

Courthouse Clinics Body Limited

Courthouse Clinics Body Limited Maidenhead

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 20 December 2017 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 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.

Background

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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Courthouse Clinics Body Limited Maidenhead is a private medical clinic located in a converted house in the suburbs of Maidenhead. A range of clinics are offered from the premises but only one is required to be registered with CQC. The other services operating from the clinic are not covered by regulations which the CQC regulate against.

The service inspected undertook blood tests and reviews of the results of such tests for patients undertaking a specific weight loss programme. The blood tests were carried out to monitor organ function during the rapid weight loss programme. We did not inspect any of the

Summary of findings

other services as these were not relevant to our regulatory role. The weight loss programme is available to anyone who wishes to enter such a programme and agrees to monthly blood testing.

The clinic manager 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.

The regulated service provided at the time of inspection ran on a fortnightly basis. The GP that led the weight loss programme attended on a Thursday and blood tests were taken in advance of their attendance to enable these to be reviewed with the patient when they attended for their consultation.

Our key findings were:

- Appropriate systems were in place to identify, assess and manage risk.
- Patient feedback from the service's satisfaction surveys were consistently positive.
- There were appropriate systems in place to take blood tests to ensure their safe transportation to the laboratory. The service received and acted upon the blood test results.
- Governance arrangements ensured policies and procedures relevant to the management of the service were kept under review.
- There were systems in place to respond to incidents and complaints.
- Basic life support training was not available to all staff working at the clinic.

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 providing safe care in accordance with the relevant regulations.

- There was an effective system in place for reporting and recording significant events. There had not been any significant events reported relevant to the regulated service so the process was untested in regard to the registered service. We saw events followed the system for the non-registered beauty therapy services operated from the clinic and that learning from these events was shared with staff.
- The service had systems, processes and practices in place which were established to keep patients safe and safeguarded from abuse. The safeguarding policies were reviewed and contained up to date contact details for the local safeguarding team.
- 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.
- The equipment in use that was relevant to the service inspected was maintained in accordance with manufacturer's instructions.
- Emergency medicines and oxygen were held at the clinic to deal with medical emergencies. However, basic life support training was not made available for all staff.
- The provider was aware of and had a policy in place to comply with the requirements of the Duty of Candour.

Are services effective?

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

- There was evidence that the clinician working at the service at the time of inspection was aware of current evidence based guidance in following up blood test results.
- There was a system in place to alert the patients registered GPs of any abnormal blood test results.
- The service had a system to assess and monitor the quality of service that patients received. Blood test results were audited to identify if any samples were not able to be tested.
- The provider supported professional development by providing annual appraisal.

Are services caring?

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

- The patient satisfaction survey completed by patients who attended for treatment showed high levels of satisfaction with the service provided.
- The staff we met were kind and friendly. Patients who completed CQC comment cards said they received a compassionate service.

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 appropriate.

Summary of findings

- Patients received information about appointment availability and were involved in planning their programme of monthly blood tests.
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Are services well-led?

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

- The service had a range of appropriate policies and procedures to govern activity.
 - Monthly staff meetings were held to discuss the running of the service and any issues that arose in delivery of the service.
 - The service sought feedback from all patients attending blood test appointments. Feedback was consistently positive.
 - Appropriate risk assessments were undertaken to reduce risk in delivery of services at the clinic.
 - Staff received regular appraisals and training relevant to their role.
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Courthouse Clinics Body Limited Maidenhead

Detailed findings

Background to this inspection

This inspection was carried out on 20 December 2017 by a lead CQC inspector and a GP specialist advisor.

Prior to inspection the service provider sent us information about the service which we reviewed as part of the inspection process.

We asked for CQC patient comment cards to be completed by providing these four weeks in advance of the inspection. We received eight completed cards and comments from patients. All referred to high levels of satisfaction with the service provided.

During the inspection we reviewed policies and procedures relevant to management of the service, the GP advisor reviewed medical records to confirm treatment was

recorded in line with best practice. We spoke to a therapist, a member of the administration team and the registered manager involved in the provision of the service. Because the GP that led the regulated activity was not on duty on the day of inspection we contacted them directly following completion of the inspection.

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 providing safe care in accordance with the relevant regulations.

