Sreedhar Jyothi clinic, Central Surgery

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	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

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? – Choose a rating

We carried out an announced comprehensive inspection at Sreedhar Jyothi clinic, Central surgery under the provider registration of Dr Sreedhar Babu Jyothi as part of our inspection programme as this was a newly registered provider.

The service provides aesthetic procedures which include minor surgical procedures around the eyes and PDO thread lifts from a room leased from an NHS GP practice known as Central Surgery. As the registered provider for the service, Dr Sreedhar Babu Jyothi, provides treatments privately to fee paying clients. The registered provider has a 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:

- The service didn't always provide care in a way that kept patients safe and protected them from avoidable harm as systems for recruitment and oversight of health and safety matters was not effective.
- Patients received effective care and treatment that met their needs. The provider had not assured themselves staff had received the appropriate training for their role as receptionist or chaperone.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care but there was a lack of management oversight relating to risk management.

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.

(Please see the specific details on action required at the end of this report).

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

- Take action to improve activity to monitor and improve the quality of the service.

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

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

Background to Sreedhar Jyothi clinic, Central Surgery

Dr Sreedhar Babu Jyothi is the registered provider providing the regulated activity surgical procedures from the location

Sreedhar Jyothi clinic, Central Surgery
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The services provided are minor eye surgery to remove excess skin from upper and lower eye lids (blepharoplasty) and PDO thread lifts. The service is only provided to adults over the age of 18 years on a private fee-paying basis.

The service is accessed via self-referral and appointments are provided on an as required basis and booked through the provider.

The provider employs an assistant to provide chaperone services on an ad hoc basis. Reception staff are provided by the landlord as part of a service level agreement.

How we inspected this service

We conducted a site visit at Sreedhar Jyothi clinic, Central surgery and spoke with the provider.

During the inspection we spoke with the provider, one member of staff and one person who had used the service. We also reviewed patient feedback and provider policies, procedures and 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:

- **The service did not have clear systems to keep people safe and safeguarded from abuse.**
- **We were unable to evidence that the service had reliable systems for appropriate and safe handling of medicines.**
- **The service had a good safety record but there was a lack of systems and processes in place to support practice.**

Safety systems and processes

The service did not have clear systems to keep people safe and safeguarded from abuse.

- The providers health and safety policy stated they would complete health and safety risk assessments however, there was no evidence the provider had conducted safety risk assessments. They relied on the landlord of the building they rented a room from to have completed the risk assessments, for example, fire safety and legionella. However, the practice had no systems in place to assure themselves the risk assessments had been completed and acted upon.
- The provider had a safeguarding policy and procedure adopted from the GP practice/landlord operating in the building, this had not been reviewed to ensure it reflected the service provided. For example, the document stated one the GPs, who did not work for the service, was the lead for safeguarding. There was evidence the provider had completed the appropriate level of safeguarding training. However, whilst the person who acted as a chaperone told us they had completed safeguarding training there was no documentary evidence of this. They provider had no systems in place to assure themselves staff provided by the landlord for reception duties had received up-to-date safeguarding and safety training appropriate to their role and that they knew how to identify and report concerns.
- The provider told us they did not employ any staff. However, we found, during the inspection, the provider did employ an assistant on an ad hoc basis to provide chaperone services. The provider had no employment records for this person to evidence appropriate recruitment checks had been completed such as a Disclosure and Barring service (DBS) check. The provider told us they had seen the persons DBS check completed by another employer. The provider did not have a recruitment policy and procedure. Reception staff were provided by the landlord as part of the rental agreement. There was no evidence the provider had assured themselves that the required pre employment checks had been completed. After the inspection the provider told us they would in future use the GP surgery staff provided as part of the rental agreement to provide chaperone services.
- There was a system to manage infection prevention and control (IPC). The provider had adopted the landlords GP practice policy and procedures to support IPC practice. The provider had obtained a copy of the landlords last IPC audit completed in August 2022. Some issues were identified in the audit although not relating to the room used by the provider. However, during the inspection of the room used by the provider we saw the worktop edge was damaged, some small areas of the paintwork were damaged down to the plaster and taps had limescale build-up which would impact on the effectiveness of cleaning.
- The provider did not have systems in place to ensure that facilities and equipment provided by the landlord were safe. The provider brought their own equipment for use in their clinics, but this was not provided on the day of the inspection, so we were unable to check this area. The provider used the landlord's systems for safely managing healthcare waste.

