

Thurmaston Health Clinic

Inspection report

573a Melton Road, Thurmaston
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www.thewomenshealth.clinic

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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?

Good



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? – Good

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Thurmaston Health Clinic as part of our inspection programme.

Thurmaston Health Clinic offers private clinic services specialising in Women's Health and Wellbeing including treatment of menopause and vaginal rejuvenation.

This service is registered with the Care Quality Commission (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. Thurmaston Health Clinic provides a range of non-surgical cosmetic interventions, for example cosmetic injectables, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

Emma Soos 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.

Our key findings were:

- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice responded to patients' needs and treated patients holistically.
- The service offered educational sessions to promote women's health and improve awareness of aspects of women's health.
- There was a lack of oversight from management within the service in relation to premises, infection control and training and recruitment.
- Policies were not adapted to the specific characteristics of the service and did not give assurance that staff were working to the same standards to keep patients safe.
- The provider did not arrange interviews for us to speak with staff throughout the inspection.
- Roles and responsibilities were not clear including who worked for the service and what their involvement was.

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

Overall summary

- 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:

- Undertake audits within the service which evidence improvements to the service.

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 and included a GP specialist adviser.

Background to Thurmaston Health Clinic

Thurmaston Health Clinic is registered with the Care Quality Commission (CQC) based at 573a Melton Road, Thurmaston, Leicester, LE4 8EA. The service is registered with the CQC under The Health and Social Care Act 2008 for diagnostic and screening procedures, treatment of disease, disorder or injury and family planning.

The service also has satellite clinics at other sites including:

- Exeter, Holmedale Health, The Consulting Rooms, 34 Denmark Road, Exeter, EX1 1SE
- Manchester, 61a King Street, Manchester, M2 4PD
- Leeds, 93 Water Lane, Leeds, LS11 5QN
- Shrewsbury, Summerfield House, Building 1 Charlesworth Court, Knights Way, Battlefield Enterprise Park, Shrewsbury, SY1 3AB
- Harley Street, 10, Harley Street, London W1G 9PF
- Canary Wharf, Ground Floor, Devere Building, 1 Westferry Circus, London, E14 4HA
- Brighton, Brighton Health & Well Being Centre, 18-19 Western Road, Hove, BN3 1AE
- Bristol, Unit 7b Aztec Centre, Aztec West, Bristol, BS32 4TD

Thurmaston Health Clinic provides private appointments to patients over the age of 18. The service offers a range of treatments for women's health concerns such as treatment for menopause, sexual health, contraception, family planning, cervical smears and vaginal rejuvenation using lasers.

The service has a registered manager and has 8 nurses who are self-employed to work across the satellite clinics. There were other people involved in the service but we cannot be clear what their roles were.

The service has a website: www.thewomenshealth.clinic

Clinics are reportedly open between 9am and 6pm however are by appointment only.

How we inspected this service

We inspected Thurmaston Health Clinic on 27 May 2021 as part of our inspection programme. Due to the COVID-19 pandemic, before our on-site visit we requested a range of information from the provider to review. We also requested information following the site visit and conducted remote interviews with the registered manager. We requested interviews with service staff however the provider did not arrange these and so we did not speak with any staff.

We were unable to send comment cards out for the inspection due to the COVID-19 pandemic, however we reviewed patient feedback held by the provider.

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 Inadequate because:

- There was limited oversight of the building and premises at the services.
- Policies within the service were not always adapted to the specific characteristics of the service to provide assurance of safe systems.
- Recruitment and training systems were not effective.

