

Courthouse Clinics Body Limited

Courthouse Clinics Body Limited Birmingham

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 15 May 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was 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 service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Courthouse Clinics Body Limited Birmingham is a private medical clinic located 8 George Road, Edgbaston, West Midlands, B15 1NP in a converted house. The private body clinic is a location for the provider Courthouse Clinics Body Limited who has an additional six clinics across England.

The clinic provides a wide range of face, body and skin treatments. The service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 to provide the regulated activities of; Diagnostic and screening; and the treatment of disease, disorder or

Summary of findings

injury. Not all of the services it provides are registered with CQC. For example, some of the anti-aging aesthetic procedures and laser hair removal do not fall within the regulated activities for which the location is registered.

The service inspected undertook blood tests and reviews of the results of tests for patients undertaking a specific weight loss programme. We did not inspect any of the other services, as these were not relevant to our regulatory role. The weight loss programme is available to anyone over the age of 18 who wishes to enter such a programme and agrees to four to six weekly 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 was based on patient demand. The national medical director and doctors with practicing rights supervised the weight loss programme 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:

- The practice had clear systems to respond to incidents and measures were taken to ensure incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
 - Systems were in place to deal with medical emergencies and clinical staff were trained in basic life support.
 - The service carried out risk assessments such as a fire and health and safety risk to support the monitoring and mitigation of potential risks. There were systems in place to reduce risks to patient safety. For example, infection control practices were carried out appropriately and there were regular checks on the environment and equipment used.
 - Patients were provided with information about their procedures and after care as well as costs prior to commencing treatment.
 - Systems were in place to protect personal information about patients.
 - An induction programme was in place for all staff and staff received induction training linked to their roles and responsibilities.
 - Clinical staff were trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
 - The service encouraged and acted on feedback from patients. Patient survey information we reviewed as well as completed CQC comment cards showed that people who used the service was positive about their experience.
 - Information about services and how to complain was available.
 - The service had good facilities, including disabled access. It was well equipped to treat patients and meet their needs.
 - There was a clear leadership and staff structure and staff understood their roles and responsibilities.
 - There were governance systems and processes in place to ensure the quality of service provision.
- Areas where the provider should make improvements;
- Include audits of the weight-loss program to the services existing centralised program of clinical audits to measure the effectiveness of the program.

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.

- The service had systems, processes and practices in place to keep people safe.
- Staff had received safeguarding adults and children training; they had access to local authority information on managing and making safeguarding referrals.
- Risks to patients were assessed and well managed.
- Systems were in place for identifying, investigating and learning from incidents.
- There were systems in place to meet health and safety legislation and mitigate risks to patients. Health and safety related checks were carried out on the premises and on equipment on a regular basis.
- Procedures were in place to ensure appropriate standards of hygiene were maintained and to prevent the spread of infection.
- There were sufficient clinical and non-clinical staff to meet the demand of the service and appropriate recruitment checks were in place for all staff.
- Patients' health was monitored in relation to the weight loss therapy provided at the clinic. There was no prescribing of medicines and no medicines held on the premises with the exception of medicines to deal with a medical emergency.

Are services effective?

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

- Patients' needs were assessed and care was planned and delivered effectively.
- Systems were in place to ensure appropriate record keeping and the security of patient records.
- The service had a programme of ongoing quality improvement activity. For example, there was a range of checks and audits in place to promote the effective running of the service.
- There were staff training, monitoring and appraisal arrangements in place to ensure staff had the skills, knowledge and competence to deliver effective care and treatment.
- Consent to care and treatment was sought in line with the provider policy. Clinical staff had received training on the Mental Capacity Act.

Are services caring?

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

- We did not speak to patients directly on the day of the inspection. However, we reviewed the provider's patient survey information. This showed that patients were happy with the care and treatment they had received.
- We reviewed completed CQC comment cards which contained positive feedback about people's experiences of the service including; consultations, the quality of treatment, the environment, and the conduct and helpfulness of staff.
- Staff we spoke with demonstrated a patient centred approach to their work.

