

Quinn Aesthetics Limited May Wellness Centre

Inspection report

4 Redland Court Road,
Bristol,
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Overall summary

We carried out an announced comprehensive inspection on 30 October 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

We found that this 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. The May Wellness Centre provides a service for adults over 18 years only for dermatological services and blood collection. The consultants who come into the centre undertake the regulated activities on a “practice privileges” arrangement and the checks and vetting are undertaken to ensure they are fit to carry out the procedures on behalf of Quinn Aesthetics Limited. This is a new service with a growing patient list so there is flexibility with appointment times.

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 service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At May Wellness Centre services are provided to patients under arrangements which are exempt by law from CQC regulation. Therefore, at the May Wellness Centre, we were only able to inspect the services which were within the CQC scope of registration category.

Mrs Sharon Claridge 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.

Summary of findings

A total of 61 people provided feedback about the service through the completion of comment cards. All the comments were positive about the service; patients described the service as being professional and friendly, with several comments about patients being listened to and feeling very comfortable with the approach and manner to them from the staff.

Our key findings were:

- There was a transparent approach to safety with demonstrably effective systems in place for reporting and recording incidents.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- All consultation rooms were well organised and equipped, with good light and ventilation.
- There were systems in place to check all equipment had been serviced regularly.
- The staff team maintained the necessary skills and competence to support the needs of patients.
- The staff team were up to date with current guidelines and were led by a proactive provider.
- Risks to patients were well managed for example, there were effective systems in place to monitor and improve the quality of patient services.
- The provider was aware of, and complied with, the requirements of the Duty of Candour.

May Wellness Centre

Detailed findings

Background to this inspection

Quinn Aesthetics Limited is the provider trading as May Wellness Centre at

4 Redland Court Road,

Bristol,

BS6 7EE

www.maywellnesscentre.co.uk

The service is registered as a private doctor's consultation service. The premises are owned by Quinn Aesthetics Limited (the provider).

The May Wellness Centre's statement of purpose identifies the provision of dermatological services including taking of blood samples for the public. There are three doctors working at the service supported by a registered manager, a registered nurse and an administrative team. One of the doctors is also the medical director for the service. The provider also offers services which are not regulated by CQC such as counselling services and cosmetic treatments. The service is open at 4 Redland Court Road Monday and Wednesday 10am to 6pm, Tuesday and Thursday noon to 8pm, and 10am to 4pm on Friday. All appointments must be pre-booked. All patients are required to complete a comprehensive health questionnaire/declaration prior to their appointment.

The service is registered to provide the following regulated activities:

Diagnostic and screening

Treatment of disease, disorder or injury

The service includes:

Dermatology consultations

We inspected the May Wellness Centre on 30 October 2018. The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

We informed NHS England, Healthwatch and the clinical commissioning group that we were inspecting the service; however, we did not receive any information of concern from them.

Prior to the inspection we received the pre-inspection information for the provider and reviewed the information available on their website.

During our visit we:

- Spoke with the provider and clinical staff.
- Reviewed records and documents.
- Reviewed comment cards where patients and members of the public shared their views and experiences of 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 found that this service was providing safe services in accordance with the relevant regulations. The service had processes and services to minimise risks to patient safety. We found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. Risk assessments relating to the health, safety and welfare of patients using the service had been completed in full. The provider demonstrated that they understood their safeguarding responsibilities. The practice had adequate arrangements to respond to emergencies and major incidents. The comments from patients confirmed that the service was safe in its approach and undertook rigorous health assessments prior to treatment.

Safety systems and processes

The provider had systems to keep patients safe and safeguarded from abuse.

- The provider conducted safety risk assessments. The service had a range of safety policies which were regularly reviewed and communicated to staff. Staff received safety information as part of their induction and refresher training. The service had systems to safeguard vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff; level three child safeguarding training had been completed by clinical staff however the service did not have patients under 18 years of age.
- The provider carried out recruitment checks, including CV's, checks of professional registration and sought references for the clinical team employed at the site. The provider maintained evidence of current professional registration including professional revalidation.
- Disclosure and Barring Service (DBS) checks were undertaken check for all staff as per their service policy. (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.
- The premises were suitable for the service provided. There was an overarching health and safety policy which all staff received. The service displayed a health and safety poster with contact details of health and safety representatives that staff could contact if they had any concerns. Regular health and safety audits were completed. An assessment of the risk and management of Legionella had been undertaken (Legionella is a term for a particular 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. There were systems for safely managing healthcare waste.
- All staff received induction training and regular refresher training for health and safety, fire safety awareness, and safeguarding relevant to their role.

