

Courthouse Clinics Body Limited Watford

Inspection report

34 The Avenue

Watford

Hertfordshire

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<https://www.courthouseclinics.com/our-clinics/watford>

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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

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection on 8 July 2019 at Courthouse Clinics Body Limited Watford as part of our inspection programme.

Summary of findings

The provider Courthouse Clinics Body Limited has seven locations nationally and provides a range of face, body and skin treatments privately.

The location Courthouse Clinics Body Limited Watford 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, for example anti-aging aesthetic procedures and laser hair removal which are available at Courthouse Clinics Body Limited Watford are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

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.

We received patient feedback on the service through the seven CQC comment cards completed. All were positive about the service they received and were very complimentary about the staff.

Our key findings were:

- Some safety checks such as medical equipment calibrations and staff vaccination status in line with current Public Health England (PHE) guidance were not in place.
- The provider undertook minor surgical procedures. However, the current registration with the CQC did not cover the regulated activity surgical procedures for Courthouse Clinics Body Limited Watford location.
- Patients were supported appropriately throughout their treatment programme.
- The provider proactively sought patient feedback and used this to support further improvements.
- The clinic organised and delivered services to meet patients' needs.
- There were systems in place to respond to incidents and complaints. Learning from incidents and complaints was shared.

The areas where the provider must make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure the service is registered to provide the regulated activity surgical procedures.

The areas where the provider should make improvements are:

- Develop plans so legionella risk assessments are made by a competent person who is suitably informed, instructed, trained and assessed as required by the Health and Safety at Work Act 1974.
- Organise an evaluation of the weight loss programme.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor.

Background to Courthouse Clinics Body Limited Watford

Courthouse Clinics Body Limited Watford situated at 34 The Avenue, Watford, Hertfordshire is an independent provider of a range of services including the delivery of a weight loss programme and minor surgical procedures. These are the only services which falls within the scope of CQC registration. The inspection and report therefore only cover this aspect of the service. The weight loss programme is available to anyone over the age of 18 years and involves regular monitoring.

Further details about the full range of services provided can be found on the location's website: www.courthouseclinics.com.

The service is open Monday to Saturday and operates varied opening times.

Patients can access appointments by telephone or in person.

Staffing includes four doctors (the doctors are shared across the provider's various locations), nurse practitioner, a clinic manager, four therapists, and a receptionist. There is also weight loss co-ordinator who supports all patients on the weight loss programme at all the provider's locations.

The provider is registered with CQC for the following regulated activities: Diagnostic and screening procedure and Treatment of disease, disorder or injury.

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 Watford location. We have asked the provider to stop this activity and to apply to the CQC to add the regulated activity of surgical procedures.

How we inspected this service

Before visiting, we reviewed information we hold about the service, including information from the previous inspection. We also asked the provider to send us some information about the service.

During our visit we:

- Spoke with the doctors and clinic staff.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Reviewed documentary evidence that was made available to us relating to the running of the service.
- 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.
- We made observations of the facilities that were used for providing 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?

Our findings

We rated safe as Requires improvement because:

- The provider did not have a programme to periodically calibrate some medical equipment. After our inspection the provider confirmed a programme was now in place to calibrate all medical equipment according to the manufacturer's guidelines.
- Staff vaccinations was not in line with current Public Health England (PHE) guidance.
- At the time of our inspection the service was not registered to provide the regulated activity surgical procedures.

We found two areas where the provider should improve:

- Develop plans so legionella risk assessments were made by a competent person who was suitably informed, instructed, trained and assessed as required by the Health and Safety at Work Act 1974.

Safety systems and processes

The service had some 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. 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. Staff had undertaken training appropriate to their role. The provider did not see or treat patients under 18 years or permit access to their premises under their terms and conditions.
- 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).
- Staff had undertaken chaperone training and were DBS checked.

- There was a system to manage infection prevention and control. However, at the time of our inspection staff vaccinations were not in line with current Public Health England (PHE) guidance.
- The provider did not always ensure that facilities and equipment were safe. Not all medical equipment (for example sphygmomanometers, weighing scales) were calibrated for accuracy. After our inspection the provider confirmed a programme was now in place to calibrate all medical equipment according to the manufacturer's guidelines. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them. While a basic legionella risk assessment and associated controls were evident, the risk assessment which was based on a corporate template, had not been carried out by a competent person.

Risks to patients

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

- The staffing levels and skill mix were based on the demand for the service based on the number pre-booked and elective patients.
- There was an induction system which included orientation to the services provided and predetermined mandatory training.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- 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 potential liabilities.
- There were arrangements in place for business continuity in the event of a disruption to services such

Are services safe?

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. They also had access to a buddy clinic.

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 to obtain consent from their patients 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 systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines minimised risks.
- The service held stocks of emergency medicines, but no medicines were involved in the weight loss programme. There was a small stock of local anaesthetic for use during minor surgery.

Track record on safety and incidents

The service had a good safety record.

- There were 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. For example, following a patient care incident, the clinic had taken steps to make staff aware of the need to refer to patient's personal circumstances before commencing treatment. Learning was shared across the provider's other locations.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. Safety alerts were shared by the provider's central office and managed locally by the manager.

Are services effective?

Our findings

We rated effective as Good because:

- Staff had the skills and knowledge to deliver effective care and treatment.
- Patients care and treatment needs were assessed and in line with the weight loss programme guidelines.
- Consent obtained in line with legislative guidance.