Are services responsive to people's needs?

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

Summary of findings

- There was information available to patients detailing how the service operated; information also enabled patients to manage their treatment expectations.
 - Feedback from patients showed that appointment availability was good and that they had received timely treatments.
 - The premises were fully accessible and well equipped to meet people's needs.
 - Information about how to complain was readily available to patients. The provider responded quickly to issues raised.
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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 provider had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in relation to this.
 - There were systems in place to govern the service and support the provision of good quality care and treatment.
 - There was a clear leadership structure and staff felt supported by management.
 - The provider was aware of and complied with the requirements of the duty of candour. Staff told us the provider encouraged a culture of openness and honesty.
 - The provider actively encouraged patient feedback.
 - Systems were in place to ensure that all patient information was stored securely and kept confidential.
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Courthouse Clinics Body Limited Birmingham

Detailed findings

Background to this inspection

Prior to our 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 clients in advance of the inspection. We received 11 completed comment cards, which were all positive about the standard of care received. Clients felt that the care and treatment they received was excellent, efficient and caring with all staff being polite, knowledgeable, respectful and helpful.

The provider offers a range of services, the delivery of weight loss programmes performed under the supervision of qualified doctors are the only regulated activities provided; therefore, the inspection and report only covers this element of the services provided. The weight loss programme is available to anyone who wishes to enter such a programme and agrees to monthly blood testing.

The Birmingham clinic is open Monday to Saturday between 9am and 7pm with the exception of Thursdays when they are open between 9am and 8pm and Saturdays when they open between 9am and 5pm. In addition, Courthouse Clinic Body Birmingham receives support from a central customer service team to manage their appointment bookings. Existing patients have access to a direct number to discuss individual concerns.

This inspection was carried out on 15 May 2018 by a lead CQC inspector and a GP specialist advisor.

Before visiting, we reviewed a range of information we hold about the service. We also asked the service to complete a provider information request. During our visit we:

- Spoke with the Clinical Manager who was also the registered manager.
- Spoke to the nominated individual who is also the clinical operations manager. (A nominated individual is a person who is registered with the Care Quality Commission to supervise the management of the regulated activities and for ensuring the quality of the services provided).
- Looked at information the clinic used to deliver care and treatment plans.
- Reviewed comment cards where clients and members of the public shared their views and experiences of the clinic.

To get to the heart of peoples' 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.

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 and we spoke to staff involved in the provision of the service. We also contacted the GP that led the regulated activity.

Are services safe?

Our findings

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

Safety systems and processes

The provider had systems, processes and practices in place to keep patients safe and safeguarded them from abuse, which included:

- The premises were suitable for the service provided. There were procedures in place for monitoring and managing risks to patient and staff safety. There was a range of health and safety related policies and procedures that were available to staff and kept under regular review.
- The provider had up to date risk assessments for many areas of work and safety checks were carried out as required. For example, regular checks of the working status of fire safety equipment, electrical equipment and clinical equipment were carried out and findings recorded.
- Staff recruitment procedures were in place to ensure staff were suitable for their role. Records showed that appropriate checks had been undertaken prior to employment. For example, proof of identification, references, proof of qualifications, proof of registration with the appropriate professional bodies and checks through the Disclosure and Barring Service (DBS). (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 service was provided to adults only over the age of 18 years and patients under the age of 18 were not permitted to access the clinic. Patients were advised of this when booking appointments; this was also covered under the terms and conditions, which patients signed as part of their consent to treatment.
- Arrangements for safeguarding adults and children were in place. Safeguarding policies were accessible to all staff and they clearly outlined whom to contact for further guidance if staff had concerns about a patient's welfare. Policies also included local authority guidance for child safeguarding. All staff were required to undergo safeguarding training during their induction and on an annual basis following this.

