

The House Medical Practice Ltd

The House Medical Practice (Cosmedics)

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 6 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?

We found that this service was not 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.

Prior to our inspection patients completed CQC comment cards and forms via the CQC website telling us about their experiences of using the service. Three people provided wholly positive feedback about the service.

Our key findings were:

- The service had systems to manage risk so that safety incidents were less likely to happen; however these systems were not always effective including checking and providing appropriate emergency medicines and equipment and assessing risks related to fire safety.
- The service 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 and treated patients with compassion, kindness, dignity and respect.
- Services were provided to meet the needs of patients.
- Patient feedback for the services offered was consistently positive.

Summary of findings

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

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

- Ensure care and treatment is provided in a safe way to patients.

You can see full details of the regulations not being met at the end of this report.

We identified areas where the service could improve and should:

- Review how the service checks and verifies patient identity.
- Review training requirements for non-clinical staff including the provision of safeguarding training to an appropriate level.
- Review training requirements for chaperones.
- Review the provision of services and facilities for service users requiring additional access such as wheelchair users.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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?

We found that this service was not providing safe care in accordance with the relevant regulations. You can see further details of the action we have told the provider to take in the Requirement Notices section at the end of the report.

- The service systems, processes and practices to minimise risks to patient safety were not effective as there was no automatic external defibrillator (AED) for use in an emergency situation, emergency medicines were out of date or missing and systems in place to carry out regular checks had not been followed, and the service had not carried out appropriate premises health and safety risk assessments including fire safety risk assessments.
- There was a system for reporting and recording significant events and sharing lessons to make sure action would be taken to improve safety.
- There were systems in place so that when things went wrong, patients could be informed as soon as practicable, receive reasonable support, truthful information, and a written apology, including any actions to improve processes to prevent the same thing happening again.
- Staff demonstrated that they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role with the exception of non-clinical staff who had not received safeguarding training.
- The service had adequate arrangements to respond to non-clinical emergencies and major incidents.
- Before consultations and at the appointment booking stage, staff checked patient identity by asking to confirm their name, date of birth and address provided at registration; however this information had not been previously verified at the registration stage.

Are services effective?

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

- Staff were aware of and used current evidence based guidance relevant to their area of expertise to provide effective care.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- The service had effective arrangements in place for working with other health professionals to ensure quality of care for the patient.
- Staff sought and recorded patients' consent to care and treatment in line with legislation and guidance.
- Patients' care and treatment activities were regularly reviewed to ensure compliance with best practice guidelines.

Are services caring?

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

- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw systems, processes and practices allowing for patients to be treated with kindness and respect, and that maintained patient and information confidentiality.
- Feedback we and the service received from patients about the service was wholly positive.

Summary of findings

Are services responsive to people's needs?

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

- The service had good facilities and was well equipped to treat patients and meet their needs, with the exception of providing facilities for those with additional access requirements.
- Information about how to complain and provide feedback was available and there was evidence systems were in place to respond appropriately and in a timely way to patient complaints and feedback.
- Treatment costs were clearly laid out and explained in detail before treatment commenced.

Are services well-led?

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

- The service had a clear vision to deliver high quality care for patients.
 - There was a clear leadership structure and staff felt supported.
 - The service had policies and procedures to govern activity and held regular governance meetings.
 - An overarching governance framework supported the delivery of high quality care. This included arrangements to monitor and improve quality and identify risk, however these arrangements were not always effective.
 - Staff had received inductions, performance reviews and up to date training, however non-clinical staff had not been trained in safeguarding.
 - The provider was aware of and had systems in place to meet the requirements of the duty of candour.
 - There was a culture of openness and honesty. The service had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
 - The service had systems and processes in place to collect and analyse feedback from staff and patients.
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The House Medical Practice (Cosmedics)

Detailed findings

Background to this inspection

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.

Our inspection was led by a CQC inspector with a GP specialist advisor.

The House Medical Practice Ltd provides private medical, cosmetic and beauty therapy services under the trading name of Cosmedics, located at 4 Disraeli Road, London, SW15 2DS. The service is registered with the CQC to provide the regulated activities of Treatment of disease disorder and injury and surgical procedures in respect of the varicose vein treatment service provided. Other services offered but not regulated by the CQC include beauty therapy services, injected skin fillers, mole, wart and skin tag removal, and laser treatments such as hair removal.

The service is located in a converted residential and business use property with stairs and a ramp leading into a reception and separate waiting area. There are patient facilities; however these are not suitable for wheelchair users. The service has beauty therapy rooms, consultation rooms and a treatment room with separate recovery area used for vein treatment activities. There are also staff areas, a basement storage area and an administration office.

Services are available to any fee paying patient on a pay per use basis.

Services are available by appointment only between 8.30am and 5.30pm Monday to Friday. Where requested, evening and weekend appointments are offered at the providers other location.

