

Solihull Medical Cosmetic Clinic

Inspection report

20 Chelmsley Lane
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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?		Requires Improvement	

Overall summary

This service is rated as Good overall.

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? – Requires improvement

We carried out an announced comprehensive inspection at Solihull Medical Cosmetic Clinic on 15 August 2023 as part of our inspection programme and to provide a rating for the service. The service was previously inspected in November 2017 but not rated.

Solihull Medical Cosmetic Clinic provides a range of aesthetic treatments and procedures for those over the age of 18 years.

This service 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. Solihull Medical Cosmetic Clinic provides a range of non-surgical cosmetic interventions, for example laser treatments for skin and hair removal and injectable fillers to enhance appearance which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

Dr Victor Sagoo is the registered manager for the service. 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 feedback on care received from seven patients who had used the service. All were happy with the care they had received.

Our key findings were:

- Solihull Medical Cosmetic clinic provided care in a way that kept patients safe.
- Clinical records seen demonstrated the delivery of safe and effective care and treatment with appropriate follow up.
- There were policies and procedures in place to support the running of the service and risk assessments had been completed where appropriate. However, systems for assuring the age of patients receiving treatment and parental responsibility for any children seen needed addressing.
- The provider had effective systems for acting on and learning from incidents and complaints.
- The provider actively undertook quality improvement activity through effective use of audits to support service improvement.
- Staff had received relevant and specific training for the services they offered.

Overall summary

- There were appropriate arrangements in place for obtaining consent for treatments offered including cooling off periods.
- Patient feedback seen from various sources was very positive and showed patients were treated with kindness and respect.
- Patients were able to receive timely care and treatment to meet their needs and reasonable adjustments were made to help patients access care.
- The service had a clear vision for the future and demonstrated an open and honest culture.
- We found the service was mainly well led but had not fully considered the governance around record keeping in particular, they were not registered with the information commissioner's office and had not considered risks relating to the management of records should the provider cease trading.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Provide clear public facing information to reflect the service is not for children.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Healthcare

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP Specialist Advisor to CQC.

Background to Solihull Medical Cosmetic Clinic

Solihull Medical Cosmetic Clinic is a doctor led clinic that provides a range of aesthetic treatments that are in scope of registration with CQC. These include the management of acne, the removal of skin lesions, cysts and moles, liposuction, thread lifts, and treatment for migraines and hyperhidrosis (excessive sweating). Further information about Solihull Medical Cosmetic Clinic and the services provided can be found on its website: solihullmedicalcosmeticclinic.co.uk

The service provides treatments to patients over the age 18 years but has on occasion seen children by exception.

Solihull Medical Cosmetic Clinic is run by Dr Victor Sagoo at 20 Chelmsley Lane, Marston Green, Solihull B37 7BG. The premises are shared with Marson Green Surgery where Dr Sagoo is also a senior GP partner.

The staff team includes two therapists and a receptionist. The service has external support for their human resources functions.

The service is registered for the following regulated activities: Surgical procedures and treatment of disease, disorder or injury. The service has been registered with CQC since 2013.

Patients can access Solihull Medical Cosmetic Clinic by appointment on a pay as you go arrangement. Appointments are bookable by telephone or through an online form.

The phone line to book an appointment or raise any questions is open Monday to Friday 9am to 5pm. The clinic is open for appointments on a Wednesday and Friday between 1pm and 7pm.

How we inspected this service

During the inspection we spoke with staff, reviewed information made available to us by the provider and intelligence held by CQC on the service, we reviewed a sample of five clinical records, made observations and reviewed 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.

Are services safe?

We rated safe as Good because:

Solihull Medical Cosmetic clinic demonstrated that services were provided in a way that ensured patient safety. Records seen indicated patients were receiving safe care and treatment.

We identified areas the provider needed to strengthen in relation to ensuring systems for assuring age of patients seen and parental responsibility for any children treated.

Safety systems and processes

The service had systems to keep people safe and safeguarded from abuse was mostly in place.

- 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.
- The service had some systems to safeguard children and vulnerable adults from abuse. Information was readily available to support staff in raising a safeguarding concern. The provider advised us that they were the safeguarding lead at their general practice however, training records showed that safeguarding training was not at the required level for the role of the provider. Following the inspection, the provider completed and sent us evidence of their safeguarding training.
- The provider advised that they did not usually see or treat patients under the age of 18 years however, there were no formal systems in place to confirm the age of the patient or that an adult accompanying a child had parental authority on the rare occasion a child was seen.
- 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 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. Monthly cleaning audits were undertaken and we observed the premises to be visibly clean and tidy.
- Records showed Legionella sample testing had been undertaken in the last 12 months on the premises. (Legionella is a bacterium which can contaminate water systems in buildings).
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We saw routine service records for specialist equipment used onsite along with the manufacturer's instructions, which were available for staff to refer to. Records showed equipment underwent regular portable appliance testing and calibration checks.
- There were appropriate arrangements for the safe management of healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

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. The provider had recently recruited and was training an additional therapist to support service needs and had enlisted external support for administrative and human resource elements of the service.
- The provider did not employ agency or locum staff and any leave was managed around the needs of the service.