- The service maintained appropriate standards of cleanliness and hygiene. There were cleaning schedules and monitoring systems in place. There were infection prevention and control protocols in place and staff had received up to date training. Regular infection control audits were carried out for each clinical room. Records we viewed as well as systems for managing clinical waste awaiting collection showed that clinical waste was appropriately stored and disposed of.
- The practice took steps to prevent and control potential risks relating to legionella. (Legionella is a term for a particular bacterium, which can contaminate water systems in buildings).
- Staff we spoke with explained that due to the nature of the services provided there was not a huge requirement for a chaperone as no intimate examinations were carried out. However, staff had received chaperone training and were able to provide this service if and when required.

Risks to patients

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

When there were changes to services or staff the practice assessed and monitored the impact on safety.

Records we viewed showed appropriate indemnity arrangements in place to cover all potential liabilities, which may arise.

Arrangements were in place to respond to emergencies and major incidents. For example;

- Clinical staff had undergone basic life support training
- Emergency medicines were easily accessible to staff in a secure area and staff knew of their location. Records viewed showed that medicines were checked on a regular basis. The service carried out a risk assessment to identify the level of risk relating to not having a defibrillator. The risk assessment included the location of the closest community defibrillator which all staff were aware of.
- A business continuity plan was in place for major incidents such as power failure or building damage. Copies of the plan were kept at the service as well as off site.

Are services safe?

Information to deliver safe care and treatment

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system and their intranet system.

Staff we spoke with explained that information such as identity checks was obtained during initial booking through the central booking station. During face-to-face consultations; patients' identity was not routinely checked; however, staff explained that if a doctor had concerns regarding age then proof would be requested before commencing the consultation.

The clinic had systems for sharing information with the patients registered GP to enable them to deliver safe care and treatment.

Safe and appropriate use of medicines

The systems for managing and storing vaccines, emergency medicines and equipment, minimised risks.

Patients' health was monitored in relation to the weight loss therapy provided at the clinic and followed up on appropriately. Records viewed showed that patients were involved in regular reviews of their therapy.

Track record on safety

The service had appropriate arrangements in place to maintain a safe environment for patients. For example:

- We observed the premises to be clean and tidy. We found equipment was visibly clean in the clinic rooms.
- Personal protective equipment (PPE) such as gloves and aprons were available for use when required.
- 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 National Evidence-Based Guidelines for Preventing Healthcare Associated Infections.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- 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. There had been one incident recorded over the past 12 months. Records showed that the service learned and shared lessons, identified themes and took action to improve safety in the practice.
- Systems were in place to support shared learning from incidents across other Courthouse clinic locations.
- The provider signed up to receive Medicines and Healthcare products Regulatory Authority (MHRA) alerts. Staff we spoke with explained systems in place to ensure actions were taken following receipt of alerts appropriate to the service.

The provider was aware of the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

Doctors assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, such as National Institute for Health and Care Excellence (NICE) evidence based practice. Where guidance was not being followed; for example, the delivery of weight loss therapy, which involved a low Calorie, high protein and low carbohydrate diet plan; Doctors explained how they gained assurance that patients understood the likely effectiveness of the treatment. Records viewed and patient feedback demonstrated changes and positive outcomes for patients.

Doctors explained that patients were required to attend a one-hour consultation before starting the weight loss program. During the consultation a detailed history and assessment was undertaken, which involved obtaining a full medical history; body composition assessments and an extensive psychological evaluation using validated screening tools. Doctors we spoke with explained that this was designed to screen for evidence of body image disorders, depression and other mental health related issues, which may affect the patient during the program.

Monitoring care and treatment

The clinic had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care and services provided. For example:

- Staff carried out a number of audits where actions had been implemented and improvements monitored. For example, a random sample of patient records were audited monthly to review compliance with the clinics standards of record keeping. Actions were taken to improve compliance such obtaining a signed copy of treatment terms and conditions, practitioners name to be included on consent forms and records to include patients date of birth.

