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

Inspection report

216-218 Burton Road
Derby
DE23 6AA
Tel: 01332299505
www.slimminganddiet.co.uk

Date of inspection visit: 30 September 2022
Date of publication: 18/11/2022

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	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Overall summary

This service is rated as Requires improvement overall. (Previous rated inspection 08 2021 – Requires improvement. Also inspected 10 2021 – Not rated).

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an unannounced comprehensive inspection at SDC (UK)1 Limited Prime Health & Beauty Clinic – Derby to follow up on breaches of regulations. CQC previously inspected the service on 8 October 2021 and asked the provider to make improvements regarding good governance. We checked these areas as part of this comprehensive inspection and found this had not been resolved.

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 Schedule 1 and Schedule 2 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.

Two people provided feedback about the service by speaking with us and their comments were all positive. They told us they felt listened to and that staff were always professional and courteous.

Our key findings were:

- There were processes for providing all staff with the training and development they need.
- Patients felt listened to and supported by staff to make informed decisions about their treatment.

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

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

Overall summary

- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a member of the CQC medicines optimisation team. The team included another member of the CQC medicines optimisation team.

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

SDC (UK)1 Limited Prime Health & Beauty Clinic – Derby provides a weight reduction service for adults and supplies medicines and dietary advice to patients accessing the service. The clinic operates from a ground floor consulting room on Burton Road in Derby. The clinic is wheelchair accessible. The clinic is open from midday to 6pm on Mondays, Wednesdays, Thursdays and Fridays. The clinic is run by a doctor and employs four members of staff who carry out administrative and reception duties.

How we inspected this service

We spoke to the registered manager, one member of administrative staff, two patients 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.

Requires Improvement

Are services safe?

We rated safe as Requires improvement because staff did not have the information they needed to deliver safe care and treatment to patients.

Safety systems and processes

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

- The provider conducted safety risk assessments. Theyhad appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- 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 as per the provider's own policy. (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. The clinic did not provide chaperones. Patients were encouraged to bring a friend or relative with them if a chaperone was required.
- There was an effective system to manage infection prevention and control. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). At the last inspection, staff said they opened the taps in the mornings for 5 minutes to reduce any risks of legionella contamination. However, records were not kept of this activity. At this inspection, we saw that staff kept records of this activity. A legionella risk assessment had also been conducted.
- 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. They took into account the profile of people using the service and those who may be accompanying them.

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 staff tailored to their role. We saw the learning and development document which outlined the training that newly appointed staff would have to undertake.
- Staff understood their responsibilities to manage emergencies.
- Although this is a service where the risk of needing to deal with a medical emergency is low, there were suitable medicines and equipment to deal with them. They were stored appropriately, checked regularly and staff were trained on how to use them.
- 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 the information they needed to deliver safe care and treatment to patients.

Requires Improvement

Are services safe?

- Complete information needed to deliver safe care and treatment was not available to staff. The provider did not obtain medical histories before prescribing medicines (controlled drugs), but relied on information provided by the patient. This was not in line with current General Medical Council (GMC) guidance and put patients at risk of being treated with medication inappropriately.
- 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 information that they could take to their own GP if they wished, however there was no system to confirm receipt.
- The doctor wrote individual care records by hand, and another member of staff transferred this information to an electronic system. The provider kept records to show that the information transferred was checked for accuracy.
- At the time of this inspection, the provider was exploring additional systems 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.

- At the last inspection, the systems and arrangements for managing medicines, including controlled drugs, emergency medicines and equipment did not always minimise risk. At this inspection, we found that this was still the case.
- The service had not completed a 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). At the last inspection, we found that the records of medicines in stock did not match the amount of medicines stock available. At this inspection, whilst the provider did contolled drugs balance checks, they did not count the physical stock to ensure accuracy. This meant that the provider did not have assurance that there were no stock discrepanices, and if there were, would not be able to identify their origin.
- 'Some of the medicines this service prescribed 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'. We saw that patients were offered diet and exercise advice as part of their weight management plan.

Track record on safety and incidents

The service had 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.

- Staff understood their duty to raise concerns and report significant events. However, we did not see any records as we were told that there had not been any incidents or near misses.

Requires Improvement

Are services safe?

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

Requires Improvement

Are services effective?

We rated effective as Requires improvement because:

The provider did not always deliver care and treatment in line with current legislation, standards and guidance (relevant to their service). In addition, the service was not actively involved in quality improvement activity.