Safety systems and processes

There was a system in place for reporting and recording significant events. The service had not reported any serious incident relevant to the service inspected since it opened in 2014. We were therefore unable to test whether the system was applied as intended. However, staff we spoke with were aware of the system and told us they would have no hesitation in submitting an adverse incident report. There was a recording form available to report such an incident. Minutes of the monthly staff meeting showed that there was always an agenda item for reviewing adverse events but that this had not been used in regard to the service inspected. However, we noted that incidents and events that arose from other non-regulated services, such as cosmetic procedures, operated at the clinic were appropriately recorded and followed up.

The service inspected involved the taking of blood tests to monitor both liver and kidney function for patients undergoing a rapid weight loss programme. Consequently there was not a requirement for a chaperone service as no intimate examinations were carried out.

The service had an appropriate recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. The recruitment information we reviewed for the clinician working at the service at the time of inspection contained appropriate and relevant information. This included proof of registration with a professional body and a copy of the disclosure and barring service (DBS) check. We also reviewed the staff files for therapists that undertook the blood tests and found all appropriate employment checks had been completed.

The operations director for the main provider received safety alerts. When any of these alerts were found to be relevant to the service they were sent to the registered manager at the clinic to take action. We noted that the clinic had not received any safety alerts that were relevant to the registered service we inspected.

Risks to patients

The service held oxygen and medicines to deal with medical emergencies. The oxygen and medicines were checked and the checks were recorded. The clinic did not

hold an automated electronic defibrillator (AED). A risk assessment had been undertaken in 2016 when the clinic ceased to run high risk laser treatments. This resulted in the AED being removed from site. Whilst we were told how the risk assessment had been completed and senior staff demonstrated it had been undertaken and there was evidence of the AED being transferred to another clinic. However, the risk assessment had not been formalised and recorded.

There were always staff on duty who had received training in basic life support on a regular basis. These staff knew where the oxygen and emergency medicines were kept. There were records of the training having taken place. The service had undertaken a risk assessment to determine how many staff were required to support a medical emergency. We noted that the regulated activity offered was of low risk and that patients undergoing this treatment received a full assessment to determine they were of sufficiently good health to undertake the weight loss programme and receive blood tests. However, following discussion senior managers decided to review the service protocols for staff undertaking basic life support training.

All staff received basic training in safeguarding during their induction. The visiting GP was trained to level three in child safeguarding. People under the age of 18 were not permitted on the premises. If a patient arrived with a person under the age of 18 they were asked to re-book their appointments and leave the premises. All patients attending the service were informed of the clinic rules that did not allow people under the age of 18 to attend the clinic before they entered the weight loss programme. Patient identities were checked to ensure the patient was aged over 18.

Information to deliver safe care and treatment

The patient records we reviewed contained appropriate levels of detail. For example, they contained a record of the initial assessment undertaken to assess whether patients were of good health to receive blood tests. The records also held the blood test results and a record of the actions taken by the visiting GP arising from the blood test results.

We noted two examples where the GP leading the weight loss programme had passed blood test results to the patient and advised them to make an early appointment to see their registered GP. The initial health assessment included taking patients' blood pressures and we were informed of an example where a patient with a high blood

Are services safe?

pressure was advised to make an urgent appointment with their registered GP. The patient was responsible for taking the advice given. If the lead GP for the weight loss programme consulted with a patient who was in need of urgent support and advice they contacted the clinical teams at the local hospital for advice.

Safe and appropriate use of medicines

The regulated service offered did not involve prescribing of medicines. We checked the emergency medicines held and these were held appropriately and were all in date and fit for use.

Track record on safety

The service had appropriate arrangements in place to maintain a safe environment for patient consultations.

- We observed the premises to be clean and tidy. We found equipment was visibly clean in the clinic rooms.
- Annual infection control audit was undertaken by the registered manager and there was an infection control statement for 2016/17. The audit did not identify any risks or issues in relation to processes to reduce the risk of cross infection.
- Personal protective equipment (PPE) such as gloves and aprons were available for use during the taking of blood tests.
- Records showed that the clinician and therapists who undertook blood tests underwent screening for Hepatitis B vaccination and immunity. (People who are

likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections).

- We saw hand washing facilities and hand sanitising gel was available in the clinic rooms and in other areas of the service. This was in line with epic3: 'National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England' (epic3) and Health Technical Memorandum (HTM) 00-09.
- All waste was kept appropriately in a clinical waste bin until collected.
- There was a service directory in place for major incidents such as power failure or building damage. Contact details for the provider and registered manager were included.

Lessons learned and improvements made

The provider was aware of 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 had been no recorded incidents arising from the provision of the registered services since the service opened in 2014.