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.
- Staff had received annual basic life support training.
- The service had access to emergency equipment and a defibrillator (used to attempt to restart a person's heart in an emergency) available on the premises; there was oxygen available for use in an emergency situation. We found the provider kept medicines and equipment within the consultation rooms for dealing with anaphylaxis. This was checked to ensure it was in date.
- Professional indemnity arrangements were in place for all clinical staff.

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. We saw consistent information was recorded for all patients.

Are services safe?

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all the necessary information.

Safe and appropriate use of medicines

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

- The provider stored a limited supply of medicines on the premises. The medicines we checked were securely stored; there was a stock auditing system in place to monitor expiry dates.
- The service had a strict protocol to follow when private prescriptions were issued so that the prescriptions could be monitored and audited for security.
- There were protocols in place for identifying and verifying the patient and General Medical Council guidance, or similar, was followed.
- The medicines required for resuscitation or other medical emergency such as anaphylaxis were in place.

Track record on safety

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 staff to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service staff learned and made improvements when things went wrong.

- 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 had systems in place for knowing about notifiable safety incidents.
- There was a system for recording and acting on significant events and incidents. Staff confirmed they understood their duty to raise concerns and report incidents and near misses. The provider supported them when they did so.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- The service kept written records of verbal interactions as well as written correspondence.
- There was a system for receiving and acting on vaccine alerts. The service routinely received safety alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) which were actioned by the medical director.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was providing effective care in accordance with the relevant regulations. The service provided evidence based care which was focussed on the needs of the patients. Patients received a comprehensive assessment of their health needs which included their medical history. The service encouraged and supported patients to be involved in monitoring and managing their health. There was effective staffing; clinicians were registered with the appropriate professional regulatory body and had opportunities for continuing professional development to meet the requirements of their professional registration. Consent was sought and recorded before treatment and for information sharing; the provider demonstrated a thorough understanding of the Mental Capacity Act 2005.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clinical pathways and protocols.

- Patients' needs were fully assessed. The provider offered consultations to the general public and did not discriminate against any patient group. There was clear information on the website about the type of patients for whom the service was suitable.
- The service had systems to keep all clinical staff up to date. Staff had access to guidelines from Public Health England and used this information to deliver care and treatment that met patients' needs.

Monitoring care and treatment

- The service took part in quality improvement activity, for example, they completed a range of audits and regular reviews of policies and procedures. We saw that patient records were informally selected and audited to ensure that information was clearly documented and records were appropriately maintained.
- The clinicians acting within 'practice privileges' had access to ongoing support through attendance at NHS and professional meetings. The clinicians had professional appraisals, and external support for revalidation.

Effective staffing

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

- The provider understood the learning needs of staff and provided 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 such as attendance at specific training and peer group events.
- Staff were provided with ongoing support. For all staff this included an induction process, appraisals, coaching and mentoring, clinical supervision and support for revalidation.

Coordinating patient care and information sharing

- Patient consent was requested before details of their consultation could be shared with their registered GP. If patients agreed a letter was sent to their registered GP in line with General Medical Council guidance. Where a diagnosis was for a serious health condition then patients were further involved in discussions about their best interests and the availability of suitable secondary care treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, such as when they were referred for further treatment into secondary care.

Supporting patients to live healthier lives

The service was consistent and proactive in helping patients to live healthier lives.

- The service identified patients who may be in need of extra support and directed them to relevant services.
- The service encouraged and supported patients to be involved in monitoring and managing their health and operated a holistic well-being ethos that cared for the whole person.
- The service supported national priorities and initiatives to improve the population's health, by giving self-care advice or referring to other services.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

Are services effective?

(for example, treatment is effective)

- Written policies were in place and we saw the service had documentation in place to record consent for procedures. The service did not see children. All patients were requested to bring photographic evidence of identity when attending appointments.
- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately; we saw that where a course of treatment was recommended then the patient was requested to sign a consent form which included confirmation that they had received information about the treatment on which to base their informed consent.
- Staff we spoke with told us how they ensured that patients understood what was involved in the procedures for their treatment and care as well as the skills and experience of those undertaking the procedures.

Are services caring?

Our findings

We found that this service was providing caring services in accordance with the relevant regulations. Patients indicated through feedback they were listened to, treated with respect and kindness, and were involved in the discussion of their treatment options which included any risks, benefits and costs.

Kindness, respect and compassion

We observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. The feedback we saw was positive about the service experienced. Patients said they felt the service offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We made patient comment cards available at the service prior to our inspection visit. There were 61 completed comment cards all of which were positive and complimentary about the exemplary service and the friendly caring staff team.