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 assessed needs but did not always 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. The doctor told us that patients were asked about previous history of mental health problems.
- Clinicians did not have access to enough information to make or confirm a diagnosis prior to prescribing medicines to patients. Patients were asked for their medical history and medicines they were taking during their initial appointment. Doctors used that information to decide whether to supply medicines to patients. The clinic did not routinely confirm each patient's medical history with their GP surgery. This meant that there was a risk that patients were being supplied with unsuitable medication. We discussed this with the provider on the day of the inspection. They agreed to update their processes to ensure that they confirmed medical history information for all new patients going forward. For existing patients, the provider would seek consent to inform the patient's GP of the medicines being supplied by the clinic.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. Some patients were asked to review their consent and past medical history by signing and dating the individual care record annually, but this was not consistent.

Monitoring care and treatment

The service was not actively involved in quality improvement activity.

- At the last inspection, a record was made to track weight loss of each patient on each visit to the clinic. However no further analysis of this data had been carried out. At this inspection, the clinic had not completed any meaningful quality improvement activity.

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 medical professionals were registered with the GMC and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

Requires Improvement

Are services effective?

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

- Before providing treatment, doctors at the service did not ensure that they had adequate knowledge of the patient's health, any relevant test results and their medicines history. Doctors relied on the information given to them by patients.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. We saw evidence that the provider sometimes wrote to people's own GP's.
- The provider had not risk assessed the treatments they offered. They had not identified medicines that were not suitable for prescribing if the patient did not consent to share information with their GP. Or if they were not registered with a GP at all. Where patients agreed to share their information, we did not see evidence of letters sent to their registered GP in line with GMC guidance.

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. For example, patients were provided with written information on their initial visit and after a period of extended absence from the service. This included calorific values of common foods, and patient information leaflets for the prescribed medicines. They were also provided with information to share with their GP and a leaflet about obesity.
- Where patients' needs could not be met by the service, staff redirected them to their own GP.

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. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Good

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 patients experiences at the clinic.
- Feedback from patients was positive about the way staff treat people. We were told that staff were professional and caring.
- 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 available for patients who did not have English as a first language. However, people were encouraged to bring an interpreter with them to their consultation if needed. Patients were also told about multi-lingual staff who might be able to support them.
- Patients said 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.

Good

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. For example, the doctor would always try and accommodate appointment requests.
- 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 example, staff were able to consider how they would support people to access the service.

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, and they were able to access appointments via numerous routes.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and would respond appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available.
- 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. There were no examples of complaints recorded as the provider told us that they had not received any.

Requires Improvement

Are services well-led?

We rated well-led as Requires improvement because:

There were limited processes for managing risks, issues and performance, the service did not always have appropriate and accurate information and there was limited evidence of systems and processes for learning, continuous improvement and innovation.

Leadership capacity and capability

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

- This was a small service led by the registered manager with support from staff. The registered manager had limited knowledge about issues and priorities relating to the quality and future of the service. They understood the challenges of the service and were addressing them.
- The registered manager was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

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 who were kept informed of any plans for the service.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

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.
- Openness, honesty and transparency were considered when we spoke to staff about responding to incidents and complaints. At this inspection we were told there had not been any incidents or complaints since the last inspection.
- Staff told us they could raise concerns.
- There were processes for providing all staff with the development they need. This included appraisal. All staff received appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The doctor had met the requirements for professional revalidation.

Governance arrangements

There were limited responsibilities, roles and systems of accountability to support good governance and management.

Requires Improvement

Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out and understood.
- Staff were clear on their roles and accountabilities.
- Leaders had not established proper policies, procedures and activities to ensure safety and assure themselves that they were operating as intended.
- We were told that staff had regular meetings, however we did not see evidence that these meetings were documented. Since this inspection, the provider has informed us that records are now being made of staff meetings held.
- The service submitted data or notifications to external organisations as required.
- There were 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 were limited processes for managing risks, issues and performance.

- There was a limited process to identify, understand, monitor and address future risks.
- The service had limited processes to manage current and future performance. At the last inspection, there was no audit of consultations and prescribing. At this inspection, whilst the doctor had undergone revalidation, there was still no formal mechanism to audit their consultations and prescribing decisions.
- The provider had implemented a system to manage safety alerts.
- The provider had conducted a patient survey to seek their opinion on how they were doing, however this was not a clinical audit.

Appropriate and accurate information

The service did not always have appropriate and accurate information.

- At the last inspection, we did not see quality or operational information being used to ensure and improve performance. At this inspection, this was still the case.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. For example, a patient satisfaction survey had been conducted.
- Staff could describe to us the systems in place to give feedback. For example, patients could scan a quick response (QR) code to leave a review.
- Whilst we did not see evidence of formal feedback opportunities for staff, they felt able to raise any concerns and contribute to service development. The service was transparent, collaborative and open with stakeholders about their performance.

This section is primarily information for the provider

Requirement notices

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	Regulation
Services in slimming clinics	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: Medicines were prescribed to people prior to receiving their medical history. This meant that there was a risk that people could be treated who were not suitable.

Regulated activity	Regulation
Services in slimming clinics	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service had not conducted out any meaningful quality improvement activity.