Safety systems and processes

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

- The provider did not conduct safety risk assessments of the premises that they used. We were told that they relied on the management of the buildings that they used in relation to health and safety issues, however there was no oversight of this from this provider and there was no assurances that the checks had been completed. We saw evidence of checks being completed when starting in a new venue, such as fire risk assessment and legionella assessments, but there was no system or evidence to show this was reassessed regularly.
- The service had safety policies however these were not always relevant to the service and location. The service was signed up to a company who supplies policies, but we did not see that the service had tailored the policies to their services and sometimes included irrelevant information such as information around NHS England primary care and GMC contracts. We could not be assured that staff at all of the sites had access to policies as we were unable to speak with them during the inspection.
- Policies did not outline clearly who to go to for further guidance as they were not tailored to the service and satellite clinics.
- We did not see any evidence of training provided by Thurmaston Health Clinic. The mandatory training records for staff working within the service were records of training provided by their other employers. We did not see evidence that staff received tailored safety information from the service as part of their induction or had access to any safety information within the satellite clinics.
- The service had policies to safeguard adults from abuse however they were not relevant to the service. The safeguarding adult policy did not contain any details as to who staff should contact locally in relation to safeguarding concerns, nor where that information could be found at each satellite service. We did see evidence at the Leicester location that safeguarding information was on the wall of the clinic room however we were told this was not due to the provider and had been put there by the GP practice that Thurmaston Health Clinic building worked from. We did not have assurance that local safeguarding information was available at the other satellite clinics. Following the inspection, the provider told us they were planning to introduce an app to use on the clinic computer systems in relation to safeguarding to support practitioners with safeguarding processes.
- The service had a policy for safeguarding children however reported this was not relevant to the service as they did not see children within the clinic.
- The provider reported that they carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. We saw evidence of Disclosure and Barring Service (DBS) checks for nurses who worked within the service, however not all staff involved in the service had DBS checks. (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). We did not see any risk assessments for the people who were involved in the service who had not had DBS checks completed.
- At the time of our inspection, we could not be assured that all staff had completed safeguarding training at the appropriate level to their role. We were sent evidence of staff members' training records following the inspection, but it was not always clear what level they had received.

Are services safe?

- At the time of our inspection there were some systems to review infection control at each clinic however there was no provider oversight of this. We saw that there had been a record of some infection control monthly checks starting from April 2021, but it was not clear what systems were in place before this. The infection control monthly checks which had occurred checked Personal Protective Equipment (PPE) stock and equipment but there was no check of cleaning completed within the service. The service relied on cleaning schedules at some of the sites depending on the contract held with the venue. We saw evidence that cleaning had occurred at Thurmaston Health Centre site from approaching the manager of the site, but there was no oversight of this from Thurmaston Health Clinic and no record that this was ever checked by Thurmaston Health Clinic.
- We saw that the privacy curtain within the clinical room did not have a date on to indicate when this had been changed. The manager was not aware when it had been put up and could not tell us when it was due to be renewed. We were told that this was the responsibility of Thurmaston Health Centre.
- There were systems for managing healthcare waste however we saw evidence that sharps bins had been opened since 2019 and not disposed of appropriately. Managers were unaware that sharps bins needed to be disposed of 3 months after opening and told us they would rectify it immediately.

Risks to patients

There were not systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an induction system and process for staff to be trained to provide the services delivered by Thurmaston Health Clinic. We did not see effective systems at the point of recruitment in relation to mandatory training.
- We could not assess if staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention as we were unable to talk to them as part of the inspection process.
- We did not see evidence of Portable Appliance Testing (PAT) for the clinics.
- We were told of maintenance servicing systems in relation to lasers which were used at the service however we were not able to see full records of all lasers as we were told some delays in servicing had occurred due to the COVID-19 pandemic.
- The service relied on the main building service for emergency medicines however we did not see any evidence of oversight of these from Thurmaston Health Clinic. It was not clear what emergency medicines each location had and if Thurmaston Health Clinic had any involvement in managing these. We were told that some satellite clinics carried atropine if they were doing coil fittings, however we did not see evidence of this. At the Thurmaston Health Clinic site the emergency medicines were kept downstairs in the reception area, and it was not clear who would retrieve these if a patient became unwell as we were told there was only one nurse working at the service. We did not see any risk assessments in relation to emergency medicines.
- There were appropriate indemnity arrangements in place.

