

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

Inspection report


12 Upper Parliament Street
Nottingham
Nottinghamshire
NG1 2AD
Tel: 01332299505
www.slimmingdietclinic.co.uk






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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?	Good 
Are services well-led?	Inadequate 

Overall summary

This service is rated as Inadequate overall. (Previous inspection April 2017 – Not rated)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Prime Health and Beauty Clinic Nottingham as part of our inspection programme to rate the service.

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 and of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Prime Health and Beauty Clinic 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.

51 people provided feedback about the service through comment cards and speaking with us and their comments were all positive. They told us staff always accommodate last minute appointments and listen to concerns.

Our key findings were:

- There was a lack of monitoring of the quality of care.
- There was a lack of established governance procedures to deliver safe care.
- There was a lack of systems to monitor suitability of staff for employment.

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

- Ensure that recruitment checks are carried out in line with current guidance.
- Ensure that care and treatment is provided in a safe way.
- Ensure that systems or processes are established to monitor good governance.

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

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

- Improve the audit process to ensure oversight of policy implementation and adherence.
- Complete training and update policies for safeguarding in line with current guidance.
- Improve the arrangements for the storage of medical records. To include 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.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take 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.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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 Pharmacist Specialist. The team included a member of the CQC medicines team.

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 11:00am to 5:30pm Tuesdays and 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. We received 51 comment cards. 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:

Systems and processes did not always ensure that care was provided in a safe way.

Safety systems and processes

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

- The provider had not conducted safety risk assessments. It had limited safety policies, which had recently been reviewed and communicated to staff. They outlined who to go to for further guidance. We were told staff received safety information from the service as part of their induction and refresher training. The service had limited systems to safeguard vulnerable adults from abuse; details of who to contact had not been updated since 2016. The service did not consider safeguarding of children in its current policies.
- The provider did not carry out appropriate staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks had not been 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 appropriate to their role. They were able to describe how they would report concerns, but we were not provided with any evidence of the training.
- 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 accessible hot water and there was no hand sanitiser available. A Legionella risk assessment had not been carried out. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The provider did not always ensure that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. The electrical testing had expired a year ago and was only being reviewed on the day of inspection.
- 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 limited 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 we were not provided with any 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, the provider had not completed a risk assessment to support this choice.
- There were appropriate indemnity arrangements in place to cover both professional indemnity and public liability.

Information to deliver safe care and treatment

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. We saw records where two patients had been treated and there was a risk to deterioration of current medical condition due to side effects. The notes did not contain any documentation to say that this had been discussed.
- The service had 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.

Are services safe?

- The service did not carry out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. The doctor had completed one audit for revalidation to look at patients that had been declined treatment.
- 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.
- Medicines were not accurately recorded in accordance with the provider's policy, so 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 change from national guidance happened it was not clear from patient notes what the rationale was. This meant that we could not be assured that this protected patient safety.
- 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 not completed risk assessments in relation to safety issues.
- There was no evidence that the service monitored and reviewed activity. We were told about an incident that happened at the providers other clinic location. We did not see evidence of learning being shared to help it to understand risks and the current picture to contribute to safety improvements.

Lessons learned, and improvements made

The service did not always learn and make 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.
- The service did not always take action to improve safety. Though staff were aware of a fire incident that happened at the providers other location, this had not influenced the local risk assessments. There was evidence of electrical items still not being PAT tested.
- 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 evidence learning from external safety events or medicine safety alerts.

Are services effective?

We rated effective as Requires improvement because:

There was limited evidence of monitoring care and treatment to assess if it was inline with current guidance.

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 delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs, height, weight and body mass index and physical wellbeing. However there was no evidence based prescribing policy to support clinical decision making. The doctor told us they knew when to prescribe.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. Patients were asked to review consent and past medical history by signing and dating annually. We saw evidence of three people being declined treatment due to their observations being outside of safe prescribing parameters.

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. We were told about one audit completed to review patients declined treatment.
- The service did not carry out any quality monitoring or audits of patient's medical records and or effective weight loss.
- A 360 survey had been completed to obtain colleague and patient feedback. The service did not complete any regular clinical audits.

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. We could not be assured all staff were appropriately qualified.
- The doctor was registered with the General Medical Council (GMC).
- The provider told us they understood the learning needs of staff and had provided training to meet them. We were not provided with any up to date records of skills, qualifications or training. Staff said they would like more opportunity to develop.

Coordinating patient care and information sharing

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

- Patients usually received coordinated and person-centred care. One person's medical history 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 patient medical record.
- Doctors at the service did not always ensure they had adequate knowledge of the patient's health and their medicines history before providing treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP. 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 people 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.

Are services effective?

- 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.
- The service monitored the process for seeking consent appropriately.

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. This was completed via a 360 survey of patients and colleagues.
- Feedback from patients was positive about the way staff treat people
- 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 would be 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 ask to bring a friend or relative to support them during the appointment.
- Patients told us through 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.

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?

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 clinic was on the first floor accessed via a corridor and stairs, the toilet was on the second floor. People were not always made aware of the access restrictions.

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. Staff told us how they would treat patients who made complaints compassionately.
- The service had a complaints policy in place, however the copy on display for patients needed updating to the current version. There were no recent examples of complaints.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

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. They worked 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.

- The service focused on the needs of patients.
- Openness, honesty and transparency were described by the provider when asked about responding to incidents and complaints. There had not been any incidents or complaints. The provider was not aware of duty of candour.
- Staff told us they could raise concerns.
- We were told that the doctor had met the requirements for professional revalidation.
- 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 proper policies, procedures and activities to ensure safety but did not assure themselves that they were operating as intended. The policies needed to be reviewed to ensure all procedures and activities were included.

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.
- The service had processes to manage current and future performance. Performance of clinical staff could only be demonstrated through one mandatory audit of their choice. 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 routinely carried out. 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 and operational information being used to ensure and improve performance.
- We were told that staff had regular meetings, however we asked to see evidence of this and it was not provided. When staff were asked this wasn't clear.
- We did not see evidence of the service submitting data or notifications to external organisations.
- There were not arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and

Are services well-led?

data management systems. On the day of inspection, we saw patient's medical records stored insecurely. Including unsupervised storage in an area accessible to patients.

Engagement with patients, the public, staff and external partners

The service involved patients to support sustainable services.

- The service encouraged and heard views and concerns from patients to shape services and culture. Patients were given a 360 feedback to complete annually.
- The service was transparent, collaborative and open with stakeholders about performance.

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. An incident had occurred at the provider's other location but learning from that had not been applied to this location.
- The service had a process to review internal and external reviews of incidents and complaints. Learning could be shared and used to make improvements. However, we were made aware of an incident at a different location, and the learning had not been implemented here.
- We saw no evidence of staff reviewing individual and team objectives, processes and performance.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Services in slimming clinics	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not have effective systems for the proper and safe management of medicines. In particular:</p> <p>The management of controlled drugs was not in line with the providers own policy and national guidance.</p> <p>Infection prevention and control process was not effective.</p>
Regulated activity	Regulation
Services in slimming clinics	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider did not have an effective system in place to monitor the quality of the service.</p> <p>The provider did not have systems in place identify and monitor risks in the service.</p>
Regulated activity	Regulation
Services in slimming clinics	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The provider did not have effective systems for completing the employment checks for staff including obtaining references and DBS clearance.</p>