Hunter House Clinic

Inspection report

53 Barrack Square
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Ipswich
IP5 3RF
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www.hunterhouseclinic.com

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

Overall summary

This service is rated as Inadequate overall.

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection of Hunter House Clinic. This provider had not been previously inspected.

The service provides anti-wrinkle, laser and beauty treatments, some of which are in scope such as PDO (Polydioxanone) thread lifting, administration of liraglutide injections (Saxenda) and treatment of hyperhidrosis, some which are out of scope for example beauty treatments. 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. We only inspected and reported on the services which are within the scope of registration with the CQC. The only staff who were associated with the delivery of regulated activities were the provider and a receptionist. There were other staff on the premises who provided the non-regulated activities.

The owner of Hunter House Clinic 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.

Due to the current pandemic we were unable to obtain comments from patients via our normal process of asking the provider to place comment cards within the service location. We saw from reviews on the provider's website and from google reviews that patients were consistently positive about the service, describing staff as professional and helpful. We did not speak with patients on the day, as there were none attending for regulated activities.

Our key findings were:

- The service did not have adequate safety systems and processes in place, or oversight of these, to keep people safe.
- Staff treated patients with compassion, respect and kindness and involved them in decisions about their care.
- The service encouraged and valued feedback from patients. Feedback was positive about the service.
- The leadership and governance arrangements at the service were not effective. There was little understanding of the management of risks, a lack of assurance and failures in the systems and processes to ensure safe, effective, responsive and well led services.
- The complaints process was ineffective.

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

Overall summary

- Care and treatment must be provided in a safe way for service users.
- 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:

- Develop procedures for dealing with major incidents.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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 CQC lead inspector**.** The team included a nurse specialist adviser.

Background to Hunter House Clinic

- The name of the registered provider is Hunter House Clinic. The registered address is The Holt, Boulge Road, Hasketon, Woodbridge, IP13 6LA.
- The provider has one registered location, based at 53 Barrack Square, Martlesham Heath, Ipswich, IP5 3RF.
- The provider first registered with CQC in 2019 and is registered to provide services to adults only. It is registered to provide Surgical procedures and Treatment of disease, disorder or injury. The service provides a range of cosmetic treatments, most of which are out of scope. However, the service offers thread lifts and Botox for the treatment of hyperhidrosis and has recently started providing Saxenda for obesity which require registration under the regulated activities of treatment of disease and disorder and surgical procedures as they are carried out by a listed healthcare professional..
- The clinic is located in a T-shaped brick building unit. Hunter House Clinic leases two ground floor wings of this building. The remainder is either shared by all building tenants for example toilets, foyer and kitchen, or dedicated to two other lease holders. There is free parking at this clinic.
- The service is open Mondays, Tuesdays, Wednesdays and Fridays from 9am to 6pm, Thursdays from 9am to 7pm and Saturdays from 8am to 4pm. The service is accessed through either requesting a call back on the service website, or by booking an appointment by telephone.
- The providers website is www.hunterhouseclinic.com

How we inspected this service

Before the inspection, we asked the provider to send us some information, which was reviewed prior to the site visit. We also reviewed information held by the CQC on our internal systems.

During the inspection, we spoke with members of staff who were present, including the Registered Manager and the office manager. We made observations of the facilities and service provision and reviewed documents, records and information held by 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.

Inadequate

Are services safe?

We rated safe as Inadequate because:

- The service did not have clear systems to keep people safe and safeguarded from abuse.
- There were some systems to assess, monitor and manage risks to patient safety.
- Staff had the information they needed to deliver safe care and treatment to patients.
- The service did not have reliable systems for appropriate and safe handling of medicines.

Safety systems and processes

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

- The provider conducted some safety risk assessments for example Health and Safety and Fire. However, the monthly checks advised in the fire risk assessment for the areas for which the provider had responsibility, had not been documented despite the provider informing us that these were being completed. We saw evidence that a fire risk assessment for the communal parts of the building had been completed and routine checks were being carried out by the landlord. There were appropriate policies relating to health and safety. 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.
- Whilst the service only treated adults over 18 years of age, the identification of patients was not being checked to verify the age of the patient.
- The service worked with other agencies to support patients and protect them from neglect and abuse.
- The provider had obtained Disclosure and Barring Service (DBS) checks 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).
- The provider was not able to evidence that all their immunisation checks were complete. The provider told us they had received a course of Hepatitis B vaccinations, but this could not be evidenced. Following the inspection, the provider informed us that they had made arrangements for a blood test to ensure they had immunity to Hepatitis B.
- The provider had undertaken safeguarding training to the appropriate level. Although the receptionist was knowledgable about safeguarding issues, it was unclear to which level they had been trained.
- There was not an effective system to manage infection prevention and control (IPC). The provider was responsible for all the IPC in the service. They were not able to evidence that they had completed appropriate infection control training updates relevant to their role. They were not able to evidence an infection control audit had been undertaken and room cleaning completed by staff was not documented. There was a lack of oversight of infection and prevention control processes. Whilst there was a cleaning list available, there was no cleaning schedule for the external cleaning company to follow, or relating to the clinical room which the provider told us they cleaned. There was no evidence of any verification checks to ensure the efficacy of the cleaning. Following our inspection, the provider completed an online training course entitled Infection Prevention and Control.
- The practice had recently completed a draft Legionella risk assessment. The risk assessment stated that monthly water temperature checks should be carried out but these had not yet been completed. The landlord was completing monthly water temperature checks for the communal areas in the building.
- The provider ensured that facilities and equipment were safe. There were some systems for safely managing healthcare waste. However, we saw the labels on two sharps bins had not been completed and one was over two thirds full.
- The provider could not evidence that they carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

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

Inadequate

Are services safe?