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.
- Patients could opt in to share their information with other healthcare services. The service had systems to share information with other agencies if necessary.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

Are services safe?

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

- The systems and arrangements for managing medicines for the service minimised risks. The service had a stock room which we were told was used for training. There were a number of out of date medicines and equipment within the stock room.
- The service carried out appointment audits to ensure treatment and prescribing was in line with best practice guidelines.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

Lessons learned and improvements made

- There was a policy for recording and acting on significant events. At the time of our inspection the service had only reported one significant event which was the coronavirus pandemic.
- We could not assess if staff understood their duty to raise concerns and report incidents as we were unable to talk to staff within the service throughout the inspection process.

The service acted on external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Are services effective?

We rated effective as Requires improvement because:

- There was limited evidence of appraisals and supervision for staff within the service.
- Mandatory training was not identified or monitored by the provider.
- The induction process was not effective at ensuring staff had appropriate training for the role.

Effective needs assessment, care and treatment

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 and/or begin treatment.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service used feedback information about care and treatment to make improvements. The service monitored the effectiveness of treatment via feedback forms from patients in relation to the treatments they had had.
- We saw evidence of audits being completed however there was limited evidence of improvements made to the service through audits as feedback was generally positive.

Effective staffing

It could not always be evidenced that staff had the skills, knowledge and experience to carry out their roles.

- All clinical staff were appropriately qualified. The provider told us they had an induction programme for all newly appointed staff including 3 monthly checks however we did not see evidence of this.
- Relevant professionals were registered with Nursing and Midwifery Council and were up to date with revalidation.
- The provider did not understand the learning needs of staff and did not provide any mandatory training to staff. Staff members' mandatory training was completed at other work locations. Thurmaston Health Clinic did not have oversight of training. During the onsite inspection the manager could show us some evidence of training at the point of recruitment however the records we saw showed staff being overdue for some mandatory training. There was no system or oversight of training following on from the initial check.

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.

Are services effective?

- 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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- 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 service monitored the process for seeking consent appropriately

Are services caring?

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received along with customer satisfaction. Feedback was sought from patients in a variety of sources. The feedback that we saw was mainly positive with evidence of the service reacting to any feedback that was lower than 4.5 out of 5.
- Feedback from patients was positive about the way staff treat people.
- 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.
- The service provided educational support sessions for people on various topics for women's health. There had been sessions provided for menopause, sexual health and other aspects to try and promote people to take ownership of their own health.

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.

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.

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 patients' needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. For example, we were told of services which had been taken on by the service following a patient's requests.
- The facilities and premises were appropriate for the services delivered at Thurmaston Health Clinic which we visited as part of the inspection.

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 with the most urgent needs had their care and treatment prioritised.

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.
- 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 service had a complaint policy and procedures in place.

Are services well-led?

We rated well-led as Inadequate because:

- There was a lack of oversight from management within the service. Managers were not able to demonstrate they had oversight of buildings they used for satellite clinics, staff training and recruitment and systems and processes.
- Policies and procedures were not relevant to the services.
- The provider did not arrange interviews with staff during the inspection.
- The registered manager was unable to locate information within the service during the inspection such as policies, recruitment information and training.

Leadership capacity and capability

Leaders did not have the capacity and skills to deliver high-quality, sustainable care.

- Leaders were not always knowledgeable about issues and priorities relating to the quality of services. For example, infection control standards including privacy curtains and sharps bins, were not able to access recruitment and training information for staff or any policies during our site visit. We were sent evidence following the inspection from a different person.
- Staff had access to leaders via email however we were unable to interview clinical staff within the service during the inspection and therefore could not assess if teams were adequately supported by management.

Vision and strategy

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

- The vision of the service was to support patients with their women's health needs. The service had a realistic strategy and business plans to achieve priorities.
- We did not speak to service staff during the interview so could not assess if staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy by reviewing feedback and complaints from patients.

