

# Elements Medical

## 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

Good 

Are services safe?

Good 

Are services effective?

Requires Improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Overall summary

**This service is rated as Choose a rating overall.** Good

The key questions are rated as:

Are services safe? – Good

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Elements Medical as part of our inspection programme to rate the service. Elements Medical is a private clinic which provides health screening, medical weight management, and dermatology.

This service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008, in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Elements Medical offered a COVID-19 testing service, this too fell outside the scope of our inspection.

The service had a 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.

On the day of inspection we were unable to speak directly to patients in order to gather their views of the service. However, we were shown feedback collected by the service. All were positive about the care and treatment received.

## Our key findings were:

- People were provided with information and advice to support weight loss.
- The service had a clear vision and strategy and engaged well with staff.
- The premises was appropriate for the service delivered.

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

- Implement a clinical audit system to review quality of care and patient outcomes.
- Develop effective systems and processes to monitor risk and performance.
- Make a clear record of the rationale when prescribing an off-label medicine, when a licensed medicines is available.
- Improve medicines storage so they are safe and secure.

# Overall summary

**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 also included a member of the CQC medicines optimisation team.

## Background to Elements Medical

Elements Medical is based in a two storey building on the outskirts of Doncaster. The service comprises of a reception, office area and a variety of waiting rooms and clinic rooms.

The service is open Monday to Friday 9am to 8pm.

Slimming and obesity management services are also provided online

### **How we inspected this service**

Prior to the inspection we reviewed information about the service, including information from the provider. We spoke to the manager, provider and four members of staff. We also 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 Good**

## **Safety systems and processes**

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff, however some policies referred to a different organisation. The provider told us they have reviewed all policies since our inspection. Staff received safety information from the service as part of their induction.
- 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. 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. There was a legionella risk assessment in place. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings.)
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service.

## **Risks to patients**

**There were 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 effective induction system for new staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- The service had a COVID-19 policy aimed at reducing infection risk for staff and patients. It covered use of PPE, social distancing and checking for COVID symptoms.
- This is a service where the risk of needing to deal with a medical emergency is low. The service had carried out a risk assessment and kept the identified medical equipment and emergency medicines.

## **Information to deliver safe care and treatment**

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

- 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 was available to relevant staff in an accessible way.

# Are services safe?

- The service had systems for sharing information with staff and other agencies, if patients consented, to enable them to deliver safe care and treatment. However consent to contact the GP had been declined for all the records we viewed and for two of the treatments offered, consent to share information was not recorded on the consent form. The provider told us that they had updated the consent form to include this following the inspection.
- 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 mostly had reliable systems for appropriate and safe handling of medicines.

- The clinic had systems and arrangements for managing medicines emergency medicines and equipment, however one area was not secure. There were temperature records kept of the fridge used to store medicines, however these only recorded the current temperature.
- The service did not carry out any regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service held very few medicines on the premises.
- Some of the medicines this service prescribes 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 not currently recommended by the National Institute for Health and Care Excellence (NICE)
- There were effective protocols for verifying the identity of patients

## Track record on safety and incidents

### The service had have a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

### The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. There had been no recent events at this location.
- There were adequate systems in place for reviewing and investigating when things went wrong. The provider told us that the service had a process in place to identify themes and act 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 a system in place to receive safety alerts.

# Are services effective?

## We rated effective as Requires improvement because:

There was only limited assurance in place to demonstrate that people received effective care. Where we identified safety concerns the service rectified them soon after our inspection

### Effective needs assessment, care and treatment

**The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians had limited information to assess and deliver care and treatment in line with current legislation, standards and guidance (relevant to their service)**

- Patients' immediate and ongoing needs were assessed, however the online assessment system was not robust.
- There was also some gaps in the information collected including information on any other medicines taken or any underlying mental health considerations. The provider has made improvements to the assessment system to address the issues since our inspection.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. We saw that when repeats were requested that the weight loss was reviewed and further supply was only made if appropriate weight loss had occurred.

### Monitoring care and treatment

**The service was not actively involved in quality improvement activity.**

- The service had no system in place to use information about care and treatment to make improvements. There was no clinical audit system in place.

