

Courthouse Clinics Body Limited

Courthouse Clinics Body Limited Brentwood

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 10 July 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Courthouse Clinics Body Limited Brentwood is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner for the purpose of weight loss blood monitoring and for Botox treatment for certain medical conditions. There are some 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.

At Courthouse Clinics Body Limited Brentwood, the aesthetic cosmetic treatments that are also provided are exempt by law from CQC regulation. Therefore, we were only able to inspect services related to our regulation.

A senior manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

We received comments cards from people using the service. Six people provided feedback about the service. Feedback was positive regarding the services provided. Although some of this feedback may have related to services not regulated by CQC. One comment card contained positive feedback but also related to dissatisfaction with the way their complaint was handled.

Our key findings were:

- There were systems in place to safeguard people and their information.
- Information relating to patients was accurate and enabled staff to make appropriate treatment choices.
- There were systems in place to identify, assess and manage risk.
- The process for ensuring that patients were not under the age of 18 required strengthening.
- Patient feedback from the service's satisfaction surveys were mostly positive.
- Although there were emergency medicines kept on site in case of anaphylactic shock, there was no oxygen available on site and no risk assessment to support this decision.
- There were systems in place relating to the taking of blood tests. We found the service received and acted upon the blood test results.
- There were systems in place to respond to incidents and complaints. Learning from incidents and complaints was shared.
- There was a clear leadership structure. Staff felt supported and had access to appropriate training.
- Governance arrangements ensured policies and procedures relevant to the management of the service were in place and kept under review, with the exception of those in relation to consent which required review in line with the latest changes in law around consent.

We identified regulations that were not being met and the provider must:

- Ensure care and treatment is provided in a safe way to patients.

There were areas where the provider could make improvements and should:

- Review the consent policy with a view to the changes made in laws surrounding consent in 2017.
- Strengthen the procedures for carrying out identification checks to ensure treatment is not provided to patients under the age of 18 years.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations.

The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

- There was system in place for reporting and recording significant events. However, there had not been any significant events reported relevant to the regulated service.
- The service had systems, processes and practices in place which were established to safeguard patients from abuse.
- The system to verify whether patients were over the age of 18 required strengthening.
- Procedures were in place for monitoring and managing risks to patient and staff safety. For example, there were arrangements to prevent the spread of infection.
- We found equipment and the premises were visibly clean.
- Emergency medicines were held at the clinic to deal with medical emergencies. However, no oxygen or defibrillator was kept onsite for use in an emergency. There was a public use defibrillator in a nearby shopping centre. We were told by staff that oxygen was not required due to the type of surgical procedures offered. However, this is contrary to published guidance which states that, "Resuscitation equipment and drugs to help with the rapid resuscitation of a patient with an anaphylactic reaction must be immediately available in all clinical settings." We were not assured that the service could safely respond to a medical emergency without oxygen.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

We found areas where improvements should be made relating to the effective provision of treatment. This was because the provider did not have a consent policy which reflected the latest changes in consent law.

- Patients' needs were assessed and care was planned and delivered effectively.
- Systems were in place to ensure appropriate record keeping.
- The service had a programme of on-going quality improvement activity. For example, there was a range of checks in place to promote the effective running of the service.
- There were staff training, monitoring and appraisal arrangements in place to ensure staff had the skills, knowledge and competence to deliver effective care and treatment.
- Consent to care and treatment was sought in line with the provider's policy. There had been a recent update in consent laws which was not reflected in the provider's policy.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- We did not speak to patients directly on the day of the inspection. However, we reviewed the provider's patient survey information. This showed good levels of satisfaction with the service provided.
- Feedback from CQC comments cards was positive regarding people's experiences of staff.

Summary of findings

- Staff we spoke with demonstrated a patient centred approach to their work.
- We observed that staff spoke to patients in a friendly and respectful manner.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- Access to the service was on a planned pre-booked basis. Patients interested in taking up the service were given relevant information and booked their consultations as part of a planned programme.
- The service was established to provide a planned consultation service and urgent access to the service was not required. However, a member of staff was available 24 hours a day in case of any issues post treatment.
- The premises were fully accessible and well equipped to meet people's needs.
- Information about how to complain was readily available to patients. The provider responded quickly to any issues raised.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- There were systems in place to govern the service and support the provision of good quality care and treatment.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and had a policy in place to comply with the requirements of the Duty of Candour.
- The provider actively encouraged patient feedback.
- Monthly staff meetings were held to discuss the running of the service and any issues that arose in delivery of the service.

Courthouse Clinics Body Limited Brentwood

Detailed findings

Background to this inspection

This service is provided by Courthouse Clinics Body Limited. Courthouse Clinics Body Limited Brentwood is a private medical clinic located in a converted courthouse in the centre of Brentwood. There is a multi-storey car park opposite which clients can use. There are two steps into the main entrance, although the premises can also be accessed via a ramped entrance, if required.

This service is provided to patients who are 18-year olds and over only. Children are not allowed on the premises. At the time of the inspection, the service had approximately 15 to 20 patients registered with them.

