THMG Chelmsford Clinic

Inspection report

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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?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good overall. (This service had not been inspected before).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at THMG, (The Harley Medical Group), Chelmsford Clinic on 13 October 2021 as part of our inspection programme and to provide a rating for the service.

THMG Clinic Chelmsford offers cosmetic surgery and treatments for men and women.

This service is registered with 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. THMG Chelmsford Clinic was providing the following services at the time of inspection: pre and post-operative care and laser treatments. Laser treatments are not within the scope of CQC registration and therefore, we did not inspect or report on them. We inspected and reported on the provision of pre and post-operative care.

At the time of inspection, the location was in the process of changing their registered manager. . A registered manager is a person who is registered with CQC 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:

- The clinic provided pre-treatment consultations with patients and follow-up after care.
- Surgical procedures were carried out off-site in a range of CQC registered hospitals and not on the premises that we inspected. These procedures were managed under service level agreement arrangements between THMG Chelmsford Clinic and the individual hospital.
- The clinic was clean and hygienic. Infection prevention and control was well managed with appropriate cleaning processes in place.
- There were good systems in place to manage risks so that safety incidents were less likely to happen.
- There was an open and transparent approach to safety and an effective system in place to report and record incidents.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Overall summary

- There was a strong focus on continuous learning and development in the service.

Dr Rosie Benneyworth BM BS BMedSci MRCGP
Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

Background to THMG Chelmsford Clinic

THMG Chelmsford Clinic is an independent service provider of cosmetic surgery and treatments and falls under a parent organisation, The Sk:n Group. THMG Chelmsford clinic along with other THMG clinics became part of the Sk:n Group in November 2019.

The Sk:n Group is registered at:

34 Harborne Road

Edgbaston

Birmingham

B15 3AA

There is a website: https://www.harleymedical.co.uk

THMG Chelmsford Clinic is registered with CQC to provide the following regulated activities:

- Diagnostic and screening procedures
- Surgical procedures
- Treatment of disease, disorder or injury.

The clinic is open six days a week, Monday – Saturday from 9am to 6pm, with the exception of Tuesday when the opening hours are 10am to 7pm.

How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Requesting evidence from the provider before the inspection.
- A short site visit, including interviews with staff.
- Reviewing the provider's website.
- Reviewing patient feedback.

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.

Good

Are services safe?

We rated safe as Good because:

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

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff understood what steps to take to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. However, at the time of inspection, there had been no safeguarding concerns for any patients.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The policy included appropriate information and guidance regarding COVID-19 in line with guidance.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments and completed any resulting actions in a timely manner.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. At the time of inspection, the appropriate staff were scheduled to be on duty dependent on the types of appointments that were booked and any other needs of the clinic.
- There was an effective local induction system for bank staff from the parent organisation which was tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

Information to deliver safe care and treatment

Good

Are services safe?

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 for patients receiving pre and post-operative care was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The clinic stored a small number of emergency medicines on site. We saw that the arrangements for managing medicines kept patients safe. They were stored safely and checked to ensure that they did not pass their expiry date.

Track record on safety and incidents

The service had a good safety record for the period of time it had been registered with CQC.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- Staff tracked the outcomes for pre and post-operative care and identified any trends and acted upon any concerns that needed addressing.

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. We looked at two significant events which were handled in line with the service's policy. These events were discussed at clinic meetings and the learning was shared with staff working at the clinic and throughout the wider parent organisation. The incidents we looked at were well-documented, taking into account any actions that may need to be put in place for the future to reduce the likelihood of the incident occurring again.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- The service acted on and learned from 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 any bank staff.

Good

Are services effective?

We rated effective as Good because:

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

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. Patients' needs were assessed, and care was delivered in line with current legislation, standards and guidance.

- The service offered consultations to all prospective patients and did not discriminate against any client group. However, we were told that the service was on occasions selective with who they were able to offer a service based on certain criteria in the best interest of the patient. An example of this was if a treatment would not meet the patient's expectation. It was also evident that the service would reject treatment that would be unsafe or unreasonable for any patient.
- A full explanation was given if the service deemed they were unable to perform the procedure or if they thought the procedure was unsuitable for the patient.
- Patients had a minimum of two consultations prior to any procedure being performed which included a needs assessment and taking a medical history. This ensured the patient had adequate time to reflect on the procedure and ask any questions to ensure they fully understood the procedure.
- Patients were given a verbal explanation of the procedure and were involved in the decision-making process. Feedback from patients confirmed this. In addition, patients were given a fact sheet detailing the procedure and written post procedure instructions.
- Audits were undertaken regularly to monitor the quality of service being delivered.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service collected and monitored information on patients' care and treatment outcomes to help make improvements to the service delivery.
- There was a full audit plan in place with directions for specific audits to be carried out.
- We saw completed audits of patient records, including consent forms, patient satisfaction,

appraisals, complaints and incidents, infection control and training of staff.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation
- The provider understood the learning needs of staff 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.