### Effective staffing

**Staff had 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 were registered with the Nursing and Midwifery Council (NMC) and were up to date with revalidation
- The provider understood the learning needs of staff. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

### Coordinating patient care and information sharing

**Staff worked together, but did not work well with other organisations, to deliver effective care and treatment.**

- Patients received coordinated and person-centred care.
- Patients were asked about consent to share information with their GP for slimming treatments, however no patient we looked at had consented. The consent forms for treatment of conditions such as migraine and hyperhidrosis, bruxism and hay fever did not include consent to share information with the patient's GP. After our inspection the service updated the consent to treatment forms to include this.
- Patients treated for obesity were asked on the first contact for consent to share details of their consultation and any medicines prescribed with their registered GP however this was not revisited on subsequent contacts.

# Are services effective?

- Before providing treatment, prescribers at the service had limited information about patient's health. There was limited information about any prescribed medicines and patients were not asked about any underlying mental health conditions. This information was not available to ensure safe care and treatment. After our inspection the prescriber has updated the systems to include information on the consultation form.
- We did not see evidence of letters sent to patient's registered GP in line with NMC guidance. We could not evidence that the risks of not sharing this information were explained to the patient

## 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.**

- All patients treated for obesity were referred to staff who gave advice on diet, exercise and healthy living. This support was offered regularly during the first month of treatment and as needed.
- 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 did not 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 supported patients to make decisions, however the service did not consider and recorded a patient's mental capacity to make a decision.

Information was available for the off license use of medicines but consent to the off license use was not formally documented. The service has made changes after our visit to update this.



# Are services caring?

**We rated caring as Good**

## **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 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.**

- There was no formal interpretation services for patients who did not have English as a first language.
- We saw patient feedback that showed patients 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/did not respect patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- All consultations took place in clinic rooms and could not be overheard.

# Are services responsive to people's needs?

**We rated responsive as Good**

## **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.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For patients who did not wish to access the service remotely, face to face appointments were available and patients could collect medicines if they did not wish to have them delivered.

## **Timely access to the service**

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

- Slimming treatments were mainly an online service and initial access was at the patients' convenience. Following initial screening the first contact by a prescriber was booked in. Further appointments were arranged for lifestyle support in consultation with the patient.
- Other treatments were available on an appointment system.
- 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.**

- As a result of a patient feedback the service had implemented an online booking system.
- Information about how to make a complaint or raise concerns was available. Staff said they would treat patients who made complaints compassionately.
- 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.
- The service had complaint policy and procedures in place.
- We were told there had been no complaints recently.

# Are services well-led?

**We rated well-led as Good because:**

## **Leadership capacity and capability;**

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were 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.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## **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.
- The service developed its vision, values and strategy jointly with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

## **Culture**

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Staff described an open, honest and transparent approach in 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. This included appraisal and career development conversations. Staff received regular annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## **Governance arrangements**

# Are services well-led?

## **There were clear responsibilities, roles and systems of accountability to support good governance and management.**

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. All of the policies used by the service had been reviewed during June 2021, however some still referred to a different organisation.
- Leaders had oversight of safety alerts, incidents, and complaints.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## **Managing risks, issues and performance**

### **There was limited clarity around processes for managing risks, issues and performance.**

- There were some processes to identify, understand, monitor and address current and future risks including risks to patient safety.
- There was no system in place to monitor performance of clinical staff through audit of their consultations, prescribing and referral decisions.
- There was no process of clinical audit to have a positive impact on quality of care and outcomes for patients. Since the inspection the service has taken action to change processes to improve quality.

## **Appropriate and accurate information**

### **The service acted on appropriate and accurate information.**

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

## **Engagement with patients and staff.**

### **The service involved patients and staff to support high-quality sustainable services.**

- The service encouraged and heard views and concerns from the patients and staff and acted on them to shape services and culture. For example an online booking service had been implemented as a result of patient feedback.
- Staff could describe to us the systems in place to give feedback and were included through staff meetings.

## **Continuous improvement and innovation**

### **There was evidence of systems and processes for learning and continuous improvement.**

- There was a focus on continuous learning and improvement.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement including remote working for some staff.