Risks to patients

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

- The provider understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.

Requires Improvement

Are services safe?

- There were appropriate indemnity arrangements in place
- The landlord provided suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. The provider told us they also brought their own emergency medicines on the day of their clinics, but this was not available to check on the day of inspection.

Information to deliver safe care and treatment

The provider 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. However, the records were not dated to show when the assessment and treatment was completed or when consent had been obtained. Information relating to provision of a chaperone was not recorded.
- The service had systems for sharing information with the patient's own GP to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

Safe and appropriate use of medicines

We were unable to evidence that the service had reliable systems for appropriate and safe handling of medicines.

- We were unable to inspect the providers own equipment and medicines and related systems and records as these were not provided on the day of the inspection.
- There were effective protocols for verifying the identity of patients.

Track record on safety and incidents

The service had a good safety record but there was a lack of systems and processes in place to support practice.

- There was no evidence of risk assessment in relation to safety issues.
- The service monitored and reviewed activity. A basic audit of activity for 2021/22 had been completed and included number of patients seen, and whether there had been any com-locations related to the treatment. It was recorded 10 patients had been seen and there had been no complications. This helped the provider understand risks.

Lessons learned and improvements made

There was limited evidence to show if the provider learned and made improvements when things went wrong.

- There was no evidence of an incident reporting policy. The provider told us there were no recorded incidents.
- The provider was aware of the requirements of the Duty of Candour however, the practice policy and procedure did not reflect the service in terms of staff.

Requires Improvement

Are services effective?

We rated effective as Requires improvement because:

- The service was involved in some quality improvement activity although this was not always effective.
- There was limited evidence staff employed had the skills, knowledge and experience to carry out their roles.
- The provider obtained consent to care and treatment although date of consent was not routinely recorded.

Effective needs assessment, care and treatment

The provider had systems to keep up to date with current evidence-based practice. We saw evidence that the clinician assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- Patients' immediate and ongoing needs were assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The provider had enough information to make or confirm a diagnosis and plan care and treatment.
- We saw no evidence of discrimination when making care and treatment decisions.
- The provider assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was involved in some quality improvement activity although this was not always effective.

- The service is extremely small consisting of the provider and one member of staff used on an adhoc basis to provide chaperone services. Services were provided infrequently on patient request. For example, we were told 10 patients had been seen during 2021/22. This meant there was little opportunity for continuous improvement activity.
- There was limited evidence the provider used information about care and treatment to make improvements. A basic audit of activity for 2021/22 had been completed and included number of patients seen, and whether there had been any complications related to the treatment. It was recorded 10 patients had been seen and there had been no complications. This helped the provider understand risks. They had also recorded if consent had been obtained and where a chaperone had been used. However, the audit was not effective in that this had not identified that the date consent was obtained was not recorded. Chaperone information was not recorded in patient notes, so it was not clear how this had informed the audit.

Effective staffing

There was limited evidence staff employed had the skills, knowledge and experience to carry out their roles.

- The provider/clinician was appropriately qualified.
- The provider had employed an assistant on an ad hoc basis to provide chaperone duties. There was no evidence any training had been completed by this person. The provider used the landlord's staff but there was no evidence the provider had assured themselves they were appropriately trained.
- The provider/clinician was registered with the General Medical Council (GMC) and was up to date with revalidation

Coordinating patient care and information sharing

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

Requires Improvement

Are services effective?

- The provider communicated with the patients GP. The provider told us they sent a letter directly to the patients GP where permission to do so had been given by the patient or provided the letter to the patient to give to their GP if they wished. Permission to share information was not recorded in the patient notes. Copies of the letters provided was held.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health and their medicines history.
- The service monitored the process for seeking consent. However, we found dates of consent were not routinely recorded and this had not been identified in the latest audit.

Supporting patients to live healthier lives

The provider was consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Risk factors were identified and highlighted to patients. The provider directed patients to relevant websites about the procedures provided to assist them in their decision making. A patient told us they had received sufficient information and had had time between assessment and treatment to consider this.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The provider obtained consent to care and treatment although date of consent was not routinely recorded.