The service is led by the medical director who is also one of five doctors in the clinical team. The clinical team is supported by two service managers and one administrative staff member. Those staff who are required to register with a professional body were registered with a licence to practice.

The service has two CQC registered managers who work jointly across both provider locations in service management roles. A registered manager is a person who is registered with the Care Quality Commission (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.

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. During our visit we:

- Spoke with a range of clinical and non-clinical staff including doctors, service managers and administrative staff.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed service policies, procedures and other relevant documentation.
- Inspected the premises and equipment used by the service.
- Reviewed CQC comment cards and online forms completed by service users.

Detailed findings

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

Safety systems and processes

The practice had systems and processes to keep patients safe and safeguarded from abuse; however these were not always effective.

- The service had safety policies which were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The service had processes in place to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect, including notifying relevant agencies.
- The service checked that all clinical staff received up-to-date adult and child safeguarding training appropriate to their role. Non-clinical staff did not receive adult or child safeguarding training; however staff we spoke with knew how to identify and report concerns in line with the service's policy. Following the inspection the service provided additional information to show that non-clinical staff had been registered for formal safeguarding training and the service mandatory training requirements had been updated.
- The service had arrangements in place to provide chaperones where required or requested. Staff who acted as chaperones had informal training, working under the direction of the clinician, and had received a Disclosure and Barring Service (DBS) check (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).
- The service carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. DBS checks were undertaken for all staff in line with service policy.
- There was an effective system to manage infection prevention and control.
- There were systems for safely managing healthcare waste.
- The provider had not fully ensured that facilities were safe as the service did not have an up to date fire risk assessment. Following the inspection we were provided with evidence that a fire risk assessment had been scheduled to take place.

- The service had ensured equipment was safe and maintained according to manufacturers' instructions.

Risks to patients

Systems to assess, monitor and manage risks to patient safety were not effective.

- There were arrangements for planning and monitoring the number and mix of staff needed, including managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- The practice was not fully equipped to deal with medical emergencies as there was no automatic external defibrillator (AED) present and the service did not have a documented risk assessment considering the medical emergencies they may encounter with the carrying on of the regulated activity. Following the inspection the service provided additional information that an AED had been ordered. Staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- 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 practice had systems for sharing information with staff and other agencies including the patients NHS GP where necessary, to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.
- Patients provided personal details at the time of registration including their name, address and date of birth however this was not verified through document checks. Before consultations and at the appointment booking stage, staff checked patient identity by asking to confirm their name, date of birth and address provided at registration; however this information had not been verified at the time of registration. Following

Are services safe?

the inspection we saw additional evidence from the provider that they had reviewed and updated their patient identification procedures to include verifying identity through photo ID checks.

Safe and appropriate use of medicines

The service systems for appropriate and safe handling of medicines were not always reliable.

- The systems for managing and storing medicines, including medical gases, and emergency medicines and equipment were not effective. Monthly checks of emergency medicines had not been carried out since July 2017. We found that the checks made on emergency medicines had not identified out of date epinephrine (adrenaline), an emergency medicine used in the management of allergic reactions. The provider also had in date epinephrine and disposed of the out of date medicines during the inspection. Following the inspection the provider provided additional information they had ordered replacement epinephrine.
- The service had not carried out an appropriate risk assessment to identify medicines that it should or should not stock. The service had informally identified anaphylaxis as the main risk to patients but did not fully comply with guidelines in the management of anaphylaxis as the service had decided not to stock Chlorphenamine, an emergency medicine, but had not updated their list of emergency medicines to reflect this change and this decision was not recorded. Following the inspection the service provided additional information that they had reviewed and updated their emergency medicines for anaphylaxis to include Chlorphenamine.
- The service produced private prescriptions and kept stationery used for prescriptions securely.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

- Patients' were monitored following procedures to ensure patient safety and the effectiveness of treatment.

Track record on safety

- The service systems for monitoring and reviewing safety activity were not always effective in helping it to understand risks and make safety improvements.
- The service had a range of comprehensive risk assessments in relation to safety issues including control of substances hazardous to health and health and safety; however the service had not assessed the risks associated with exposure to legionella in water systems. Following the inspection the service provided evidence that this assessment had been booked to be carried out.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses and felt leaders and managers supported them when they did so.
- There were adequate systems to review and investigate if things went wrong, to learn and share lessons, identify themes and take action to improve clinical safety where necessary. There were no significant events for the regulated activities carried out; however we saw examples from the provider for significant events associated with the other services which demonstrated lessons learned and improvements made.
- There was a system for receiving and acting on safety alerts. The service learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The service 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 clear clinical pathways and protocols.

- Patients' clinical needs were fully assessed.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Monitoring care and treatment

The service had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. We saw evidence related to the vein treatment service that staff regularly reviewed their patients' care and treatment activities to ensure compliance with best practice guidelines.

