

The Northwood Clinic

Inspection report

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Date of inspection visit: 14 October 2021
Date of publication: 11/11/2021

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

The provider was registered for the regulated activity of surgical procedures at The Northwood Clinic on 6 April 2020. This is the first announced comprehensive inspection of the service following CQC registration.

The service provides cosmetic treatments to people over the age of 18 years.

The Northwood Clinic is registered with CQC under the Health and Social Care Act 2008 for thread lift treatments which are carried out by a registered health care professional. The other cosmetic services provided are exempt from CQC registration, these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As a result of the effects of the pandemic, at the time of the inspection, the service had carried out thread lift treatment for four clients.

We have received four feedback forms from the clients, which were positive about the service, and the treatments they had received.

Our key findings were:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Clients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The service organised and delivered services to meet patients' needs.
- Clients could access care and treatment in a timely way.
- The way the service was led and managed promoted the delivery of high-quality, person-centre care.
- At the inspection, the provider was made aware of some areas of governance and risk that required improvements, these were either responded to on the day or shortly following the inspection. This meant that during the inspection the service was unable to demonstrate that they were embedded fully or that they were sustainable.

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.

(Please see the specific details on action required at the end of this report).

Overall summary

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

- Staff should continue to update training and appraisal.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection was carried out by a CQC lead inspector.

Background to The Northwood Clinic

The registered provider for the service is Caroline Tye. The provider is registered to carry out the regulated activity of surgical procedures at The Northwood Clinic, 36 Westow Street, Upper Norwood, London, SE19 3AH.

The service provides cosmetic treatments to people over the age of 18 years.

This Northwood Clinic is registered with CQC under the Health and Social Care Act 2008 for thread lift treatments.

The treatment of thread lifts is carried out by a member of staff who is registered with the Health Professions Council, they are supported by the provider and administration staff.

The service is open for appointments: -

- Monday 9am to 5pm.
- Tuesday 9am to 8pm.
- Wednesday 9am to 5pm.
- Thursday 9am to 8pm.
- Friday 9am to 5pm.
- Saturday 9am to 5pm.

How we inspected this service

The methods that were used, were talking to people using the service, interviewing staff, observations and review of documents.

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:

We identified a safety concerns that were either rectified on the day of inspection or soon after our inspection. The likelihood of this happening again in the future is low and therefore our concerns for patients using the service, in terms of the quality and safety of clinical care are minor. (see full details of the action we asked the provider to take in the Requirement Notices at the end of this report).

Safety systems and processes

- The staff involved in the thread lift treatments at The Northwood Clinic, were a health care professional who carried out the treatments and a receptionist who provided administration support. The health care professional had a Disclosure and Barring Service (DBS) check undertaken prior to the registration of the service. The receptionist had a DBS carried out at the start of their employment.
- Staff received safety information from the service as part of their induction and refresher training.
- The service had children's and adult's safeguarding policies in place, last reviewed in February 2020. The service did not provide treatment for people under the age of 18 years. The health care professional had completed safeguarding training for adults, and children to level three in March 2020. In addition, the receptionist had completed safeguarding adults training.
- At the inspection on the 14 October 2021, we saw the service was clean, and tidy. The provider was the lead for infection control, and the receptionist carried out a daily clean of the rooms and the health care professional cleaned the room between each client. The service had a system in place to manage clinical waste.
- In response to the pandemic the staff had made available hand sanitiser in reception, a screen was installed at the reception desk, social distancing was encouraged, all magazines and leaflets were removed from reception and only signage that could be cleaned was used.
- To protect clients, the staff explained they carried out regular COVID 19 lateral flow tests and clients were asked about whether they were displaying any symptoms prior to their appointments.
- Staff had completed the prevention and management of infectious diseases training in October 2021.
- However, at the time of the inspection, the provider did not have infection control, or COSHH (The Control of Substances Hazardous to Health Regulations 2002) risk assessments in place. Immediately following the inspection these both risk assessments were carried out and submitted to the Commission.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions.
- The provider submitted information to demonstrate that the portable electrical appliances testing was last checked on 1 October 2021, the hard wiring electrical installation certificate was completed in September 2018. The gas safety certificate was the completed in October 2021.
- The provider had a fire safety risk assessment in place carried out by an independent contractor on 6 January 2021 and had a fire evacuation plan in place. The emergency fire alarm was last checked in October 2021.
- The provider did not have a legionella risk assessment, as an independent contractor said it was not required as the premises did not have a system which stored water.

