

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

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 | Inspected but not rated | ● |
|----------------------------------|-------------------------|---|
| Are services safe? | Inspected but not rated | ● |
| Are services effective? | Inspected but not rated | ● |
| Are services well-led? | Inspected but not rated | ● |

Overall summary

This inspection was not rated. (Previous inspection 08 2021 – rated requires improvement overall).

We carried out an unannounced focused inspection on 8 October 2021 at SDC (UK)1 Limited Prime Health & Beauty Clinic – Derby to follow up on breaches of regulations. CQC previously inspected the service on 6 August 2021 and rated it as requires improvement overall. We asked the provider to make improvements regarding safe care and treatment, and good governance. At this inspection, we found improvements in safe care and treatment. However, we found breaches relating to good governance. This report only covers findings in relation to the specific areas that we looked at. The service was not rated as a consequence of this inspection.

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. SDC (UK)1 Limited Prime Health & Beauty Clinic – Derby 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 a 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:

- A system was implemented for sharing treatment information with patients’ registered GPs.
- Medicines were stored securely under the supervision of the prescribing doctor.
- The provider had arrangements for the storage of records in accordance with DHSC guidance in the event that the company ceases trading.

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

- 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:

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

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 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 7pm on Mondays and from midday to 6pm on Wednesdays, Thursdays and Fridays. The clinic employs a managing director and five members of staff who carry out administrative and reception duties.

How we inspected this service

We spoke to the registered manager, the managing director, and two members of administrative staff, and reviewed a range of documents.

To get to the heart of patients' experiences of care and treatment, we asked the following questions:

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

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Safety systems and processes

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

- At the last inspection, the provider had limited safety risk assessments and limited safety policies. At this inspection, we saw that the provider conducted safety risk assessments. It had 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. 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).
- There was an effective system to manage infection prevention and control. At the last inspection, staff said they opened the taps in the mornings for five 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.
- The clinic did not provide chaperones. Patients were encouraged to bring a friend or relative with them if a chaperone was required.
- At the last inspection, the doctor told us that she changed her gloves after every two or three patients and then sanitized her hands before putting on a new pair of gloves. This was not in line with the provider's hand hygiene policy. At this inspection, the doctor changed her gloves after each client.
- 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 and those who may be accompanying them. As a result, the provider had installed bannisters for the staircase to minimise any risks to staff using the stairs.

Risks to patients

There were limited 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.
- There were appropriate indemnity arrangements in place to cover both professional indemnity and public liability.
- At the last inspection, we saw that a fire safety risk assessment had been conducted. In addition, staff had been trained on how to use the fire extinguishers, and regular fire drills took place and were recorded.
- This is a service where the risk of needing to deal with a medical emergency is low. At the last inspection, the provider had obtained medicines and equipment to deal with medical emergencies. We previously noted that one medicine had a reduced shelf life when removed from the fridge. We advised the provider to update the expiry date of this medicine to minimise any risk of it being used after this. At this inspection, we saw that the expiry date had not been updated to reflect the shortened expiry date. We brought this to the attention of the provider on the day of this inspection, and they said that they would investigate this. We did not see evidence that the medicines for use in an emergency were checked on a regular basis. We also noticed that the provider did not have the means to safely administer all the emergency medicines that they had present.

Information to deliver safe care and treatment

Are services safe?

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

- At the last inspection, we saw that 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. At this inspection, we saw that the provider had made improvements. The doctor wrote individual care records by hand, and another member of staff transferred the information to an electronic system. However, we did not see evidence that the records that were transferred were checked for accuracy.
- At the last inspection, we saw that 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 own GP. At this inspection, this was still the case, however there was no system to confirm receipt.
- The provider had a system to retain medical records in line with DHSC guidance in the event that they ceased 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.
- At the last inspection, the service did not carry out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. At this inspection, we did not check this (because not enough time had elapsed since the last inspection). The provider told us that they had plans to carry out audits in the future.
- 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, these medicines were not always managed safely. At this inspection, again we found that the records of medicines in stock did not match the amount of medicines stock available.
- 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'. We saw that patients were offered a diet and exercise advice as part of their weight management plan.

Track record on safety and incidents

The service had a good safety record.

- At the last inspection, we did not see a comprehensive system for managing all risks in the service. For example, the provider had not considered the risks in administrative staff transferring patient records to an electronic system. However, steps had been taken to minimise the risk of fire. At this inspection, the provider told us that they reviewed risks on an ad hoc basis. For example, bannisters were installed as a result of a review of the clinic environment.

Are services effective?

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 and 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. The doctor told us that patients were asked about previous history of mental health problems. There was a clinic protocol and a treatment protocol that had limited information 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 the individual care record annually.

Monitoring care and treatment

The service was involved in quality improvement activity.

- At the last inspection, the service obtained limited information about care and treatment to make improvements. We saw that a weight loss review had been done however, it was limited in the clinical decisions made and how these could be improved. This weight loss review was used as part of the doctor's appraisal. At this inspection, a record was made to track weight loss from each patient on each visit to the clinic. However no further analysis of this data had been carried out.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP.
- At the last inspection, we did not see any examples of patients GPs being contacted directly, although patients were given a letter that they could take to their GP. At this inspection, when consent was granted, GPs were provided with information about the treatment provided at this service.

Are services well-led?

Leadership capacity and capability

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

- Leaders had limited knowledge about issues and priorities relating to the quality and future of services. They did not understand the challenges or address them until the recent inspection had taken place.
- Leaders had implemented systems that were not always effective. Patient medical records were transferred to an electronic system by administrative staff. We saw that administrative staff were also responsible for completing records of medicines that had been supplied. Whilst we did not find any errors, there was no system to check the accuracy of records that were transferred by administrative staff.
- Leaders at all levels were visible and approachable and we were told that staff were involved in decisions. However, we found limited evidence of them working closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Governance arrangements

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

- At the last inspection, structures, processes and systems to support good governance and management were not clearly set out. For example, there was no system to ensure that medicines stock checks were accurate. However, individual staff were clear on their roles and accountabilities. At this inspection, we found that there was no system to monitor the expiry dates of emergency medicines or stock medicines. We also found that there were discrepancies in the records pertaining to medicines stock.
- At the last inspection, leaders had not established proper policies, procedures and activities to ensure safety and assure themselves that they were operating as intended. At this inspection this continued to be the case.

Managing risks, issues and performance

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

- At the last inspection, there was a limited process to identify, understand, monitor and address current and future risks including risks to patient safety. At this inspection, this continued to be the case.
- 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, this was still the case, however we were told that there were plans to conduct audits of: side effects, and weight loss.

Appropriate and accurate information

The service did not 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, we were told that there were plans to conduct audits in future. We saw that the provider had started to collect weight loss information that would be reviewed in the future.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.