We found one area where the provider should improve:

- Organise an evaluation of the weight loss programme.

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).

- Clinical staff explained the weight loss programme had been developed in-house using various relevant evidence base. The current programme was relatively, new approximately eight months and its effectiveness was yet to be evaluated.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The clinic had a system to periodically review patient outcomes during and after treatment. This ensured positive outcomes were being achieved and maintained.

Effective staffing

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

- Staff were appropriately qualified. Staff involved in delivering the weight loss programme had received appropriate training and had access to guidance to support them.

- Relevant professionals were registered with the General Medical Council (GMC) 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 where appropriate, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, with a patient's usual GP or psychologist.
- Before providing treatment, the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. This enabled the service to assess whether the programme was appropriate for the patient to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation with their NHS GP when they registered with 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.

- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, if the weight loss programme was not suitable for patients with certain conditions, patients were made aware of this and signposted to their GP.
- Patients were continually supported throughout the weight loss programme to achieve their target weight and to maintain.
- The weight loss programme was continual supervised by clinical staff including therapists who regularly discussed any issues in maintaining the programme. Any issues identified were referred to the programme doctor for review and treatment as appropriate.

Consent to care and treatment

Are services effective?

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 including for patients that underwent minor surgery.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- Information about the cost of care and treatment was clearly available to patients prior to them committing to the programme.

Are services caring?

Our findings

We rated caring as Good because:

- Patients' feedback indicated they were satisfied with care and treatment, facilities and staff.
- We saw the practice had arrangements to ensure patients were treated with kindness and respect and maintained patient and information confidentiality.

Kindness, respect and compassion

Staff treated with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people. During the inspection we received seven completed CQC comment cards from patients which demonstrated that staff were friendly, helpful and understanding.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.

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 treatments available to them.
- The service gave patients timely support and information. Patients on the weight loss programme could access telephone support and guidance if needed.
- All respondents of an in-house survey had responded positively when asked whether they had received sufficient information, whether their questions had been addressed and if any side effects had been explained.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Consultation and treatment room doors were closed during consultations and conversations could not be heard.
- 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?

Our findings

We rated responsive as Good because:

- Appointments were available at times suited to patient convenience.
- There was continuity of care, with regular follow up of treatments and support
- Complaints were used to support learning and improvement

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.
- Because the limitations of the layout and structure of the facilities and premises, patients with mobility difficulties were encouraged to attend at one of the provider's other locations where dedicated facilities were available.

Timely access to the service

Patients were able 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.
- Evening and Saturday appointments were available to patients who worked or had other commitments during usual working hours.
- Results from the provider's patient survey showed patients were satisfied with the waiting times and appointment availability. Our CQC comment cards raised no concerns regarding the appointment system.

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.

- The service had a complaints policy and procedure in place. The clinic manager was the lead for complaints.
- There had been three complaints received in the last 12 months but none of these related to the regulated activities registered with the CQC. We saw that complaints were handled in a timely way and the service acted on and learned from concerns and complaints to improve the quality of care. Lessons learnt were shared with the other locations of the provider.

Are services well-led?

Our findings

We rated well-led as Good because:

- There was a leadership structure and staff felt supported by management.
- Policies and procedures were available to govern activity. These were implemented and reviewed.
- The provider was aware of the requirements of the duty of candour.
- The provider encouraged a culture of openness and honesty.
- There was a focus on continuous learning and improvement among the staff team.

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. The service operated a buddy system for managers whereby they supported each other in management issues.

Vision and strategy

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

- There was a vision and set of values. The provider's aims and objectives outlined their aspirations, which was to be acknowledged as the leader in their field of service provision, achieved by recruiting and training professional staff whose ambitions would be to exceed patient expectations.
- Our discussions with staff indicated that staff were aware of, understood and followed the vision and values.
- The service supported staff to help them succeed in delivering the vision and values through training and monitoring programmes.

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 past 12 months. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team.
- There was a strong emphasis on the safety and well-being of all staff.

Governance arrangements

There were 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.
- Staff were clear on their roles and accountabilities.
- Policies, procedures were available to ensure safety which assured services were operating as intended.

Managing risks, issues and performance

There were some processes for managing risks, issues and performance.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety. Premises and service related risk assessments were in place which allowed the appropriate management of risks. However, we found the clinic did not have a process to ensure the vaccination status of employed staff was in line with

Are services well-led?

current Public Health England (PHE) guidance and to periodically calibrate medical equipment. After our inspection the provider confirmed a programme was now in place to calibrate medical equipment according to the manufacturer's guidelines. Although legionella risk assessments were evident using a corporate template, these had not been completed by a competent person who was suitably informed, instructed, trained and assessed as required by the Health and Safety at Work Act 1974.

- The service had processes to manage current and future performance. For example, regular monitoring checks that covered such as the safety of the premises and patient records were undertaken to ensure standards were maintained.
- The provider had plans in place and had trained staff for major incidents.
- Feedback cards were given to patients after consultations. This was audited and reported on a regular basis.

Appropriate and accurate information

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.
- The service submitted data or notifications to external organisations as required.
- There were 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 proactively sought patients views about the service they received. Information obtained through the ongoing patient surveys was monitored and used to support improvement.
- Staff were able to provide feedback through staff meetings and appraisals.

Continuous improvement and innovation

There were 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.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ol style="list-style-type: none">1.Vaccination status of employed staff was not in line with current Public Health England (PHE) guidance.2.The provider did not have a programme to periodically calibrate medical equipment.