

The Elixir Clinic Limited

The Elixir Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 19 March 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

The provider did not provide regulated activities at this location which meant we were unable to assess whether the service was providing safe care in accordance with the relevant regulations.

Are services effective?

The provider did not provide regulated activities at this location which meant we were unable to assess whether the service was providing effective care in accordance with the relevant regulations.

Are services caring?

The provider did not provide regulated activities at this location which meant we were unable to assess whether the service was providing caring services in accordance with the relevant regulations.

Are services responsive?

The provider did not provide regulated activities at this location which meant we were unable to assess whether the service was providing responsive services in accordance with the relevant regulations.

Are services well-led?

The provider did not provide regulated activities at this location which meant we were unable to assess whether the service was providing well-led care in accordance with the relevant regulations.

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.

At the time of our inspection, we found the services provided at The Elixir Clinic were out of CQC scope of registration and regulation. The service specialised in intravenous and intramuscular vitamin therapy intended to promote and sustain long term wellbeing. None of their services were provided to treat medical conditions. Other services provided at The Elixir Clinic were facial and skincare treatments, holistic treatments including body massage, reiki and reflexology; and diagnostics services of blood testing for wellness reports, food intolerance testing and mineral tissue and heavy metal analysis. None of these services were within CQC scope of registration.

When the service was started, the founders had intended to offer a private doctor service, but have been unable to retain a practitioner to date. Clients requiring private doctor consultations were directed to other services by

Summary of findings

the provider. The provider wanted to maintain their registration with the CQC as they are planning to move to larger premises in the near future, where they would be able to accommodate a private doctor service.

The Elixir Clinic's Director and Co-Founder 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.

Three people provided feedback about the service, and their comments were all positive.

Our key findings were:

- There were systems in place to assess, monitor and manage risks to the premises and patient safety.
- Client feedback indicated that staff were caring and appointments were easily accessible.
- There was a clear vision and strategy and an open and supportive culture.

There were areas where the provider could make improvements and should:

Review current registration arrangements as they have not provided regulated activities since they were registered.

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?

The provider did not provide regulated activities at this location which meant we were unable to assess whether the service was providing safe care in accordance with the relevant regulations. However, we noted:

- There were systems to assess, monitor and manage risks to client safety.
- There were arrangements in place for responding to medical emergencies.
- The service had undertaken appropriate recruitment and monitoring checks for staff.

Are services effective?

The provider did not provide regulated activities at this location which meant we were unable to assess whether the service was providing effective care in accordance with the relevant regulations. However, we noted:

- The quality of client care was monitored regularly through effective governance processes.
- There was a comprehensive system in place to identify and monitor training; staff had completed the required training identified by the provider as relevant to their roles.
- Costs associated with the service were shared with service users in an open and transparent way.

Are services caring?

The provider did not provide regulated activities at this location which meant we were unable to assess whether the service was providing caring services in accordance with the relevant regulations. However, we noted:

- Feedback from clients was positive and indicated they were satisfied with the service they received.
- The provider had systems in place to engage with clients and collate feedback using a survey emailed to all clients after their appointment. However, they had observed that they had low response rates to their surveys.
- Systems were in place to ensure that clients' privacy and dignity were respected. However, improvements could be made, as the treatment room could accommodate up to five clients having intravenous infusions, which would not allow for privacy when more than one treatment chair was in use at once.

Are services responsive to people's needs?

The provider did not provide regulated activities at this location which meant we were unable to assess whether the service was providing responsive services in accordance with the relevant regulations. However, we noted:

- Feedback from clients indicated that the service was easily accessible.
- The service was open six days a week and able to treat clients at short notice subject to appointment availability and completion of the appropriate assessments.

Are services well-led?

The provider did not provide regulated activities at this location which meant we were unable to assess whether the service was providing well-led care in accordance with the relevant regulations. However, we noted:

- The provider had a clear vision and strategy and there was evidence of good leadership within the service.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- There was a culture which was open and fostered improvement.

The Elixir Clinic

Detailed findings

Background to this inspection

The registered provider, The Elixir Clinic Limited, provides wellness services, and specialises in intravenous and intramuscular vitamin therapy intended to promote and sustain long term wellbeing. The provider's location, The Elixir Clinic, is situated at 75 Wimpole Street, London, W1G 9RS, where it leases premises in a commercial property. The Elixir Clinic premises consist of three consultation and treatment rooms, a reception area, toilet facilities and storage space. The Elixir Clinic is located on the third floor of the building and is lift accessible. The service is open from 9am to 7.30pm Mondays to Fridays and from 9am to 6pm on Saturdays.

The Elixir Clinic Limited is registered to provide the regulated activities of Diagnostic and screening procedures and Treatment of disease, disorder or injury. At the time of our inspection, no regulated activities were being provided in the service.

Staff employed at the service include a medical doctor, nurses, beauty therapists and administrative and reception staff.

Clients can book treatments on the same day or in advance.

At the time of our inspection, the service was not providing any services to treat illnesses. All their services were provided with the intention to promote wellbeing. The service does not treat children.