- Clinical staff explained that the organisation had a structured and centralised program of extensive audits, which related to other services provided at the clinic. However, audits of the weight loss service had not been carried out.
- The practice used information about care and treatment as well as patient feedback to make improvements. For example, feedback was sought from every patient upon initial contact with the service; this was followed up by regular surveys during and following treatment.
- Patients on the weight loss program were required to attend monthly blood testing and monitoring for any increased risk of gout occurring (a type of arthritis where crystals form inside and around joints) while on the program. Patients are also required to attend regular review appointments with a non-medical programme co-ordinator.

Effective staffing

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

- Staff were required to complete induction training and on-going training linked to their roles and responsibilities. A system was in place to ensure staff received regular performance reviews.
- The provider had a clear staffing structure that included senior staff and clinical leads to support staff in all aspects of their role.
- The management team understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. Doctors employed participated in peer review, ongoing-training and formal appraisals in line with NHS England requirements'.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

Systems were in place to support the sharing of patient treatment with their registered GP in line with General Medical Council (GMC guidance). An anonymised sample of records we viewed showed that there was contact with the patients GP for procedures where this would be advisable.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

Patients were provided with information about procedures including the benefits and risks of therapies provided. They were also provided with information on after care.

Consent to care and treatment

There was clear information available about the services provided and the cost of these. Staff obtained consent to care and treatment in line with legislation and guidance.

- Staff understood and sought patients' consent to care and treatment in line with legislation and guidance. Clinical staff had received training on the Mental Capacity Act 2005.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

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

Kindness, respect and compassion

We observed that members of staff were courteous and helpful to patients and treated people with dignity and respect.

All feedback we saw about patient experience of the service was positive. All of the 11 completed comment cards were very positive and indicated that patients were treated with kindness and respect. Comments showed that patients felt the service was excellent and staff were caring, professional and treated them with dignity and respect.

Following their procedures, patients were sent a survey asking for their feedback on their experience. Monthly analysis of feedback showed that patients were satisfied with the service they had received and patients were satisfied with the treatment results.

Staff we spoke with demonstrated a patient centred approach to their work and this was reflected in the feedback we received in CQC comment cards as well as through the provider's patient feedback results.

Involvement in decisions about care and treatment

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

- Patients were provided with information about procedures including the benefits and risks. Any signposting or referring of patients to other services was discussed and their consent was sought before referring to other services.
- The service provided access to translators for patients whose first language was not English

Privacy and Dignity

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Chaperones were available should a patient choose to have a chaperone. Staff who were designated to provide chaperoning had undergone required employment checks.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The provider organised and delivered services to meet the needs of people who accessed the clinic. The clinic took account of patient needs and preferences.

- The service understood the needs of their client group and ensured services were accommodating to their needs. For example, appointments were available outside of normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The provider made it clear to the patient regarding the types of services offered and the limitations of the service as well as expectations were clearly outlined.
- The provider offered consultations to anyone over the age of 18 and who requested and paid the appropriate fee, they did not discriminate against any client group.
- Discussions with staff indicated that the service was person centred and flexible to accommodate people's needs.
- The clinic was accessible to patients who were physically disabled and a ground floor consultation and treatment room was provided.

Timely access to the service

The clinic is open Monday to Saturday between 9am and 7pm with the exception of Thursdays when they were open between 9am and 8pm and Saturdays when they open between 9am and 5pm. In addition, the clinic receives support from a central customer service team who manages their appointment bookings. Existing patients

have access to a direct number to discuss individual concerns. We saw no feedback to indicate concerns regarding delays in getting through to the service or delays in access to treatments.

Listening and learning from concerns and complaints

The provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- The provider had a complaints policy and procedure in place, which contained appropriate timescales for dealing with complaints.
- Information about how to make a complaint or raise concerns was available. The complaints information detailed that complainant could escalate their complaint through different stages with the provider or could approach a designated organisation if they were not happy with how their complaint had been handled.
- Staff treated patients who made complaints compassionately.

There was a lead member of staff for managing complaints and all complaints were reported through the provider's quality assurance system. This meant that any themes or trends could be identified and lessons learned from complaints could be shared across the organisation. We found there had been one formal complaint received in the past 12 months. This had been investigated and responded to in a timely manner.