The provider had a policy and procedure in place to deal with serious incidents and the policy included a requirement to respond to anyone affected by an incident in an open and honest manner. We could not test whether the process had been followed because no incidents had been reported.

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

The provider assessed needs and delivered the registered blood testing service in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.

Monitoring care and treatment

The registered service involved the patient receiving a monthly consultation with the GP that led the weight loss programme. At that consultation the results of the blood tests taken each month were discussed. The blood tests were carried out to monitor organ function during rapid weight loss. There was a system in place to alert the patients registered GP to abnormal blood results and to take appropriate action in these circumstances.

The provider held records of blood tests that had not been successful and these were dealt with in a timely manner by repeating the blood test and ensuring the lead GP received the results of the second test.

The clinic held records of the weight loss achieved by patients undertaking the programme and all blood test results were held securely. This enabled the GP to review the results throughout the weight loss programme. The clinic sent the provider activity reports of the number of patients undertaking the weight loss programme and held records of the outcomes of the treatment.

Due to the limited range of services provided there was little opportunity to draw comparisons with similar services or compare performance of clinicians.

Effective staffing

There were sufficient staff in post to meet the needs of patients wishing to attend for planned consultations. There was no evidence to indicate that patients were being declined appointments due to staffing limitations. Appropriate arrangements were in place to cover any

planned absence of the GP that reviewed the blood test results. However, staff did not receive all training relevant to their role. For example, basic life support training was not available for all staff.

Coordinating patient care and information sharing

There was a system in place to enable the GP who led the weight loss programme to refer patients to their registered GP if there was an abnormal blood test result. Whilst the service encouraged patients to inform their registered GP that they were taking up a rapid weight loss programme it was not a requirement for them to do so.

Supporting patients to live healthier lives

The registered service we inspected was limited to delivering blood tests to support a rapid weight loss clinic. The service included advice on maintaining healthy eating once the programme was concluded and on maintaining an exercise regime to support a healthy weight. Patients requiring other advice on healthy lifestyles were advised to contact their registered GP.

Consent to care and treatment

Attendance at the clinic for the weight loss programme was initiated by patients. People expressing an interest in taking up the programme, which included monthly blood tests, were given sufficient information about the programme to reach a decision to take up the service. Those that did so were required to sign an agreement to taking part.

Written consent was not required for each set of blood tests because the patient gave written agreement to undertake the weight loss programme.

The service displayed full information about the cost of the weight loss programme that included the blood testing service, in the reception area and on the clinic website. The fees were also explained to the patient when they made their initial enquiry about taking up the weight loss programme.

The staff we spoke with demonstrated an understanding of the requirements of the Mental Capacity Act (2005). Legislation in regard to consent from patients under the age of 16 was not relevant to the service because people aged under 18 were not permitted within the clinic. The identity of patients using the service was checked to confirm their age.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff we spoke with were committed to delivering compassionate care. We spoke with and received comment cards from seven patients. All patients said that staff were kind and helpful. The clinic asked every patient that attended to complete a satisfaction questionnaire. We noted that the questionnaires received from the patients receiving the registered service were all positive.

Involvement in decisions about care and treatment

The patients receiving the registered service did so out of choice. We noted that appropriate information about how the weight loss programme was conducted was made

available to all patients before they made a decision to commit to the programme. The patients also received an initial assessment with the lead GP and a first set of blood tests. If the patient chose not to take up the programme after their initial consultation they were able to withdraw from the service. Records of consultations and the information received from the GP showed that the results of blood tests were discussed with the patients during their consultations with the GPs.

Privacy and Dignity

The clinic was laid out to ensure privacy whilst patients attended for treatment or consultation. The clinic rooms were located away from the waiting area and we noted that clinic room doors were closed when people attended to see the therapists. Although blood tests were not being taken during our inspection staff told us that the clinic room doors were closed when blood tests were taken.

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 registered service was established in 2014. At that time the provider identified an opportunity to deliver a weight loss programme that had been operating at other locations throughout England. The service ran alongside other services that were not subject to regulation but enabled the establishment of the clinic with modern facilities and support staff.

The registered service was accessed via planned appointments booked in advance.

