

Courthouse Clinics Body Limited Brentwood

Inspection report

New Road
Brentwood
Essex
CM14 4GD
Tel: 01277 286425
www.courthouseclinics.com

Date of inspection visit: 30 July 2019-30 July 2019
Date of publication: 02/09/2019

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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive at Courthouse Clinics Body Limited Brentwood as part of our inspection programme.

CQC inspected the service on 10 July 2018 and asked the provider to make the following improvements:

- Ensure care and treatment is provided in a safe way to patients.
- Review the consent policy with a view to the changes made in laws surrounding consent in 2017.

Key findings

- Strengthen the procedures for carrying out identification checks to ensure treatment is not provided to patients under the age of 18 years.

We checked these areas as part of this comprehensive inspection and found these concerns had been resolved.

This service is provided by Courthouse Clinics Body Limited, which is a private medical clinic located in a converted courthouse in the centre of Brentwood.

The location Courthouse Clinics Body Limited Brentwood is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A range of non-surgical cosmetic interventions which are available at Courthouse Clinics Body Limited Brentwood are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

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 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. Seven 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.

The area where the provider should make improvements is:

- Complete the process to ensure the service is registered to provide the regulated activity surgical procedures.

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 and included a GP Specialist Advisor.

Background to Courthouse Clinics Body Limited Brentwood

This service is provided by Courthouse Clinics Body Limited Brentwood which is a private medical clinic located in a converted courthouse in the centre of Brentwood. Courthouse Clinics operate a further ten clinics across the UK.

There is a multi-storey car park opposite the clinic 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-years old and over only. Children are not allowed on the premises.

The aspects of the service regulated by CQC include a specific weight loss programme, minor surgical procedures, varicose vein sclerotherapy and botox injections for hyperhidrosis (excessive sweating). Further details about the full range of services provided can be found on the location's website: www.courthouseclinics.com.

The service provides the regulated activities of: treatment of disease, disorder or injury and diagnostic and screening procedures. At the time of our inspection the provider told us that

they undertook minor surgical procedures. We advised that their current registration with the CQC did not cover the regulated activity surgical procedures for Courthouse Clinics Body Limited Brentwood location. The clinic had carried out one procedure in the previous twelve months and agreed to stop any further activity. Following the inspection, CQC received an application to add the regulated activity, surgical procedures to the Brentwood location.

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.
- We reviewed a sample of patient records to understand how the provider assessed and documented patients care and treatment. We also used this to assess how consent was obtained.
- 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?

We rated safe as Good because:

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.
- The service had systems to safeguard children and vulnerable adults from abuse, however, no children were permitted on the premises.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. The staffing levels and skill mix were based on the demand for the service.
- There was an effective induction system for agency staff tailored to their role.

- Staff 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.
- Emergency medicines were held at the clinic which included an anaphylaxis kit and oxygen. We saw that these were checked regularly to ensure they were in date. The practice did not hold a defibrillator but could access a public use defibrillator in a nearby building. Staff had undertaken basic life support and first aid training.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.
- There were arrangements in place for business continuity in the event of a disruption to services such as power failure or building damage. The clinic maintained a contact list of services that may be needed and for staff, a copy of this was kept off site.

Information to deliver safe care and treatment

Staff 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 had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including emergency medicines and a small stock of local anaesthetic, minimised risks.

Track record on safety and incidents

The service had a good safety record.

Are services safe?

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. There had been no significant events relating to the regulated activities in the previous twelve months.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. Safety alerts were received centrally and disseminated to local managers.

Are services effective?

Are services effective?

Good

Our findings

We rated effective as Good  because:
Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs 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.
- The clinic delivered a relatively new weight-loss programme, which staff told us was evidence-based. An audit and evaluation had been planned.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The clinic reviewed patient outcomes regularly which ensured the level of quality was acceptable and that this was maintained.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation
- The provider understood the learning needs of staff. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate, usually a patient's GP or a psychologist.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.

Supporting patients to live healthier lives

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.

Are services effective?

- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. If a patient was identified as not being suitable for the weight-loss programme, this was discussed with the patient and were signposted to their GP or to a psychologist.
- 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 service obtained consent to care and treatment in line with legislation and guidance .

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The clinic was open and transparent about the cost of treatment and information about the cost of care was clearly available to patients.

Are services caring?

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- The service gave patients timely support and information.
- During the inspection we received seven comments cards which provided positive comments from patients regarding the care they received.
- Staff displayed an understanding of patient needs and had a non-judgemental attitude when providing care and treatment.

Involvement in decisions about care and treatment

Staff 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.

- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Patients were able to access telephone advice and support, including those on the weight-loss programme.

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.
- Treatment rooms were closed during consultations and conversations could not be heard outside of the rooms.

Are services responsive to people's needs?

We rated responsive as Good because:

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.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. Treatment rooms were available on the ground floor level and the main entrance was accessible via a ramp.

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.

- Appointments were available Monday to Thursday 9am to 8pm, Friday 9am to 5pm and Saturday 9am to 4pm.

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. Staff treated patients who made complaints compassionately.
- There was a complaints policy and procedure in place. In the previous twelve months there had been one complaint related to regulated activity. On the day of the inspection we reviewed this complaint and saw that it had been resolved in line with the policy and procedure.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The lessons learned from individual concerns and complaints were shared with the other locations of the provider.

Are services well-led?

We rated well-led as Good because:

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.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

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 had a realistic strategy and supporting business plans to achieve priorities. The provider had a clear vision to be a leader in their areas of care and treatment.
- Senior managers developed its vision, values and strategy jointly with staff members.
- Staff we spoke to were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the previous year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team.
- There was a strong emphasis on the safety and well-being of all staff.
- There were positive relationships between staff and teams.

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. The governance promoted person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Leaders had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place and had trained staff for major incidents.
- The clinic asked patients for feedback following each consultation. This was monitored and reported on a regular basis.
- The clinic maintained regular safety checks of the premises to minimise any risk.
- Patient records were monitored regularly to identify any potential performance issues.

Appropriate and accurate information

Are services well-led?

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from patients and staff and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback, for example, team meetings, supervision and annual appraisals.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders supported managers to take time out to review individual and team objectives, processes and performance.