Are services safe?

- 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. We saw the provider was up to date with the basic life support training.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.
- 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.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. We saw examples of records where relevant information had been shared with a patient's NHS GP.
- The provider maintained a paper based clinical record system which were stored securely in locked facilities. However, the provider had not fully considered how they would manage records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks. There were few medicines stored onsite. The provider advised that treatments were planned in advance and any medicines ordered as needed from a local pharmacy. Emergency medicines were shared with the GP practice that also occupied the premises and maintained regular checks.
- The service carried out limited prescribing which consisted mainly of antibiotics for the treatment of acne or if needed after treatment. Our reviews of patient records and conversations with the provider found best practice guidelines for safe prescribing was followed.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.

Track record on safety and incidents

The service had a good safety record.

- 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.

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.

Are services safe?

- There were systems for reviewing and investigating when things went wrong. We saw examples of incident reports where learning had been identified and acted on to improve safety in the service. The provider relied on patient and medicine safety alert information through their roles as a GP in the NHS practice but had not had any that were relevant to their private practice.

Are services effective?

We rated effective as Good because:

Solihull Medical Cosmetic Clinic was providing effective care in accordance with the relevant regulations.

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)

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. For example, in relation to the treatment of acne.
- The provider was a member of the British College of Aesthetic Medicine, which provides advice and support to members in pursuit of raising standards in aesthetic medicine.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. New patients received a consultation with a clinician prior to treatment. This enabled them to discuss the patient's medical history and treatments involved.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate. We saw a clinical audit relating to the effectiveness of managing pain in relation to a specific treatment offered.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. Annual audits were undertaken of minor surgery performed to review patient outcomes and any potential complications. The provider also participated in audits undertaken by the British College of Aesthetic Medicine which enabled them to compare their performance with other similar providers.
- The service made improvements through the use of audits. Clinical audit had a positive impact on quality of care and outcomes for patients. For example, one audit looked at the management of pain during a specific treatment. The audit of 25 patients compared different methods of managing pain including topical analgesia and chilling sprays. The results identified little difference between the two treatments however, it also noted that the topical analgesia could affect treatment. As a result, routine pain management from the chilling spray was implemented as the preferred choice.
- The provider had also undertaken audits relating to record keeping.

Effective staffing

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

- All staff were appropriately qualified for their roles. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and Nursing and Midwifery Council as appropriate (NMC). Nursing and medical staff were up to date with appraisals and revalidation (a requirement for doctors and nurses to remain on the GMC and NMC professional registers).

Are services effective?

- The provider also worked as a GP in the NHS which enabled them to keep up to date in general practice.
- Up to date records of skills, qualifications and training were maintained. We saw evidence of training undertaken in relation to treatments provided by the service.
- Staff were encouraged and given opportunities to develop. We saw evidence of staff appraisals where learning and development needs were discussed.

Coordinating patient care and information sharing

Staff worked 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. We saw examples where relevant information was shared with the patients usual GP.
- 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. A comprehensive consultation took place before patients were offered treatment. The provider shared with us examples of patients being signposted to more suitable sources of treatment or refusing to treat where information indicated it was unsafe or inappropriate to do so.
- The provider advised that skin lesions removed were routinely sent for histology where appropriate.
- The provider had risk assessed the treatments they offered. Consideration was given to psychological impact of a patient's reason for attending the clinic. They had identified medicines that were appropriate for them to prescribe. Patients were referred back to their NHS GP if specialist prescribing or support was needed. For example, in relation to acne or psychological support.

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.

- Patients attending the clinic for treatment were generally healthy but attended the clinic for treatments to improve general confidence and wellbeing.
- Where appropriate, staff gave people advice so they could self-care before and after treatment.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, when removing skin lesions.
- 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 a patient's mental capacity to make a decision.
- Patients undergoing treatments received a consultation where their treatment needs and costs of treatment were discussed. This helped them to make an informed decision. Patients were given a 14 day cooling off period and were required to sign a disclaimer if they wished to forgo their cooling off period.

Are services caring?

We rated caring as Good because:

Solihull Medical Cosmetic Clinic demonstrated that they provided a caring service in which people were treated with compassion, dignity and respect.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. The provider had undertaken a survey of patients that had undergone minor surgery in the last 12 months in order to obtain feedback on various aspects of care. This including waiting times, cleanliness of the clinic, explanations of the procedure, post-surgery advice and professionalism of staff. All 12 reviews were positive.
- We received feedback on the quality of care from seven patients as part of the inspection process. All were positive and told us that care was excellent, staff were professional and courteous and that they would highly recommend the service to others.
- Online reviews seen were also positive about the service, staff were described as professional and patients stated that they were happy with the outcomes of their treatment.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. As part of the initial consultation, the provider sought to understand the impact a patient's condition had on them to enable them to best support the patient's needs.
- 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.