Good

Are services effective?

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, for example with the patient's GP, out of hours services and the hospital where the patient had their treatment carried out.
- 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.
- The information needed to deliver care and treatment was available to relevant staff in a timely and accessible way through the patient record system. This included the pre-procedure assessment, consent and all consultations.
- Risk factors were identified and highlighted to patients.
- The service offered advice and support appropriate to the condition treated, including healthy lifestyle advice where relevant.
- There was written information for patients for pre and post-procedure to help aid recovery and achieve the best results.
- Mental health was taken into consideration and documented. We were told that referrals would be made to other services if applicable.
- The service monitored the process for seeking consent appropriately.
- The provider understood the principles of the Mental Capacity Act 2005 (MCA) and staff had undertaken MCA training.
- The provider's consent policy stated that they would provide an interpreter for any patient who did not speak English or provide assistance for those who were hard of hearing or deaf.

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.

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.

Good

Are services caring?

We rated caring as Good because:

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of care patients received
- Feedback from patients was positive about the way staff treated people. The clinic actively sought patient feedback and used a number of methods to achieve this. We looked at some of these, including, online reviews, CQC comments cards and emails from patients, all of which were positive about the care received.
- 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.

Involvement in decisions about care and treatment

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

- Patient information about the service and the procedures available were on the website and information was also available from the clinic and the national call centre.
- There was a client information folder in the welcome room with information that gave potential clients some information about the clinic before their consultation. This included: statement of purpose and CQC registration, organisational chart, complaints policy, safeguarding policy, chaperone policy, GMC cosmetic procedures guide, COVID-19 risk assessment and a privacy notice.
- Clear information was given to patients both pre and post procedures. Written, informed consent was obtained.
- Interpretation services were available for patients who did not have English as a first language.
- The provider had not treated any patients with learning disabilities or complex social needs, but staff were knowledgeable about what to look out for in terms of safeguarding and the Mental Capacity Act, 2005.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Patients were seen in the privacy of the consulting room to maintain privacy and dignity during consultations or treatments.
- Consultation and treatment room doors were closed during consultations. Conversations taking place in these rooms could not be overheard.
- A chaperone was available at all appointments.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

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

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. We saw two examples of 'you said, we did' where the clinic had received feedback from patients and acted on it. One example was feedback received from patients that it took a long time to get through to the national call centre. In response, the clinic had set up a direct line to the clinic and had also set up a direct email address and had given this information to current patients and also put it on the website.
- The building had external accessible access and ground floor consulting rooms were available.
- The facilities and premises were appropriate for the services delivered. Since acquiring the clinic, the provider had begun renovations to improve the environment for staff and patients.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients were able to access appointments at a time convenient to them. In response to patient requests for more varied time availability to see s surgeon, the clinic varied surgeon days and times to suit individuals and were in the process of engaging an additional surgeon.
- Patients had timely access to initial assessments and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

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 complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.
- The service had not received any complaints from patients who had received treatment since the clinic became part of the Sk:n group. However, they had received some complaints regarding treatment before this and there was very clear guidance for staff to follow in handling these complaints. We saw an example of one such complaint from a patient who had not achieved the results expected. Staff supported the patient to pursue the issue with the previous provider.

Good

Are services well-led?

We rated well-led as Good because:

We found that this service was providing well-led services in accordance with the relevant regulations.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff.
- Staff we spoke to were aware of and understood the vision, values and strategy and their role in achieving them. Staff we spoke to were able to tell us about brand values and what they meant.
- The service monitored progress against delivery of the strategy.

Culture

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

- There was an open and transparent culture and we saw that staff had good relationships with each other.
- The culture encouraged candour, openness and honesty and there was emphasis on no blame. Staff we spoke to told us that this was the case when leaders responded to incidents.
- Leaders were clear about the patient consultation process and the standard of care expected.
- There were processes for providing staff with the development they needed. This included appraisal and career development conversations.
- There was a strong emphasis on the safety and well-being of patients and staff. The clinic had recently introduced 'daily huddles' for the staff to discuss, record and action any concerns and to share information on all matters relating to the clinic.
- Staff we spoke to felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance arrangements

Good

Are services well-led?

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities, including at local clinic level and throughout the wider parent organisation.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Regular clinic-based meetings were held, and minutes were produced and circulated.
- The service used performance information, which was reported and monitored, and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Staff at the clinic used reference numbers for patients when using email and on the office whiteboard.

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality. Leaders had systems in place to audit clinical performance and to analyse any trends and make improvements where necessary.
- The provider had plans in place and had trained staff for major incidents.

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.

Engagement with patients, the public, staff and external partners

The service involved patients and staff to support high-quality sustainable services.

- The service encouraged and heard views and concerns from patients, staff and external partners and acted on them to shape services and culture. It proactively sought patients' feedback.

Good

Are services well-led?

- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. Staff we spoke to told us that the newly introduced 'daily huddle 'would be a good way to give feedback in a timely manner.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.