

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

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

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Inadequate



Overall summary

This service is rated as Inadequate overall. (Previous inspection 4 February 2020 – Inadequate)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection on 15 December 2020 at SDC (UK)1 Limited Prime Health & Beauty Clinic – Nottingham as part of our inspection programme to follow up on breaches of regulations. CQC previously inspected the service on 4 February 2020 and rated it as inadequate overall. The service remained in special measures. We asked the provider to make improvements regarding safe care and treatment, good governance and fit and proper persons employed. We found that there had been improvements in fit and proper persons employed. 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. 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 – Nottingham 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 one 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.

Our key findings were:

- There was a lack of monitoring of the quality of care being provided.
- There was a lack of established governance procedures to deliver safe care.
- There was a lack of appropriate training to ensure staff were suitably qualified and competent.
- There was a lack of adherence to evidence based prescribing and a lack of recording when there was a deviation from clinical guidance.

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

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

Overall summary

- Ensure patients are protected from abuse and improper treatment
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

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

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

- Improve systems for the retention of medical records if the provider ceases trading, in line with Department of Health guidance.
- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.

This service was placed in special measures in February 2020. Insufficient improvements have been made such that there remains a rating of inadequate overall. Therefore we are taking action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. We will continue to monitor and review this service throughout this process and if needed could be escalated to urgent enforcement action.

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 team and included another CQC inspector.

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

Prime Health and Beauty Clinic provides a weight reduction service for adults and supplies medicines and dietary advice to patients accessing the service.

- The clinic operates from a first floor consulting room in the centre of Nottingham.
- The clinic is open from midday to 5.30pm Saturdays.
- The clinic employs two receptionists.

How we inspected this service

We spoke to the registered manager and receptionist 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.

Are services safe?

We rated safe as Inadequate because:

At the last inspection in February 2020, we rated safe as inadequate because systems and processes did not always ensure that care was provided in a safe way. At this inspection, we found some improvements had been made for example, staff checks were now completed at the time of employment. However, medicines were not accurately recorded in accordance with the provider's policy.

Safety systems and processes

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

- The provider had conducted some safety risk assessments. It had limited safety policies.. The service had limited systems to safeguard vulnerable adults from abuse. The service did not consider safeguarding of children in its current policies.
- The provider 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).
- We were told that staff had been given safeguarding and safety training. Staff were able to describe how they would report concerns. We asked about safeguarding training and were not provided with evidence of appropriate training. The policy we were shown had limited information for staff and was appropriate to the providers other location only.
- The systems to manage infection prevention and control were ineffective and needed to be reviewed. On the day of inspection, the handwashing facilities did not have access to hot water. We were told that this was because the clinic was not open that day and that hot water is switched on for clinic days. Hand sanitiser was available, however we could not be assured that the provider was following current guidance for the prevention of infection.
- A Legionella risk assessment had been carried out. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The provider had not ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. On the day of inspection, electrical checks for two items had expired.
- The provider had not carried out appropriate environmental risk assessments.

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.
- Staff had some understanding of their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. We were told that the doctor was qualified in basic life support but were not provided with evidence of this.
- This is a service where the risk of needing to deal with a medical emergency is low. The doctor did not have access to medicines and equipment to deal with a medical emergency. However, the provider had completed a risk assessment to support this choice.
- There were appropriate indemnity arrangements in place to cover both professional indemnity and public liability.
- The systems in place for ensuing fire safety were inadequate. We did not see evidence of fire training for staff or evidence that fire drills had taken place.

Information to deliver safe care and treatment

Are services safe?

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

- 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. Discussions between the doctor and the patient about possible side effects and deterioration of current medical conditions were not documented.
- 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.
- 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.

Safe and appropriate use of medicines

The service did not have reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including controlled drugs, emergency medicines and equipment did not always minimise risk.
- The service did not carry out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service prescribed Schedule 3 controlled drugs (medicines that have additional levels of control due to their risk of misuse and dependence). These were not always managed safely. We found that checks were not made to show that the total stock balanced with the records.
- 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.
- We saw evidence of prescribing outside of the parameters of the medicine's summary of product characteristics. Where this deviation from national guidance happened, it was not clear from patient notes what the rationale was. This meant that the provider could not assure themselves that the safety of patients was upheld.
- 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.

- The service had completed limited risk assessments in relation to safety issues.
- 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.

Lessons learned, and improvements made

The service did not always learn and make improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses.

Are services safe?

- The service did not always take action to improve safety. Though risk assessments had been completed, the required outcome actions had not always been completed.
- The provider was not aware of Duty of Candour and its requirements. However, the provider told us they were open and honest with patients.
- The service was unable to show evidence of learning from external safety events. The service was now receiving medicines safety alerts but there was no evidence that these were reviewed.

Are services effective?

We rated effective as Inadequate because:

There was insufficient assurance in place to demonstrate that people received effective care.