The inspection was undertaken on 19 March 2018. The inspection team comprised a lead inspector, a GP specialist advisor, a practice nurse specialist advisor and a pharmacist specialist.

During the inspection we spoke with The Elixir Clinic's Director and Co-Founder, the operations manager, a nurse and two reception and front of house managers. We also analysed documentation, undertook observations and reviewed completed CQC comment cards.

To get to the heart of clients' 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

The provider did not provide regulated activities at this location which meant we were unable to assess whether the service was providing safe care in accordance with the relevant regulations.

Safety systems and processes

- The provider carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. We saw evidence that qualifications, proof of registration with the appropriate professional bodies and references had been taken where appropriate. In line with the provider's policy, checks through the Disclosure and Barring Service (DBS) had been completed for all staff. 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.
- There was a comprehensive induction programme in place for clinical and non-clinical members of staff. We saw that staff had received training including basic life support, safeguarding and information governance.
- The practice had a safeguarding policy. The policy was accessible to all staff and contained the names of the appointed safeguarding leads within the service and the process for reporting and taking action in response to concerns. However, reception staff interviewed did not demonstrate they understood their responsibilities regarding safeguarding people from abuse. The provider indicated that they would discuss this topic at an upcoming staff meeting.
- The premises were clean and uncluttered. An infection control policy was in place. Daily and weekly cleaning schedules were in place and followed. However, the provider had not completed an infection prevention and control audit within the last 12 months.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.

Risks to clients

- There were enough staff, including clinical staff, to meet demand for the service.

- There were arrangements in place to respond to emergencies and major incidents.
- We saw evidence that all staff had received annual basic life support training.
- The service held a supply of oxygen and a defibrillator and there was a process in place to check these regularly to ensure they would be available in an emergency. However, there was a lighted tealight candle in the same room as the oxygen cylinder which the provider agreed to review.
- Emergency medicines were stored in a secure location, easily accessible to staff and these medicines were checked on a regular basis.
- A business continuity plan was in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.
- The building owners were responsible for assessing risks associated with fire. We saw evidence that this was carried out on an annual basis.
- All electrical equipment had been tested to ensure it was safe to use.
- There was maintenance, including equipment calibration, arrangements in place for equipment used in the service.

Information to deliver safe care and treatment

Information needed to plan and deliver client treatments was available to relevant staff in a timely and accessible way through the service's record system.

Clients were required to complete a detailed questionnaire providing information about their medical history, lifestyle and other information which was reviewed by a medical doctor to determine the suitability of their treatment choice.

Client records were checked at each appointment and updated annually. Allergies were recorded and highlighted if they were relevant to the products used by the service.

Clients who had an NHS GP could give their consent for information to be shared with them, for example the results of blood tests.

Safe and appropriate use of products

Clients who used the service selected from a menu of wellness injections described on The Elixir Clinic's website. The doctor reviewed their records to confirm that the treatment they had chosen was suitable for them. If further

Are services safe?

information was needed the client would be asked for consent to contact their usual doctor. The injections administered at the service were mixed by the nursing staff in accordance with an electronic sign off by the doctor. As the service was promoting well-being rather than treating disease or injury, they were not required to use products licensed by the Medicines and Healthcare Regulatory Agency. Some of the components were licensed medicines, sourced from a UK pharmacy, although they were not being used within the terms of the product licence. Other products were sourced from Germany and were not licensed as medicines.

The components used to mix the injections were stored securely and checked regularly. Some were stored in a refrigerator and staff had not taken action in response to temperatures recorded outside the accepted range of 2 to 8°C. Although the actual temperature at the time the records were made were consistently within this range, maximum temperatures of 11 or 12°C had been reached on the majority of days during the current month.

Staff maintained full records of products administered to patients.

Track record on safety

The service had systems for monitoring safety in the practice.

- The service had systems for recording, investigating and learning from incidents and complaints; however, no incidents had yet been recorded.
- There were policies and protocols in place for the management of accidents, injuries and near misses and incidents.

Lessons learned and improvements made

The services had processes in place to learn and make improvements when things went wrong.

- The registered manager understood their duty to raise concerns and report incidents and near misses. There was a standard reporting form for this and systems for reviewing and investigating when things went wrong.
- There was a system for receiving and acting on safety alerts. Alerts received were reviewed by the registered manager.

Are services effective?

(for example, treatment is effective)

Our findings

The provider did not provide regulated activities at this location which meant we were unable to assess whether the service was providing effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

The products administered at the service were not supported by clinical evidence as they were not intended to treat disease or injury. The service did not carry out audits to assess the effectiveness of the treatment.

Prior to their administration, client treatment choices were reviewed by a clinician to determine if the treatment would be suitable for them

Monitoring care and treatment

The provider had systems in place to monitor and assess the quality of the service including the care and treatment provided to clients. We saw evidence that feedback was requested from clients following treatments. However, the provider reported low response rates in client feedback following treatments.

The service did not treat disease injury and so did not assess the outcomes of the treatments they administered.