Risks to patients

- There were arrangements for planning and monitoring the number and mix of staff needed.
- The service did not use agency staff and the provider explained any new staff would be offered an induction.
- The practice had a health and safety policy in place for staff to follow. On the day of the inspection, although the provider had considered any risks in the premises, they had not completed a risk assessment. In response to the inspection the provider submitted a risk assessment the next day.

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.
- The service only held emergency medicines, (adrenaline, aspirin, and hyaluronidase) that were appropriate to the treatments offered, which the provider checked monthly to ensure they were not passed their expiry date. In addition, the service had risk assessments in place to inform the decision of why they did not have oxygen or a defibrillator on the premises.
- The staff had completed first aid at work training in 2018, which they explained included resuscitation techniques, but had not carried out up to date basic life support training.
- There were appropriate indemnity arrangements in place.

Information to deliver safe care and treatment

- 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 staff explained they would ask a client's consent to contact their GP and would contact the GP if there were any risks to the clients.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

- Staff prescribed, administered, or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.
- The medicines prescribed following national guidance at the time of the inspection were lignocaine and antibiotics only. Clients were provided with information about any possible side effects.
- The provider was registered with the health and care professions councils and had completed courses for prescribing medicines of administration, supplementary and Independent prescribing.
- Any medication was ordered the day prior to administration.
- 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

- Although, the provider had considered all risks in relation to safety issues, they had not completed risk assessments, they completed and submitted these following the inspection.
- The service monitored and reviewed activity.

Lessons learned and improvements made

- The service had an accident and incident policy (last reviewed 17 February 2021) for staff to follow, which encouraged employees to report all accidents and incidents. The provider gave two examples of how the service had managed and made changes following incidents at the service.
- The service did not have an incident log in place to enable review of any patterns.
- The provider was aware of and followed 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.

Are services safe?

- The provider acted on and learned from external safety events.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

- Only one health care professional offered thread lift treatments at the service.
- The service had guidelines for the risks and complications of treatment and how to identify and manage them. The guidelines included information of who were unsuitable for treatments, the need for informed consent, the limitations of the treatments and information about possible side effects.
- The provider had systems to keep 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).
- A client would contact the service by telephone or via the website. The administration staff would take brief details and made an appointment for the client with the health care professional. At the first consultation, the healthcare professional would take a medical history and explain the thread lift procedure in detail, the possible side effects, the cost and agree consent. In addition, the staff explained it only provided a minor modification for a limited period.
- Following the first consultation there was a cooling off period of one week for the client to consider the information provided. At the second consultation, the medical history was repeated to check if there were any changes, photos were taken to show the affects before and after and the procedure was carried out. Clients were given advice about who to contact if they experienced any side effects. The following day the health care professional telephoned the client to review the levels of pain and bruising. The client would return after six weeks for staff to check their progress.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

- As a result of the effects of the pandemic the service had only carried out procedures for four clients.
- This meant although the service had reviewed and considered each client, they had not carried out any formal audits in regard to surgical procedures.

Effective staffing

- The staff who were involved in the thread lift service at The Northwood Clinic, were a receptionist and a health care professional who carried out the treatments.
- The health care professional completed a postgraduate diploma in cosmetic medicine on 12 March 2020, health education certificate in 1991 and a BSC in podiatric medicine in 1998.
- To carry out the thread lift treatments they had completed a mini-thread PDP V lift course in August 2014.
- The health care professional was registered with The Health and Care Professions Council, and continuous professional development had to be submitted to continue registration.
- Both staff had completed their infection prevention management of disease, first aid at work fire safety awareness, data protection and safeguarding training.
- The receptionist had completed chaperone training.