Involvement in decisions about care and treatment

Patients had access to information about the clinicians working for the service on the website. Staff helped patients be involved in decisions about their care and discussions took place with patients at the point of referral and throughout their treatment to support them to make informed decisions.

Privacy and Dignity

- Screening was provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation room doors were closed during consultations.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing responsive care in accordance with the relevant regulations. The service was responsive and ensured there was timely access to the service with a range of appointment times available. The provider handled complaints in an open and transparent way, the complaint procedure was readily available for patients to read in the reception area.

Responding to and meeting people's needs

The information on the website was clear for potential patients to understand what the service provided.

- The service offered flexible opening hours and appointments to meet the needs of their patients.
- The service offered a range of diagnostic services such as blood tests. Patients were always contacted directly by the clinician when the test results had been received as part of the follow up of their consultation.
- The service was available to the adults only but did not discriminate against any patient group and was clear about the type of services which were offered.
- Reasonable adjustments were made so that people with a disability could access and use services. The facilities at the location did not comply with the Disability Discrimination Act 2005. The statement of purpose identified that they were unable to offer access and toilet facilities for patients with wheelchair mobility needs at this location and would refer to the nearest location offering the same regulated activity where full access was available. The reception and waiting area were comfortable and welcoming for patients, with refreshments available for patients.

- Patients were routinely advised of the expected fee for the proposed treatment or consultation in advance of treatment being initiated. This information was also available on the website.

Timely access to the service

Patients were able to access care and treatment from the service within an acceptable timescale for their needs. We were told this would be at a time convenient to patients.

- Patients had timely access to initial assessment and test results.
- 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.

- The complaint policy and procedures were in line with recognised guidance. They had not received any formal complaints in the last year. However, we found the provider acted to respond to the comments in their patient survey and adjusted opening hours to provide greater accessibility.
- A system was in place to ensure the service learned lessons from individual concerns and complaints.
- Information about how to make a complaint or raise concerns was readily available for patients in the reception area and the provider website.

Are services well-led?

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

Our findings

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

There was a management structure in place and the provider had the managerial capacity to run the service. There were clinical governance and risk management structures which monitored performance. There was a pro-active approach to identify safety issues and the provider acted on this information to make improvements in procedures where needed. Risks to patients and staff were assessed and the provider audited areas of their practice as part of a system of continuous improvement. The views of patients were sought, and policies and procedures were in place to support the safe running of the service. There was a focus on improvement within the service.

Leadership capacity and capability

The service was run by the provider supported by an administration team who 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 were accessible the team.
- The service had effective processes to develop leadership capacity and skills with regular reviews of performance.

Vision and strategy

The provider told us they had a clear vision to work with patients to provide a high quality personalised service, making treatments accessible and safe. The staff we spoke with shared the same ethos and vision.

Culture

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

- The service focused on the needs of patients.

- Openness, honesty and transparency were demonstrated with their response to incidents and complaints. The provider was aware of the duty of candour and the culture of the service encouraged candour, openness and honesty.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All directly employed staff received regular annual appraisals in the last year.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training.
- There were good communication systems in place and we observed positive relationships between the staff.

Governance arrangements

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 and understood. The provider had oversight of systems and practice and planned formal audits.
- Staff were clear on their roles and accountabilities.
- The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were written risk management policies and procedures, which covered the identification and assessment of risks throughout the service. This included health and safety audits, and arrangements for the identification, recording, analysing and learning from adverse health events or near misses. When areas for improvements were identified as a result of an audit, an action plan was developed and closely monitored until all actions had been completed. Service specific policies and standard operating procedures were available to all staff.

Are services well-led?

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

There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. Performance of employed clinical staff could be demonstrated through completed annual appraisals.

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. For example, patient record auditing was used to inform any training needs for staff.
- The information used to monitor performance and the delivery of quality care was accurate and useful. The clinical team worked together to address any identified deficits, for example, when staff attended training they cascaded their learning through the staff meeting.
- There were arrangements in place in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and

data management systems. Patient records were all paper with secure storage; when results were sent to patients via email they were password protected for security.

Engagement with patients, the public, staff and external partners

There was evidence that the service regularly obtained feedback about the quality of care and treatments available to patients. Patient surveys were undertaken on a regular basis the last being in March 2017 where overall patients stated they were very happy with the service.

The provider had a whistleblowing policy in place. A whistleblower is someone who can raise concerns about service or staff within the service. Staff meetings were taking place and new developments were discussed. All incidents, complaints and positive feedback from surveys were discussed at staff meetings.

Continuous improvement and innovation

There was a focus on continuous learning and improvement at all levels within the service. The team were keen to learn and improve outcomes for patients. They met on a regular basis to review their work and put together actions plans that were closely monitored to ensure improvement.