The regulated aspects of this service are provided by GMC registered clinicians and a NMC registered nurse prescriber. Support is provided by a service manager and administrative staff known as the front of house team.

The aspects of the service regulated by CQC include the taking of blood tests and reviews of the results of such tests for patients undertaking a specific weight loss programme. This involved following an eating plan with provided foods. The blood tests were carried out to monitor organ function during this rapid weight loss programme. The service also provides Botox injections for Hyperhidrosis (excessive sweating); as well as wart, skin tag, cyst, mole removal, and varicose vein sclerotherapy.

The service provides the regulated activities of: Treatment of disease, disorder or injury and Diagnostic and screening procedures.

Our inspection team was led by a CQC Lead Inspector and included a GP Specialist Advisor.

Before visiting, we reviewed a range of information we hold about the service.

During our visit we:

- Looked at the systems in place for the running of the service.
- Explored how clinical decisions were made.
- Viewed a sample of key policies and protocols which related to regulated activities.
- Spoke with a range of staff involved in the regulated activities.
- Checked the environment and infection control measures.
- Observed staff interactions with patients.
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.

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?

Our findings

We found that this service was not providing safe care in accordance with the relevant regulations.

We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

Safety systems and processes

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

- The service was provided to patients aged 18-years old and over only, and children were not allowed on the premises. At initial contact, the service asked for a date of birth, however, they had no system to verify the information given was accurate.
- The practice had appropriate systems to safeguard vulnerable adults from abuse. Staff had an awareness of safeguarding children. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. This included DBS checks and checks on professional revalidation.
- There was an effective system to manage infection prevention and control. The premises and equipment viewed was visibly clean and there were cleaning checks in place.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.
- The service had a chaperone policy and staff who chaperoned had undergone appropriate training.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- There were enough staff, including clinical staff, to meet demand for the service. The service was not intended for use by patients requiring treatment for long term conditions or as an emergency service.
- There was an effective induction system for staff tailored to their role.

- The service did not have a supply of oxygen on the premises and had not carried out a risk assessment in respect of this decision. Therefore, the service was not able to demonstrate that they could adequately deal with a medical emergency. Staff were suitably trained in emergency procedures. For example, clinical staff had undergone basic life support training.
- We were told that a defibrillator was available in a shopping centre within very close proximity.
- Risk assessments had been carried out to identify areas of risk to patients and to ensure appropriate control measures were in place. For example, risk assessment for fire and legionella were seen.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Safe and appropriate use of medicines

There was minimal prescribing carried out at this location for the regulated activities. The only prescribing was skin reactions or infections following treatment.

There was a system in place for the appropriate and safe handling of medicines.

- The emergency medicines kept for anaphylactic shock were checked regularly and in date.
- There was a system in place for the security of prescriptions.
- Staff gave advice on medicines in line with legal requirements and current national guidance.

Track record on safety

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed safety using information from a range of sources. There was a system in place for recording, reporting and investigating serious events.

Lessons learned and improvements made

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

There were systems in place to ensure that in the event of unexpected or unintended safety incidents:

- The service had a structure to provide affected people with reasonable support, truthful information and a verbal and/or written apology.
- The service acted on patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was providing effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

Clinical staff assessed needs and delivered care in line with relevant and current evidence based guidance and standards. Where new standards were implemented or updates to existing standards found, these were shared at regular meetings.

Monitoring care and treatment

The provider had systems in place to monitor and assess the quality of the service including the care and treatment provided to patients. Key performance indicators were in place for monitoring care and treatment and patient feedback was sought from every person who had used the service.

Regular checks related to a variety of different aspects of the services were also completed. For example, patient satisfaction questionnaires were used to improve performance, as well as checks on record keeping.

As part of the rapid weight loss programme, patients were required to have regular blood monitoring checks to monitor nutrient and other levels in their body. The substitute foods provided on the diet were tailored around the results. There were systems in place related to the blood monitoring and a protocol for receiving and acting on blood test results.

Effective staffing

Staff had the skills and knowledge to carry out their roles.

- Staff were required to complete induction training and on-going training linked to their roles and responsibilities.

- A system was in place to ensure staff received regular one to one support and performance reviews.
- 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.
- There was a system in place for managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

Where it was relevant for the patients GP to be informed of treatment, this took place. There were clear protocols in place for referrals to other agencies. Three referrals viewed contained sufficient information needed to deliver the patient's ongoing care.

There was a system in place for laboratory tests and transport of specimens.

Supporting patients to live healthier lives

Part of the patient consultations, especially for the weight loss diet, related to supporting patients to lead healthier lives. Patients were provided with full information about the treatment they would receive including the benefits and risks. After care information was also provided.

Consent to care and treatment

There were clear consent protocols in place for all procedures. The cost of treatment and the treatment plan was fully explained and written copies given to patients. The patient did not receive any treatment on the first day but was given the opportunity to reflect on the written materials and costs before making a decision. The consent policy however did not take into account recent changes in consent law, which related to doctors legal obligations in relation to information provision when seeking a patient's consent to a specific treatment. The provider told us that they would consider this and review their policy accordingly.