Coordinating patient care and information sharing

Are services effective?

- Before providing treatment, the health care professional ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All clients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

Supporting patients to live healthier lives

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients need could not be met by the service, staff redirected them to the appropriate service.

Consent to care and treatment

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- The service had a consent form for clients to complete, which included the possible risks and side effects of the thread lift treatment.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

- The service had sought feedback on the quality of clinical care patients received.
- The provider had sought feedback from clients who were positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

- Clients who required Interpretation services were asked if they could be accompanied by a translation advocate.
- Four client's feedback stated they had received information about the treatments to enable them to make an informed decision about their choices.

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:

Responding to and meeting people's needs

- The provider understood the needs of their clients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered.

Timely access to the service

- Clients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Four clients reported that the appointment system was easy to use.
- The provider explained how referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

- The service had a complaint policy and procedures in place however, this did not have the correct information about who the clients should complain to if they were unsatisfied with the providers response.
- Complaints Information was available in reception.
- The service had not received any complaints at the time of the inspection.
- The provider explained the service had an open-door protocol and encouraged feedback about the service.

Are services well-led?

We rated well-led as Requires improvement because:

- During the inspection, the provider was made aware of some areas of governance and risk that required improvements, these were either responded to on the day or shortly following the inspection. This meant that during the inspection the service was unable to demonstrate that they were embedded fully or that they were sustainable. For example, infection control, premises and COSHH risk assessment, client feedback, the recording of meetings and appraisals.
- The provider had effective processes to develop leadership capacity and skills.

Leadership capacity and capability

- 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 receptionist to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

- The provider had a vision and set of values to provide a high-quality service.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them

Culture

- Staff felt respected, supported, and valued. They were proud to work for the service.
- The service focused on the needs of clients.
- Openness, honesty, and transparency were showed when responding to incidents and complaints. The provider was aware of ensuring compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There was a strong emphasis on the safety and well-being of all staff.

Governance arrangements

- During the inspection, the provider was made aware of some areas of governance and risk that required improvements, these were either responded to on the day or shortly following the inspection. This meant that during the inspection the service was unable to demonstrate that they were embedded fully or that they were sustainable. For example, some of the policies required a review to ensure they fully reflected the service, and the systems for the management of incidents, complaints and patient feedback required further development.
- Staff were clear on their roles and accountabilities

Managing risks, issues and performance

- At the inspection we found risk assessments for infection control, premises, and The Control of Substances Hazardous to Health Regulations 2002 (COSHH) were not in place, and some of the systems to support the risk assessments were

Are services well-led?

not fully developed. In response the provider implemented these. This meant the process to identify, understand, monitor and address current and future risks including risks to patient safety required further improvements, and embedding to enable them to demonstrate sustainability. For example, the lack of a cleaning audits and the lack of data safety sheets for the COSHH risk assessment.

- Leaders had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- The service had a data protection policy in place last reviewed in May 2018.

Engagement with patients, the public, staff and external partners

- The service had seen four patients, whom they had encouraged to provide feedback in response to the inspection.
- However, further work was required for the service to put into place a system to encourage feedback regularly, review it and respond to it.
- The receptionist worked closely with and had informal supervisions with the provider, however these were not recorded.

Continuous improvement and innovation

- There was a focus on continuous learning and improvement.
- There were systems to support improvement and innovation work.

This section is primarily information for the provider

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• The service was unable to demonstrate that the newly implemented systems and risk assessments were embedded fully or that they were sustainable. For example, infection control, premises and COSHH risk assessment, client feedback, the recording of meetings and appraisals.• The service had not commenced a formal audit of any surgical procedures.