney Street

Inspection report

88 Rodney Street
Liverpool
L1 9AR
Tel: 01517097066

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September 2020
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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

Not inspected

Are services safe?

Inspected but not rated



Are services well-led?

Inspected but not rated



Overall summary

This service is rated as Good overall. (Previous inspection 04/07/2019).

We had carried out an announced comprehensive inspection at Rodney Street on 4 July 2019 as part of our inspection programme. There were no breaches of legal requirements at the last inspection. We did make a number of recommendations for improvements. We checked these areas as part of this focused inspection.

We carried out this unannounced focused inspection at Rodney Street on 15 and 25 September 2020 in response to concerns received from a number of sources. The concerns related to the management of medicines, the management of the slimming clinic service, staff recruitment, records management, data protection and concerns that there was a poor culture within the service. The inspection focused on these areas under the key questions of safe and well-led.

The 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. Rodney Street 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 provider 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.

Our key findings were:

- There was no facility in use within the patient record system to run searches linked to patients' conditions or medicines prescribed, including controlled drugs. This made it difficult to identify and track prescribing practices, patients requiring monitoring and requirements for medication reviews.
- There were no effective systems in place for monitoring the care and treatment provided in relation to medicines prescribing.
- The provider's systems for prescribing and managing medicines did not provide assurance that safe and best practice guidance was always being followed.
- Records were not available to show that patients prescribed medicines that required monitoring had undergone the required checks.
- Patient consultation records were not always sufficiently detailed to demonstrate that all required assessments had been carried out prior to providing treatment.
- Improvements had been made to the service provided to patients using the slimming clinic since our last inspection visit. However, some additional improvements were required.
- Procedures were in place to ensure data protection was maintained.
- Staff recruitment checks were in place with the exception of the immunisation status for members of the administration team. This was addressed before we completed the inspection.
- Staff told us they felt supported in their role and described a positive, open culture across the service.

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

Overall summary

(Please see the specific details on action required at the end of this report).

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

- Only supply medicines that are not licensed for a clinical need to individual patients where there is no suitable alternative medicine licensed for the purpose.

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. On the first day of our visit the team included a GP specialist adviser and a CQC pharmacist specialist. On the second day of our visit the team included a CQC pharmacist specialist and a medicines inspector.

Background to Rodney Street

Rodney Street is registered with the CQC as an independent consulting doctors service also providing slimming clinic treatments and services. The service is located at 88 Rodney Street, Liverpool, L1 9AR.

The service is owned and run by the provider Dr Arun Ghosh. Services to patients include consultation, investigation and treatment. The service also offers intravenous nutrient supplement therapy which was mainly used for patients for non-medical purposes, and in such cases this activity is outside the scope of CQC registration.

The service operates Monday to Saturday from 9am to 7pm if requested. All appointments are pre bookable. The clinic is registered with CQC to provide the following regulated activities:

Diagnostic and screening procedures

Services in slimming clinics

Treatment of disease, disorder or injury

How we inspected this service

The inspection was an unannounced focused inspection looking at areas of concern that had been shared with us. We looked at two key questions:

- Is it safe?
- Is it well-led?

We viewed records and we spoke with the registered manager and staff working at the clinic.

Are services safe?

We found concerns with how medicines were prescribed and managed. Patient records did not always evidence safe prescribing practices. Appropriate checks had not always been carried out on patients prior to prescribing. Follow up health checks had not been carried out to ensure patient care and treatment was safe when they had been prescribed high risk medicines. Patient records did not always provide sufficient detail as to the rationale for prescribing medicines, including for high risk medicines. Consultation records were brief and there was not always any additional information to support decisions. Information about patient's health had not always been obtained prior to prescribing medicines. The provider did not always share important information with the patients GP about the treatment they were providing. We saw no evidence of a referral having been made to a medical specialist despite prescribing for a potentially complex medical condition. Patient records did not always include important information such as allergies and their medical history. There was no information to support medicines requirements and doses when medicines had been initiated by another prescriber/specialist.

Information to deliver safe care and treatment

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

- The patient records we looked at showed that information needed to deliver safe care and treatment was not always available.
- Patient care and treatment records were not written or managed in a way that demonstrated that the prescribing of medicines was always safe.
- We looked at a sample of 24 patient records. Of these six were for patients who had used the slimming clinic and 18 were patients who had used the GP service and who had been prescribed medicine as a result. We noted gaps or inaccuracies in the records we looked at.
- We saw examples of consultation records that were brief and lacked detail about the patients' health and conditions.
- We noted three examples where patients had been prescribed medicines with no consultation note recorded to support this.
- Patient records were not sufficiently detailed, accurate and contemporaneous and they did not show evidence of advice having been given to patients and the rationale for decisions as to the care and treatment provided.

At the last comprehensive inspection on 4 July 2019 we recommended that the provider should: 'Have clear, accurate and contemporaneous patient records, showing evidence of the advice given to patients and the rationale for the clinical decisions made'. We found there had been no improvements to patient records since the last inspection visit.

Safe and appropriate use of medicines

The service did not have reliable systems for appropriate, safe prescribing and management of medicines.

- We were not assured from the patient records that we looked at that medicines had always been prescribed and managed safely and in line with best practice guidance such as the National Institute for Health and Care Excellence (NICE) guidance.
- We saw examples of medicines having been prescribed without information having been obtained about the patient from other relevant health care professionals.
- We saw an example whereby a clinician had prescribed a growth hormone with no evidence that the advice of a specialist had been obtained or that the patient had been referred to a specialist service. There was also no evidence that information had been shared with the patient's GP.

Are services safe?