The provider used customer satisfaction questionnaires as well as mystery shoppers. This enabled patients to leave feedback on their experiences of the service. The survey results we viewed gave very high customer satisfaction. The manager told us that if any feedback from patients indicated that there could be improvements made to the service then these would be acted upon and improvements would be made in response.

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 a well-led service in accordance with the relevant regulations.

Leadership capacity and capability;

Courthouse Clinics Body Birmingham is part of a larger organisation providing a range of services in different parts of the country. The head office for the provider, Courthouse Clinics Body Limited is based in Essex. The senior medical staff and head of operations were based at the head office. During this inspection, we did not visit the head office or any other locations.

During our inspection, we spoke to the clinical manager who is the nominated individual and an operations manager. They demonstrated that they had the capacity and skills to deliver high-quality services at the Birmingham clinic. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing all identified concerns.

There was a leadership and staffing structure and staff were aware of their roles and responsibilities as well as the limitations of their roles. Staff we spoke with felt well supported and described leaders at all levels as approachable. In particular, staff explained that they had regular meetings as well as one-to-one interaction with managers on a daily basis and clinical leads provided clinical support to the doctors. There was an on call rota, which enabled the clinic manager and doctors to access senior support when required.

Staff we spoke with and appropriately trained and experienced to meet their responsibilities.

Vision and strategy

There was a vision to provide a high quality responsive and ethical services that places care and patient safety centrally. A business plan was in place and the service was monitored to ensure continued sustainability and growth.

Culture

The provider had a whistleblowing policy in place (a whistle blower is someone who can raise concerns about practice or staff within the organisation). Staff told us they felt the service had an open and transparent culture. They

told us they felt confident to report concerns or incidents and felt they would be supported through the process. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

There were processes for providing all staff with the development they need. This included appraisal as well as allocated time to complete training.

Regular meetings were held to promote effective communication and these meetings provided a means for staff to suggest improvements to management.

Governance arrangements

There was a clear organisational structure and staff were aware of their roles and responsibilities. There was a range of service specific policies that were well organised and available to all staff. These were reviewed regularly and updated when necessary.

The clinic had a range of processes in place to govern the service in all aspects of service delivery including the clinical aspects of the service. A range of meetings were held; for example, clinical meetings, non-clinical meetings as well as clinic manager telephone conference meetings held with managers from other Courthouse Clinics.

Systems were in place to monitor and support staff at all levels as well as monitoring the quality of the service and making improvements where necessary. This included the provider having a system of key performance indicators, carrying out regular audits, carrying out risk assessments, having a system for staff to carry out regular quality checks and actively seeking feedback from patients.

Managing risks, issues and performance

There were arrangements for identifying, recording and managing risks and implementing mitigating actions. Risk assessments we viewed were comprehensive and had been reviewed.

There were a variety of daily, weekly, monthly, quarterly and annual checks in place to monitor the performance of the service.

There were arrangements in place to respond to medical emergencies. In the absence of a defibrillator, the service carried out a risk assessment to mitigate risks. We saw notices' in staff areas, which directed staff to the closest community defibrillator.

Are services well-led?

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

We saw effective operational arrangements in place for identifying, recording and learning from incidents, complaints and comments.

Appropriate and accurate information

Systems were in place to ensure that all patient information stored and kept confidential was in line with data security standards. All staff had signed a confidentiality agreement as part of their job contract. Business contingency plans were in place, which included minimising the risk of not being able to access or losing patient data.

Engagement with patients, the public, staff and external partners

Patients were actively encouraged to provide feedback on the service they received. For example, staff proactively

sought client feedback by inviting clients to complete a survey at initial contact and after every consultation. In addition, a minimum of two mystery shoppers per year was undertaken. Findings were constantly monitored and the manager explained that action was taken when feedback indicated that the quality of the service could be improved.

Continuous improvement and innovation

The clinical manager explained that the provider and staff at this location consistently sought ways to improve the service.

Staff were encouraged to identify opportunities to improve the service delivered through team meetings and the appraisal process.