- We saw evidence that staff had undertaken "Emergency First Aid at Work" training which included cardiopulmonary resuscitation.
- There were appropriate indemnity arrangements in place.
- There were some medicines and equipment to deal with medical emergencies, some of which were stored appropriately. However, some emergency equipment such as one airway did not have an expiry date and one piece of equipment was no longer sterile due to being stored in a punctured bag. After the inspection, we were told that this specific piece of equipment was used only as a test device, however it was not labelled as such. We were told that these emergency medicines and equipment were checked on a monthly basis and we saw a task in the appointment book to remind staff to carry this out. However, there was no checklist to inform staff what they should be checking. The contents of the emergency kit did not adhere to current guidance and there was no associated risk assessment. Laminated posters were on display with information about how to treat anaphylaxis and carry out life support which were both out of date and not using current guidance. Following our inspection visit, we were shown evidence that these posters had been updated. No Automated External Defibrillator (AED) was available in the practice; we were told that one was available at a separate building locally, the name of which is in their Medical Emergency Procedure but there was no formal arrangement for using it. This had not been risk assessed.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service did have a system for sharing information with other agencies to enable them to deliver safe care and treatment. For example, contact details for the local safeguarding team were on display in the kitchen area.
- 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

The service did not have reliable systems for appropriate and safe handling of medicines.

- The provider told us they stored prescription stationery securely.
- Although the provider was the only clinician prescribing medicines, they had not carried out any medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines which was not always in line with legal requirements and national guidance. We found that the first choice of antibiotics which the service prescribed did not adhere to national guidance.
- We saw evidence that medicines that required refrigeration were stored in the premises' refrigerator. We were told that the fridge temperature was being taken and documented once a day when the provider was at the clinic. However, there was no evidence of refrigerator temperature ranges or a system to monitor this. There was not a policy for the monitoring of refrigerator temperatures and actions to take if the temperatures went out of the recommended temperature range. On the day of our inspection, we saw that whilst the fridge was lockable, it was unlocked and accessible to others. The provider told us that it was normally locked.

Track record on safety and incidents

The service had a limited safety record.

- There were some risk assessments in relation to safety issues.

Inadequate

Are services safe?

- The service monitored and reviewed some activity.

Lessons learned and improvements made

The service learned from and made improvements when things went wrong.

- There were adequate systems for reviewing and investigating when things went wrong. We saw completed incident forms (relating to non-regulated activities as we were told there had not been any incidents relating to regulated activities provided). We saw that discussion of these clinical incidents was a permanent item on the agenda at regular monthly practice meetings.
- The provider was aware of and complied with the requirements of the Duty of Candour
- The service acted on external safety events as well as patient and medicine safety alerts as the provider had registered to receive Medicines and Healthcare Regulatory Agency (MHRA) alerts.

Requires Improvement

Are services effective?

We rated effective as Requires improvement because:

- The provider did not have systems to keep up to date with current evidence-based practice.
- The service was not actively involved in quality improvement activity.
- Patients were not asked for consent to share details of their consultation and any medicines prescribed with their registered GP.

Effective needs assessment, care and treatment

The provider did not have systems to keep clinicians up to date with current evidence-based practice.

- The provider was unable to evidence how they kept up to date with current evidence based guidance. For example we saw that prescribing was not always in line with national guidance.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions, however, equality and diversity training had not been completed.
- Arrangements were in place to deal with repeat patients.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was not actively involved in quality improvement activity.

- The service did not have a system in place to make improvements through quality improvement activity such as audits.

Effective staffing

Staff had some skills, knowledge and experience to carry out their roles.

- The provider was appropriately qualified. However, with the exception of basic life support training which was completed in October 2021, we were shown evidence that the last continued professional development training had been completed in 2019 and no recent updates had been completed including prescribing. However, we were shown some evidence, dated February 2022 which illustrated that the provider had undertaken supervision in preparation for their upcoming revalidation with the Nursing and Midwifery Council in September 2022.
- The provider was registered with the Nursing and Midwifery Council and was up to date with revalidation.

Coordinating patient care and information sharing

Staff worked together but did not work with other organisations, to deliver effective care and treatment.

- We examined some patients' clinical records and saw that before providing treatment, the provider ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- Patients were not asked for consent to share details of their consultation and any medicines prescribed with their registered GP.

Supporting patients to live healthier lives

Requires Improvement

Are services effective?