- The provider advised that they were able to speak several languages and if necessary, would make interpretation services available for patients who did not have English as a first language.
- Information about the services provided at the clinic were available on the practice website. Patients also received a consultation which enabled them to discuss the treatment, any risks and benefits prior to consenting to treatment.
- Patient feedback reviewed showed 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.
- Patients were given a cooling off period to consider their options for treatment.

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?

We rated responsive as Good because:

Solihull Medical Cosmetic Clinic provided a responsive service. They made reasonable adjustments and delivered services that met the needs of their patients in a timely way. Complaints supported improvements in care.

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. For example, we saw a number of audits undertaken in relation to pain management and minor surgery aimed at improving the patient experience.
- The facilities and premises were appropriate for the services delivered. The clinical rooms were well maintained and equipped to meet the needs of patients attending the service
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, the service was provided on the first floor of a GP surgery any patients that were unable to use the stairs could be seen on the ground floor.

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 an initial assessment, test results, diagnosis and treatment. The service was limited to two afternoons and evenings each week however, patients were able to contact the service via telephone or online Monday to Friday.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The service was not required to provide urgent care and patients needing medical assistance outside core hours would need to contact the NHS 111 service or A&E service. However, the provider told us that patients who had received certain treatments were given a mobile number to contact them out of hours if they were concerned.
- Patient feedback reviewed indicated no concerns with the appointment system, waiting times or access to the service in general.

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 to patients as part of the new client information pack. 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 procedure in place. The service learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care. For example, we saw the provider had reflected on their decisions not to treat following a concern raised.

Are services well-led?

We rated well-led as Requires improvement because:

Solihull Medical Cosmetic Clinic did not have appropriate arrangements in place for the management of patient records or clear systems and processes for assuring themselves of the age of patients receiving treatments or for the parental responsibility of children seen.

Leadership capacity and capability

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

- The provider was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The provider was 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 the provision of external administrative support.
- The provider has had a media presence as a leading cosmetic doctor and is a prominent member of the British College of Aesthetic Medicine.

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 provider shared with us their dedication to support the wellbeing of patients with aesthetic needs resulting from medical conditions where there was no NHS provision.
- The clinic had outgrown their current premises and had plans to move to larger premises where they could expand the service.
- The service monitored progress against delivery of the strategy through audits and patient feedback.

Culture

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

- Staff we spoke with felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients. The provider was able to demonstrate integrity in their work. We saw examples where the provider had refused to provide treatment where it was not in the patient's best interest to do so despite pressure.
- 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. We found the provider open to learning. We saw examples of reports where learning had been identified and acted on.
- We saw no incidents in which duty of candour had arisen. However, we saw in responses to patients concerns a full explanation for decisions made about their care and treatment.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Are services well-led?

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received regular annual appraisals to discuss their learning needs.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Records seen showed staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. However, arrangements with respect of children needed clarification.

- 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.
- The provider had put in place policies, procedures and activities to ensure safety. However, the provider did not have clear systems and processes in place for when seeing children or for assuring themselves of the age of patients receiving treatments.
- All staff meetings were regularly held to ensure key information was shared among the team.

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. For example, we saw record keeping audits had been undertaken to ensure processes were being followed in the delivery of care.
- The provider maintained 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.
- The provider had a business continuity plan in place to support the service in the event of a disruption to the service.

Appropriate and accurate information

The service acted on appropriate and accurate information but had not fully considered the governance surrounding data management.

- Quality and operational information where available was used to ensure and improve performance. Performance information was combined with the views of patients.
- The information used to monitor performance and the delivery of quality care was accurate and used to help develop the service.
- The provider had some systems to support data security. Patient information was stored in lockable facilities and a privacy policy was in place that could be viewed via the service's website. We saw a record keeping audit had been undertaken and our review of patient records found information was appropriately documented to support care and treatment.

Are services well-led?

- However, as a holder of personal data the provider was not registered with the Information Commissioner's Office (ICO). The role of the ICO is to uphold information rights in the public interest. The provider had also not considered risks relating to the management of information should they cease trading.

Engagement with patients, the public, staff and external partners

The service involved, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. Feedback seen was all positive.
- As a small team the provider advised that they spoke regularly. Staff were able to provide feedback through the appraisal process and at meetings.

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. Staff had received training relevant to their roles, received regular appraisals to discuss any development needs. The provider had recruited a new member to the team who they were supporting with ongoing development.
- The service made use of internal and external reviews of incidents and complaints to learn from and make improvements.
- Audits were used to support service improvement.
- The provider had written articles for magazines and newspapers and appeared on television discussing their work. They were also recognised on a Middle Eastern cosmetic website as being one of the top cosmetic doctors in the United Kingdom.

Requirement notices

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
Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Act 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met:</p> <p>The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively. In particular:</p> <ul style="list-style-type: none">• Systems and processes for assuring patients seen are over the age of 18 years before commencing treatment was not in place.• The provider was not registered with the Information Commissioner's Office in respect of personal information.• Risks relating to the management of records should the provider cease trading had not been considered. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>