Effective needs assessment, care and treatment

The provider did not always have systems to keep clinicians up to date with current evidence based practice. Clinicians were not always able to evidence assessment of needs to deliver 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. However there was no evidence based prescribing policy to support clinical decision making.
- 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 not actively involved in quality improvement activity

- The service obtained limited information about care and treatment to make improvements. For example, we were told about one audit completed to review weight loss. However, we did not see any meaningful analysis of the data obtained or resulting actions.

Effective staffing

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

- The provider had an induction programme for all newly appointed staff. However, we did not see evidence of this being implemented fully. The provider was unable to provide assurance that all staff were appropriately trained and qualified.
- The doctor was registered with the General Medical Council (GMC) and was up to date with revalidation.
- The provider told us that they understood the learning needs of staff and had provided training to meet them. However, we were provided with limited records of skills, qualifications or training. For example we were provided with a certificate and told this was for adult safeguarding. This document was not titled and did not have a date or a level assigned.

Coordinating patient care and information sharing

There was limited evidence of staff working with other organisations to deliver effective care and treatment.

- Patients usually received coordinated and person-centred care. One medical history we looked at suggested there was a risk to health when prescribed treatment. There was no evidence this had been discussed and this was not documented in the medical record.

Are services effective?

- Doctors at the service did not always ensure they had adequate knowledge of the patient's health and their medicines history before providing treatment. When patient's disclosed co-morbidities, no attempts were made to contact the patient's own GP directly.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP. Although there were no examples of patients GPs being contacted directly, patients were given a letter that they could take to their GP.

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 patients advice, so they could self-care. Patients were given food information leaflets.

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 doctor told us how they would assess and record a patient's mental capacity to make a decision. However there was no evidence of training in this area.

Are services caring?

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat patients.
- 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 made available where possible for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them. Patients could also be supported during their appointment by a friend or relative.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Consultations with the doctor were held in a private room where people could discuss sensitive issues.

Are services responsive to people's needs?

We rated responsive as Requires improvement because:

The facilities and premises were not appropriate for the services being provided and action had not been taken to address this.

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 told us they would listen to patients requests for improved services.
- The facilities and premises were not always appropriate for the services delivered as the access was not step-free. Patients requiring step-free access were advised to attend the provider's other location in Derby.
- The appointment system was amended to encourage social distancing, however, this was not reliably implemented.
- Not all facilities and premises were appropriate for the services delivered.

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 had a complaints policy in place, however the policy needed to be updated to reflect best practice for managing complaints. There were no examples of complaints.

Are services well-led?

We rated well-led as Inadequate because:

Processes were not established to identify and monitor risks. There was no evidence of monitoring and learning from incidents.

Leadership capacity and capability

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

- Leaders were not knowledgeable about some of the issues and priorities relating to the quality and future of services. They did not understand the challenges and were not addressing them.
- Leaders at all levels were visible and approachable. However, there was limited evidence of them working closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The service did not have a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- The vision and values for the service were not clear. The service was not able to describe a strategy and supporting business plans to achieve priorities.

Culture

The service did not have a culture of high-quality sustainable care.

- Openness, honesty and transparency were described by the provider when asked about responding to incidents and complaints. They had not recorded any incidents or complaints.
- Staff told us they could raise concerns.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- There were positive relationships between staff and teams.
- We were unable to see processes for providing all staff with the development they need. We were not provided with evidence of appraisal or career development conversations.
- There was not a strong emphasis on the safety and well-being of all staff.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were not clearly set out or considered.
- Staff were not clear on their roles and responsibilities.
- Leaders had established some policies, procedures and activities to ensure safety but did not assure themselves that they were operating as intended. The policies did not include all procedures and activities of the service.

Are services well-led?

- We were told that staff had regular meetings at the provider's Derby location, however we were told that these were not documented.
- At the last inspection the service was asked to review its storage of patient medical records. There were improved 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 was limited clarity around processes for managing risks, issues and performance.

- The processes to identify, understand, monitor and address current and future risks including risks to patient safety were not effective.
- Performance of clinical staff could only be demonstrated through one mandatory annual audit as part of their re-validation. There was no audit of their consultations and prescribing. We were told leaders had oversight of safety alerts, incidents, and complaints. However, we were not provided with any record of this.
- 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.

Appropriate and accurate information

The service did not always have appropriate and accurate information.

- We did not see quality or operational information being used to ensure and improve performance.

Engagement with patients, the public, staff and external partners

The service involved patients to support sustainable services.

- The service collected information using patient feedback forms.

Continuous improvement and innovation

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

- There was no focus on continuous learning and improvement for staff.
- The service had a process to review internal and external reviews of incidents and complaints. We were told learning from incidents could be shared and used to make improvements; however we did not see any evidence of this.
- We saw no evidence of staff reviewing individual and team objectives, processes and performance.