- Information about patient care and treatment was not always shared with other agencies to ensure safe care and treatment was delivered. The records we looked included no evidence that information had been shared with the patients GP. At our last inspection we noted that new systems had been put in place for sharing patient information with other agencies including a patient's own GP. However, there was no evidence at this inspection that this had been implemented.
- The provider told us there was no facility in use within the patient record system to run searches linked to patients' conditions or medicines prescribed, including controlled drugs. This made it difficult to identify and track prescribing practices, patients requiring monitoring and requirements for medication reviews. The provider did not have any other system in place to enable them to do this.
- A hard copy file was maintained as a log of patients prescribed controlled drugs but there was no patient identification to enable a search for these patients on the patient record system. Alongside this the provider told us they had no facility within the patient record system to search for patients who had been prescribed a controlled drug and therefore we viewed only a sample of two patients who had been prescribed a controlled drug. For one of these patients an extra two months supply of the drug was supplied because they said that they had only received one month when three months had been prescribed and a further prescription was provided with no additional checks having been carried out. We had received concerns regarding the prescribing of a controlled drug prior to our visit. The nature of the concern was that there was a lack of accountability and accurate record keeping for the patient in question.
- There was no evidence that patients had been asked if they had any allergies prior to being prescribed medication.
- Medical questionnaires designed to be completed by patients had not always been completed or completed in full so there was not always a record of the patient's medical history.
- We saw examples of high-risk medicines that had been issued without the assurance of a confirmed dose having been obtained, without base line assessments having been carried out and we found no evidence of ongoing monitoring for one patient to ensure it was safe to continue with the medicines.
- We saw an example of one medication that had been prescribed above the recommended maximum dose.
- Since our last inspection visit the provider had made improvements to the slimming clinic service in response to a recommendation we had made. This included carrying out a more detailed patient assessment (to include health screening, blood pressure, body mass index and body measurements) and administering the first dose of the slimming aid at the service. One record we looked at for a patient who had used the slimming clinic had an inaccurate entry for the actual medication prescribed. One of the medicines the service prescribed for weight loss was not licensed to be used for this purpose. Treating patients with medicines that are not licensed for the intended purpose is higher risk than treating patients with medicines that are. We saw no evidence in patient records that they had been informed that the medication they had been prescribed was not licensed for weight loss.

Safety systems and processes

- We looked at staff recruitment procedures for all members of the administrative team and nurse. We found that pre-employment recruitment checks had been carried out with the exception of proof of immunisation status for members of the administration team. Following the inspection visit the provider told us they had taken action to obtain confirmation of the immunisation status of all members of the administrative team. 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). One query was outstanding in relation to the accuracy of a document in the file for an ex-member of the staff team. The provider agreed to deal with the query within the procedures for managing significant events and to share the findings of this with us.
- The provider had taken action to improve the system in place for managing patient safety alerts since our last inspection visit.

Are services well-led?

We found a lack of governance and quality assurance in relation to the management of medicines and patient care and treatment.

Governance arrangements

There were no clear systems of accountability and governance for prescribing medicines and for care and treatment decisions.

- Structures, processes and systems to support good governance in relation to prescribing and medicines management were not set out.
- The patient record system was not used by the provider to support the monitoring of prescribing practices and there was no other system used to support this.
- There was no effective oversight/auditing of medicines prescribing and the requirement for medication reviews and follow up checks. This included for patients who were prescribed high risk medicines.
- A pharmacist was employed to work at the service one day per week but there was no evidence that medicines audits were being carried out to ensure prescribing was in line with best practice guidelines.
- We chose patient records at random (with the exception of patients who used the slimming clinic as there was a separate hard copy record, there was also a hard copy record available for patient's prescribed controlled drugs, but this did not include any identifiable information or codes) as the provider told us there was no means to input a search criteria on the patient record system. Patient records that we viewed lacked detail and supporting evidence. Consultations notes were basic and did not always include a rationale for the treatment provided and in three cases there were no consultation notes recorded.
- Following our last inspection on 4 July 2019 we made a recommendation for the provider to 'Review their programme of quality improvement activity to ensure it includes all aspects of how effective and appropriate the services provided are'. There was no evidence that this recommendation had been acted upon in relation to the safety and effectiveness of medicines prescribing.

Appropriate and accurate information

Patient records were maintained securely but appropriate and accurate information was not always maintained.

- We looked at how the provider secured and managed confidential patient information. There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Our findings showed that patient confidential information was sent through a task system within the patient record system. Staff interviewed corroborated this and told us this was how all patient confidential information was shared. The patient record system in place ensured that records were time and date stamped. The provider told us that all paper patient records were scanned on to the system and the original paper records were then destroyed securely. We looked at a number of examples of patient information that had been shared through secured e mail and the patient record system.
- The operations manager shared a copy of the data protection policy with us on the first day of the inspection. This lacked detail as to the actual procedures in place. This has since been reviewed and updated by the provider.
- Patient records were not sufficiently detailed, accurate and appropriately maintained to demonstrate that safe patient care and treatment was provided in relation to prescribing and medicines management.

Culture

The staff team described an open and positive culture.

Are services well-led?

- We spoke with all members of the administrative team, the operations manager and the registered manager. Staff told us they felt supported in their role and described a positive, open culture across the service. They told us they felt they could raise concerns and had confidence that these would be addressed.
- There were processes for providing all staff with development opportunities including training and appraisal.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity

Diagnostic and screening procedures
Services in slimming clinics
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

We have served Warning notice for Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

The provider could not always demonstrate that care and treatment had been provided in a safe way through assessing the risks to the health and safety of service users of receiving the care or treatment and through doing all that is reasonably practicable to mitigate any such risks.

Regulated activity

Diagnostic and screening procedures
Services in slimming clinics
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

We have served a Warning notice for Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Effective systems were not in place to assess, monitor and improve the quality and safety of the service and to monitor and mitigate risks to people using the service in relation to the prescribing and management of medicines.