Are services caring?

Our findings

We found that this service was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

We observed that members of staff were courteous and helpful to patients and treated people with dignity and respect. Staff we spoke with demonstrated a patient centred approach to their work. We made CQC comment cards available for patients to complete two weeks prior to the inspection visit. We received six completed comment cards all of which were very positive and indicated that patients were treated with kindness and respect.

Following their procedures, patients were sent a survey asking for their feedback. Most patients that responded indicated they were very satisfied with the service they had received.

Involvement in decisions about care and treatment

Patients were provided with information about procedures including the benefits and risks. They were given time to consider the treatment options. Staff at all levels received training to enable them to answer any questions that patients had about a treatment.

Privacy and Dignity

Patients waited for their appointment in an area away from the clinic rooms. It was not possible to hear what was happening inside the clinic rooms and clinic room doors were closed during patient sessions. We viewed memorandums to staff relating to ensuring patients' privacy once in the clinic room, and the ways that this could be achieved.

Within the reception area soft music was playing, which covered some conversation taking place at the reception desk. Staff told us that if a patient felt uncomfortable having a conversation in the reception area there was a private room that they could take the patient into to ensure confidentiality. Reception staff told us that they did not mention the patients name or the treatment they had arrived for. Clinicians collected the patient from the reception area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing responsive care in accordance with the relevant regulations.

Responding to and meeting people's needs

The provider made it clear to patients what services were offered and the limitations of the service were clear.

The provider offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against any client group. Although the service had a strict policy that no under 18-year olds were allowed.

We found that the premises were accessible and suitable for disabled patients and those with mobility issues. There were two steps into the building at the front door, but there was another entrance that had ramped access. Clinic rooms where regulated activities were carried out were all based on the ground floor.

We spoke with staff about patients experiencing sensory loss, such as, a hearing or visual deficit. Staff gave us an example of how they made adjustments to their service to meet the patient's needs and preferred communication methods. For example, through use of email instead of phone calls and ensuring the patient was able to clearly see the staff members lips in a face to face conversation.

Timely access to the service

The service was open from 9am to 8pm Monday to Thursday; 9am to 5pm on Fridays; and 9am to 4.30pm Saturdays. The evening and weekend appointments were available for all patients but provided particular flexibility for working patients who required these.

Patients pre-booked appointments directly with the clinic and we saw no feedback to indicate that there were any delays in treatments.

There was no requirement for urgent access to treatment. There was an emergency number for clinical advice that patients could use outside of practice hours, in case of any medical issues arising after receiving treatment.

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 online and in a folder relating to the service in the reception area.
- There was a system in place for complaints, however there were no complaints relating to regulated activities.
- There was a clear policy and procedure for complaints which included a subsequent analysis and the sharing of learning at team meetings or individually.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We found that this service was providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability;

There was a clear leadership structure in place and staff were aware of their roles and responsibilities. Although the service did not have a service manager at the time of our inspection, staff had regular twice weekly face to face support meetings from a senior manager. Staff told us they felt supported and could access support from senior managers at other times. Staff told us that the final recruitment processes were taking place and a permanent manager would be appointed soon.

Vision and strategy

There was a vision to provide patient centred care with the best possible outcomes for patients.

Culture

The culture of the service encouraged candour, openness and honesty.

- Staff felt able to raise concerns without fear of retribution and felt assured that action would be taken.
- The service was focused on the needs of patients.
- Where incidents affected patients, they were given an apology and an honest and open explanation of what happened.
- There were processes for providing all staff with the development they need. This included regular one to one support and annual appraisals. New staff were subject to a probation period.

Governance arrangements

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.
- There were established policies, procedures and activities to ensure safety. The service had systems in place to assure themselves that these were operating as intended.

- There were regular whole staff and individual team meetings. These enabled managers to update staff, share learning from complaints and incidents, and gain feedback.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- Although there were comprehensive risk assessments in place, there was an absence of these in relation to the decision to not have oxygen.
- The service had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- The service had plans in place for adverse incidents affecting service provision.

Appropriate and accurate information

There were systems in place to regularly monitor the service's performance. These included weekly and monthly checks. One of these checks was a monthly audit of a sample of patient records to ensure they contained appropriate and complete information.

There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. For example, patient records were kept in locked cabinets in a locked area away from patients.

Engagement with patients, the public, staff and external partners

Staff told us that they felt able to provide feedback and give ideas for ways to improve the service provided. We were given an example of how one member of staff suggested that reception staff be given training in how the different treatments worked so that they could answer some patient queries. We saw from induction records and from talking with staff that this took place.

Patients were actively encouraged to provide feedback on the service they received. Feedback was regularly monitored and further feedback sought from patients scoring the service within a certain threshold. Trends were analysed and investigated and changes made as a result.

Continuous improvement and innovation

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

It was evident from conversations with staff that they continually sought ways to improve the services offered to patients and the patient experience.

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
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12(1): Care and treatment must be provided in a safe way for service users.</p> <p>How the regulation was not being met</p> <p>The registered persons 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: the service did not have a supply of oxygen.</p>