Timely access to the service

Telephone access to the service was available between 9am and 9pm on Monday and Tuesday, between 1pm and 9pm on a Wednesday, 9am to 8pm on Thursday, 9am to 5pm on a Friday and 9am to 4.30pm on a Saturday. This gave people a wide range of opportunity to access the service and book, or alter, their appointments. People wishing to book an appointment could call during these hours to make arrangements to have their blood tests. We also noted that special arrangements could be offered for

early morning blood test appointments if the patient found difficulty attending after 9am. Blood test appointments did not take place after 5pm to enable the samples to be sent to the laboratory on the day they were taken.

Blood testing appointments were always booked at least two days ahead of a consultation appointment to ensure the results were back before the patient had their consultation with the GP.

Patients were offered the opportunity to book their course of appointments for the five months of their treatment when they first joined the weight loss programme. This enabled them to schedule appointments at times that best suited their other commitments.

Listening and learning from concerns and complaints

The provider had a clear and comprehensive complaints procedure. The procedure set out how complaints would be investigated and responded to. However, the provider had not received any complaints about the registered service inspected since it opened in 2014. Therefore, we could not test whether the procedure had been followed or identify any learning from complaints. We noted that there was a monthly staff meeting where complaints would be shared, along with the learning arising from the complaint, if any were received.

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

The limited provision of service enabled prompt communication between the provider of the service and the staff involved in delivering the registered service inspected. There was a management structure in place that involved monthly monitoring of the clinic performance by the corporate provider.

The service held monthly staff meetings. This included all staff whether they had involvement in the registered service or the other services offered at the clinic. Notes of the staff meetings were available to staff that were unable to attend the meetings.

We saw that the service had advertised to recruit a GP or specialist in minor surgery but that the recruitment efforts had not been successful. Whilst the clinic remained registered to offer minor surgery this had not taken place since 2015. We were therefore unable to inspect this aspect of the registered service.

Vision and strategy

We were told by the registered manager that they sought to maintain a personalised service specific to the needs of people who wished to take up the weight loss programme. The service strategy was to maintain the service and if more people wished to take up the programme to expand it.

The service strategy included continuing the efforts to recruit a GP or specialist to undertake minor surgery to enhance the range of registered services provided.

Culture

Staff told us that there was an open culture within the service and they had the opportunity to raise any issues at team meetings or directly with the registered manager of the service at any time.

The culture of the service encouraged candour, openness and honesty. Staff told us they would have no hesitation in bringing any errors or near misses to the attention of the registered manager.

Governance arrangements

The governance arrangements were appropriate to the limited range of services provided and the small team delivering these services. Staff had prompt access to the registered manager and a colleague manager from a neighbouring clinic was available in their absence. Staff had access to senior managers within the provider organisation if they needed to escalate any ideas or concerns.

- There were a range of policies and procedure relevant to the management of the services and these were kept up to date by an annual review.
- Team meetings were held regularly and minutes of these meetings were held.
- There were appropriate systems in place to identify, assess and manage risks. Relevant risk assessments had been undertaken to reassure the provider that the environment was safe and that staff practiced within their competencies.
- Appropriate recruitment checks were undertaken. Training, appraisals and revalidation were supported and recorded.

Managing risks, issues and performance

There were a range of policies and procedures in place to manage health and safety within the service. These were kept up to date and reviewed by the registered manager.

The service held records of the training and revalidation of the visiting GP. This provided reassurance that the clinician remained registered and fit to practice.

There was a performance management procedure in place. There had not been any issues since the service opened that required performance to be managed. The visiting GP received an annual appraisal. Therapists involved in taking blood tests were also subject to the provider's appraisal and performance review processes.

Appropriate and accurate information

Service specific policies and procedures were in place and accessible to staff. These included guidance about confidentiality, record keeping, incident reporting and data protection. There was a process in place to ensure that all policies and procedures were kept up to date.

Patient records we reviewed were comprehensive. They were kept securely. The service stood alone in maintaining

Are services well-led?

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

data and was not required to provide any returns for external organisations. However, activity returns for the service inspected were sent to the provider who operated a similar service from other clinics elsewhere.

Engagement with patients, the public, staff and external partners

The provider asked all patients attending the clinic to provide feedback on their experience of the registered service provided. Results of the feedback were consistently positive and aligned with the experiences of patients attending the non-registered services provided. Due to the positive feedback the provider had not identified the need to make any changes to the service offered.

Continuous improvement and innovation

- The visiting GP had access to the doctor that originated the weight loss programme and to the provider's clinical director. This enabled them to maintain an up to date knowledge of the weight loss programme.
- The provider demonstrated their commitment to widening the range of registered services available to people who wished to access private clinic services.