Effective staffing

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

- The service 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. However the service had not assessed the need for non-clinical staff to have safeguarding training.
- The service provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, clinical supervision and support for revalidation where necessary.

- The service demonstrated staff employed in advanced roles ensured their competence through audit of their clinical decision making and treatment.

Coordinating care and treatment

The service had effective arrangements in place for working with other health professionals to ensure quality of care for the patient.

- There were clear protocols for onward referral of patients to specialists and other services based on current guidelines, including the patients' NHS GP.
- Where patients consent was provided, all necessary information needed to deliver their ongoing care was appropriately shared in a timely way and patients received copies of referral letters.

Helping patients to live healthier lives

Staff were consistent in helping patients to live healthier lives.

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- The service identified patients who may be in need of extra support and directed them to relevant services.

Consent to care and treatment

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

- 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 practice monitored the process for seeking and recording consent through patient records checks.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Patients were given timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All three of the patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the feedback received by the service directly. Feedback related to all aspects of the provider's services including the vein treatment service specifically.

Involvement in decisions about care and treatment

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

- Formal interpreter services were not available for patients who did not have English as a first language; however staff were aware of, and patients were told about, multi-lingual staff who might be able to support them.
- The service's website provided patients with information about the range of services and treatments available including costs.

Privacy and dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.
- Privacy screens, curtains, robes and a separate recovery area were provided for patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- The service was organised and delivered to meet patients' needs.
- The facilities and premises were appropriate for the service delivered; the service had ramped access and was level throughout, however facilities were not suitable for wheelchair users or other patients with additional access requirements. The service had not assessed the impact of not providing accessible facilities but did tell us they would inform patients about other services available which may meet their needs.

Timely access to care and treatment

Patients were able to access care and treatment within an acceptable timescale for their needs.

- Patients had timely and planned access to initial assessment, diagnosis, treatment and follow up appointments.
- 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 had systems in place to respond to them appropriately and to improve the quality of care.

- The registered manager was responsible for dealing with complaints and the service had a complaints policy providing guidance to staff on how to handle a complaint.
- There was information available in the premises and on the service website for patients to provide feedback and make complaints.
- Information was available about organisations patients could contact if they were not satisfied with the way the service dealt with their concerns.

The service had received no complaints in the last 12 months.

We reviewed the systems and processes in place to investigate complaints and feedback, identify trends, discuss outcomes with staff and implement learning to improve the service and found that they allowed for complaints to be handled appropriately, in a timely manner and with transparency.

Are services well-led?

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

Our findings

Leadership capacity and capability

Leaders had the capacity and skills to deliver quality care.

- Leaders had the experience, capability and integrity to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services.
- Leaders were visible and approachable and worked with staff to prioritise compassionate and inclusive leadership.

Vision and strategy

The service had a vision and strategy to deliver high quality care.

- There was a clear vision and set of values. The service had supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- Services were organised and delivered to meet the needs of service users.

Culture

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

- Staff told us they felt respected, supported and valued. They were proud to work in the service.
- Leaders had systems in place to act on behaviour and performance inconsistent with the vision and values.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.
- There were positive relationships between staff, managers and leaders.

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, understood and effective.
- Practice leaders had established policies, procedures and activities to ensure safety however these were not operating as intended.

Managing risks, issues and performance

There were clear and processes for managing risks, issues and performance, however these were not always effective in identifying and managing risks to patient safety.

- The service did not regularly check emergency medicines and equipment in line with service policy. The service did not have an automatic external defibrillator for use in medical emergencies, there were out of date emergency medicines and emergency medicines were not in line with recognised guidelines. The service did not have an up to date fire risk assessment and had not assessed the risks associated with the exposure to legionella in water systems. During and following the inspection additional evidence was provided demonstrating that these issues were being addressed.
- The service had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of patient and medicines safety alerts, incidents, and complaints.
- Checks were carried out to ensure the quality of care and outcomes for patients met recognised clinical guidelines.
- The service had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Information was used to assess, monitor and improve performance and management and staff were held to account.
- The service used information technology systems to monitor and improve the quality of care.

Are services well-led?

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

- The service described arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- Views and concerns were encouraged, heard and acted on to shape services and culture.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels.
- The service made use of internal reviews of incidents and complaints and learning was shared and used to make improvements.
- Staff were encouraged to take time out to review individual objectives, processes and performance.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The provider did not ensure that the premises used by the service provider were safe to use for their intended purpose as there was no fire risk assessment or assessment of the risks to service users of the exposure to legionella bacteria in the water system.• The provider did not ensure the proper and safe management of medicines as checks were not carried out effectively and the provider did not identify and take action on out of date emergency medicines.• The provider did not fully assess the risks to the health and safety of service users receiving care and treatment. The provider had not assessed what equipment and medicines may be needed in a medical emergency, or the risks of not having these.