Effective staffing

The provider had an induction programme for all newly appointed staff. There were role specific induction programmes in place. For example, nurses new to the service had the treatments they provided observed by a more experienced staff member until they were deemed competent to complete treatments alone.

Staff training included a range of relevant topics that was completed online, such as basic life support, fire safety, health and safety, infection control, safeguarding and information governance.

Clinical staff had completed updates relevant to the services they provided.

We saw evidence of probationary reviews for new staff and annual staff appraisals.

Coordinating client care and information sharing

The service sought permission from clients to contact the client's usual GP if necessary to gain further assurances about appropriateness of treatments before proceeding.

With clients' permission, results of diagnostics services were shared with their GP or they were provided with the information to share with their GP and arrange further follow up.

Supporting clients to live healthier lives

The service provided intravenous vitamin therapy designed to promote wellbeing. There was a range of vitamin therapy treatments available in the service to address various needs such as fatigue, fitness, anti-aging and immunity.

If the provider was unable to provide a service a client required they would direct them to other services.

Consent to care and treatment

There was clear information available with regards to the services provided and all associated costs. Staff understood and sought clients' consent to care and treatment in line with legislation and guidance.

Are services caring?

Our findings

The provider did not provide regulated activities at this location which meant we were unable to assess whether the service was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

All feedback we saw about client experience of the service was positive.

We made CQC comment cards available for clients to complete two weeks prior to the inspection visit. We received three completed comment cards all of which were positive and indicated that clients were treated with kindness and respect.

Following treatments, clients were sent a survey asking for their feedback. Clients that responded indicated they were very satisfied with the service they had received.

Involvement in decisions about care and treatment

The service helped clients to be involved in decisions about their care. Their website had a clear laid out menus of treatment options, and clients were able to choose treatments according to their needs.

Privacy and Dignity

The provider respected and promoted clients' privacy and dignity.

- Staff recognised the importance of clients' dignity and respect.
- The practice had systems in place to facilitate compliance with the Data Protection Act 1998.
- Client privacy within the main treatment room was limited, as there were five client chairs, without screening or any privacy available between them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The provider did not provide regulated activities at this location which meant we were unable to assess whether the service was providing responsive services in accordance with the relevant regulations.

Responding to and meeting people's needs

The provider made it clear to their clients on their website what services were offered.

Once assessed as safe to receive their chosen treatment, the provider offered the treatments clients requested and who paid the appropriate fee, and did not discriminate against any client group.

Discussions with staff indicated the service was person centred and flexible to accommodate people's needs.

Timely access to the service

Appointments were available from 9am to 7.30pm Mondays to Fridays and from 9am to 6pm on Saturdays. Clients booked appointments by phone or online. Results from blood tests and external diagnostics were sent to the client in a timely manner using their preferred method of communication

Listening and learning from concerns and complaints

The service had a complaint policy and procedure in place and these were in line with recognised guidance. The service told us they had not received any complaints to date.

Are services well-led?

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

Our findings

The provider did not provide regulated activities at this location which meant we were unable to assess whether the service was providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability;

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- Leaders were easily contactable and approachable. They worked with staff and others to make sure they prioritised compassionate and inclusive leadership.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Vision and strategy

- There was a clear vision and set of values. The service had a realistic strategy and plans for future development.
- The provider's strategy was focused on satisfying the demand for their vitamin therapy service. They also provided beauty treatments, diagnostics services and holistic therapies. They told us planned to provide a private doctor service in the future, as well as moving to larger premises to accommodate the growing demand for their service; however, we were not provided with firm plans or a date for this.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

The service had an open and transparent culture. Staff told us they felt confident to report concerns or incidents and felt they would be supported through the process.

- Staff were supported to meet the requirements of professional revalidation through continuing professional development sessions.
- There was evidence of internal evaluation of the work undertaken by clinical staff.
- There were positive relationships between staff.

Governance arrangements

There was evidence of effective governance systems in place.

- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- There were regular meetings held to support governance systems.

Managing risks, issues and performance

- There were procedures for assessing, monitoring and managing risks to the service. We saw evidence that risks were managed effectively. For example, the provider had arrangements to respond to emergency situations, and had premises and equipment maintenance arrangements in place.
- The service had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through monitoring and review of their practice.
- The service had plans in place for major incidents and all staff had received fire safety and basic life support training.
- The systems used to for identify, understand, monitor and address current and future risks were effective.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Accurate quality and operational information was used to ensure and improve performance, for example through review of client treatment protocols.
- Quality and sustainability of service were priorities for the provider.
- The service used information technology systems to monitor and improve the quality of service.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of client identifiable data, records and data management systems.

Engagement with clients, the public, staff and external partners

The service took on board the views of clients and staff and used feedback to improve the quality of services.

Are services well-led?

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

- Clients could feedback about the service and we saw that the provider had taken action in response to client feedback. For example some clients had provided feedback about the refreshments provided in the reception area, which had been addressed.

Continuous improvement and innovation

There was a focus on continuous learning and improvement at all levels within the service. The director told us that the provider and staff at this location consistently sought ways to improve the service.