- The provider/clinician understood the requirements of legislation and guidance when considering consent and decision making.
- The provider/clinician supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Good

Are services caring?

Kindness, respect and compassion

The provider treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way they were treated.
- 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

The provider helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language.
- The provider directed patients to relevant websites about the procedures provided to assist them in their decision making. A patient told us they had received enough information and had had time between assessment and treatment to consider this.
- Patients were given the providers mobile telephone number and email address should they need to contact him regarding post procedure queries or complications.

Privacy and Dignity

The provider respected patients' privacy and dignity.

- The provider recognised the importance of people's dignity and respect.

Good

Are services responsive to people's needs?

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.
- The facilities and premises were appropriate for the services delivered.

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, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

The provider took complaints and concerns seriously and had systems in place to respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available on request.
- The policy and procedure did not inform 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 complaints policy and procedure in place. However, the policy and procedure did not reflect the service in terms of staff responsible.
- The provider told us they had not received any complaints.

Requires Improvement

Are services well-led?

We rated well-led as Requires improvement because:

- There was a lack of clear responsibilities and roles and systems of accountability to support good governance and management.
- There was no clarity around processes for managing risks, issues and performance.

Leadership capacity and capability;

The provider had the capacity and skills to deliver high-quality, sustainable care.

- The provider was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The service is extremely small consisting of the provider and one member of staff used on an adhoc basis to provide chaperone services. Services were provided infrequently on patient request. For example, we were told 10 patients had been seen during 2021/22.

Vision and strategy

The service had vision and strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values.
- The service monitored progress against delivery of the strategy.

Culture

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

- The service focused on the needs of patients.
- The provider wasaware of and had systems to ensure compliance with the requirements of the duty of candour.

Governance arrangements

There was a lack of clear responsibilities and roles and systems of accountability to support good governance and management.

- The provider was not clear on their roles and accountabilities.
- The provider had some policies and procedures to support practice. However, the polices were adopted from the GP practice and did not always reflect the service and how it was delivered. There was no evidence of policies such as recruitment and incident management to support practice.
- There was no evidence the provider had assured themselves that systems provided by the landlord were managed effectively such as management of health and safety matters, recruitment and training.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. The evidence provided that the provider was registered with the information commissioners (ICO) was for a separate organisation. The provider told us he would rectify this.

Managing risks, issues and performance

Requires Improvement

Are services well-led?

There was no clarity around processes for managing risks, issues and performance.

- There was a reliance that the landlord had completed assessments to understand, monitor and address current and future risks including risks to patient safety. There was no evidence the provider had assured themselves these matters were managed effectively.
- Only a basic annual audit was in place which included limited clinical audit of complications and consent.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Basic quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

Engagement with patients, the public, staff and external partners

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

- The provider encouraged and heard views from the patients. The provider told us he gave feedback forms to all patients after their treatment. We saw five completed forms which were all positive.

Continuous improvement and innovation

There was little evidence of systems and processes for learning, continuous improvement and innovation.

Other than a basic annual audit and patient feedback forms there was little evidence of systems to support improvement and innovation work. However, the service is extremely small consisting of the provider and one member of staff used on an adhoc basis to provide chaperone services. Services were provided infrequently on patient request. For example, we were told 10 patients had been seen during 2021/22. This means there was little opportunity for continuous improvement and innovation.

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
Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 HSCA (RA) Regulations 2014, Care and treatment must be provided in a safe way for service users **How the regulation was not being met:** There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: • The provider had not conducted safety and environmental risk assessments. They had no systems in place to assure themselves risk assessments completed by the landlord had been completed and findings acted upon. • The practice policies and procedures did not support all areas practice such as risk management and incident management and those that were in place did not reflect the service such as the safeguarding, complaints and infection prevention and control procedures. • There were no recruitment procedures in place and one member of staff had been employed with no checks having been completed. There were no systems to obtain assurance staff provided by the landlord had had appropriate recruitment checks. • There were no systems to ensure staff were appropriately trained for their role. The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular: • Patient records were incomplete in that dates of assessment, treatment and consent were not recorded. Details of chaperone provision was not recorded. Permission to share information was not recorded.

This section is primarily information for the provider

Requirement notices

- There was a lack of evidence staff had completed all the required training such as chaperone and safeguarding training.

This was in breach of Regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.