Culture

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

- As part of the inspection the provider did not arrange interviews for staff working within the satellite clinics and therefore we were unable to assess if there was a culture of high quality care.
- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to feedback and complaints.
- There were limited processes for providing all staff with the development they need as staff were self-employed and the service relied on training to be completed at other workplaces. Managers at Thurmaston Health Clinic did not have oversight of training. We were told that training was looked at the point of recruitment however we saw that training records were not complete at the point of recruitment. There was no system to check training after this. We found instances where there were gaps in training for the staff working within the satellite clinics.
- It is unclear what the processes for appraisal and career development conversations were. We saw some evidence of appraisals within the service however we also found appraisals which had occurred at staff members' other places of work and were not relevant to this service.

Are services well-led?

- It was not clear if the service had any emphasis on the safety and well-being of all staff. We were unable to talk to staff during the inspection.
- We did not see evidence that the service provided staff with equality and diversity training.

Governance arrangements

There was no clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were not clearly set out or effective. Policies were not relevant to the service and had not been tailored to the services in each satellite clinic. Managers of the service were unable to locate documents on the inspection.
- It is not clear what the governance of the management of the service was. We asked for staff members within the service however there were other staff members working in various roles in the service which were not in the staff list.
- Roles and accountabilities within the practice were not clear. The manager at the service was unable to locate any files during the inspection and we were sent these following the inspection from a founder of the company. It was not clear who was responsible for managing the service.
- It was not clear who was responsible for recruitment. The service had a recruitment policy however we were told this policy was only applicable if staff were directly employed. We saw practising privileges contracts which were signed by a founder of the company, not the registered manager, however we were told that the registered manager was responsible for recruitment and staffing.
- It was not clear what governance arrangements were in place for buildings used. We were told each satellite clinic had differing arrangements with Thurmaston Health Clinic, however there was limited oversight of these from the service. There was no evidence that any risks had been identified and were reviewed by Thurmaston Health Clinic.
- We saw evidence of clinical governance reports which we were told were available within the system for staff members. The service had monthly meetings for staff members. The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- 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 performance

There were some processes for managing performance of staff.

- Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.
- There were systems in place to deal with safety alerts, incidents and complaints.
- We saw evidence of a log of complaints and the complaints we reviewed had been handled appropriately.
- The service completed audits which had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- We could not be assured what plans the provider had in place for medical emergencies and there was no assurance the provider had trained staff for major incidents within the service.

Appropriate and accurate information

The service acted on appropriate and accurate information.

Are services well-led?

- Quality and operational information was used to ensure and improve performance based on patient feedback and complaints.

Engagement with patients, the public, staff and external partners

The service involved patients to provide feedback on the services.

- The service encouraged and heard views and concerns from the patients. We saw evidence of the service following up on any feedback which wasn't positive.
- We did not see any evidence of the service acting on staff feedback and we were unable to speak to staff during the inspection to assess if staff were able to provide feedback.
- The service had monthly meetings for staff members.

Continuous improvement and innovation

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

- The service reviewed incidents and complaints. Learning was used to make improvements.
- We saw audits completed within the service however there was not always improvement outcomes for the service.

Enforcement actions

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 |
|---|---|
| Family planning services Treatment of disease, disorder or injury Diagnostic and screening procedures | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none">• Lack of governance and leadership at the service in relation to systems and processes• Policies and procedures were not relevant to the service.• The registered manager was unable to locate policies, recruitment files, training records and risk assessments.• Recruitment files were not completed for all staff involved within the service.• The service had not identified required training for the service and did not always keep adequate records of staff training.• There were not adequate systems to monitor the premises of Thurmaston Health Clinic or its satellite clinics in relation to infection control, cleaning, emergency medicines, PAT testing, health and safety and security.• The provider was unable to demonstrate oversight of emergency medicines within the clinics. |