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- The provider told us they understood the requirements of legislation and guidance when considering consent and decision making. However, they were not following current legislation and guidance as they were not verifying the age of patients prior to treatment to ensure informed consent.
- Staff supported patients to make decisions. Where appropriate, they assessed the patients' mental capacity to make a decision and we saw this was sometimes recorded in the records.

Good

Are services caring?

We rated caring as Good because:

- **Staff treated patients with kindness, respect and compassion.**
- **Staff helped patients to be involved in decisions about care and treatment.**
- **The service respected patients' privacy and dignity.**

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. Feedback from patients was available on the website and also on google reviews, which was positive about the way staff treated people. The service had a score of 5 out of 5 from 25 reviews.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were not readily available for patients who did not have English as a first language. There were no notices in the reception areas, including in languages other than English. We were told, however, that it is very rare for a patient not to speak good English.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Requires Improvement

Are services responsive to people's needs?

We rated responsive as Requires improvement because:

- The service did not take complaints and concerns seriously.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered. Access to the premises and treatment room was suitable for patients with restricted mobility.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

Listening and learning from concerns and complaints

The service did not take complaints and concerns seriously.

- Information about how to make a complaint or raise concerns was not available on the website, in writing or displayed in the building. There were no complaints leaflets available. Information was not available to inform patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- We saw a complaints policy dated February 2021 but this had no timescales for responding to the complaint, and no routes for escalation apart from contacting the Care Quality Commission. We were told that the provider had received no complaints regarding regulated activities and so we were unable to assess if the service had learned from these.

Inadequate

Are services well-led?

We rated well-led as Inadequate because:

- The provider failed to evidence they had clear systems to support good governance and management.
- There was limited clarity around processes for managing risks, issues and performance.
- The service did not always have appropriate and accurate information.
- There was no evidence of systems and processes for learning, continuous improvement and innovation.

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Vision and strategy

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

- There was a clear vision and set of values.
- The service told us that they monitored progress against delivery of the strategy but we saw no evidence of any audits or systems to ensure this was embedded.

Culture

The service did not always have a culture of high-quality sustainable care.

- The service focused on the needs of patients. However, they did not always have safe systems and process in place.
- The provider was aware of the duty of candour but only had some systems in place to ensure compliance with its' requirements.
- The service did not actively promote equality and diversity as training in this area had not been undertaken.

Governance arrangements

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

- We saw evidence that structures, processes and systems to support good governance and management were not clearly set out. This included the arrangement of management of medicine and infection prevention and control.
- Leaders had established some policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However, some of the information we reviewed did not contain current and up to date information for example guidelines from the Resuscitation Council (UK) were out of date. Following our inspection, the provider informed us these had been updated and current guidelines were now on display.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

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

Inadequate

Are services well-led?

- There were some processes to identify, understand, monitor and address current and future risks. However, the service could not evidence they had effective processes to assess and monitor all risks.
- The service did not have processes to manage current and future performance. Performance of clinical staff could not be demonstrated through audit of their consultations, prescribing or referral decisions. There were no formal peer support arrangements. Leaders did have oversight of safety alerts, incidents but not complaints.
- As audits (clinical or non-clinical) were not being completed, there was no evidence that audit had a positive impact on quality of care and outcomes for patients.
- The provider did not have plans in place for major incidents.

Appropriate and accurate information

The service did not always have appropriate and accurate information.

- The service had some quality and operational information which was used to ensure and improve performance. Performance information was combined with the views of patients. This was mainly in relation to the caring and responsiveness of the service. However, they did not always have appropriate information available to monitor the safety of the service provided.

Engagement with patients, the public, staff and external partners

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

- The service encouraged feedback from patients to shape services and culture. Patients were encouraged to leave reviews on the service's website.

Continuous improvement and innovation

There was no evidence of systems and processes for learning, continuous improvement and innovation.

- There was not a focus on continuous learning and improvement. We saw no evidence that the provider had completed relevant up to date training including prescribing updates and IPC training. Following the inspection, we saw evidence that the provider subsequently completed one online IPC training module.

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
Treatment of disease, disorder or injury Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. **How the regulation was not being met.** The registered person had systems or processes in place that operated ineffectively in that they failed to enable 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. The practice had recently completed a draft Legionella risk assessment, which had been completed by an untrained person. The risk assessment stated that monthly water temperature checks should be carried out but this had not been completed. The monthly checks advised in the fire risk assessment had not been documented. The registered person had failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. The provider was not completing any clinical or non-clinical audits and therefore there was no scope to ensure care was being provided in line with standards, evaluate if the service is doing well and make any improvements. Whilst relevant staff had completed a module of safeguarding training, it was unclear which level had been achieved and therefore if the recommended training update associated with that level had been achieved.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met** The registered person did not have arrangements in place to take appropriate action for all medical emergencies that could occur, and had not assessed the associated risks. There were no effective arrangements in place to safely manage medicines. Infection prevention and control risks were not fully assessed. This included the completion of infection prevention and control audits, and guidance for what cleaning needs to be undertaken as part of the cleaning checks. The risk and prevention of the spread of infections including those that are health care acquired had not been undertaken. The service was registered to provide treatment to adults over 18 years of age. There was no system in place to verify the age of patients to ensure patients under the age of 18 were not treated.