

The Mcloughlin Face Clinic

Inspection report

23 Alfreton Close
London
SW19 5NS
Tel:

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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?

Requires Improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Overall summary

This service is rated as Good overall. This is the first inspection of this service.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at The Mcloughlin Face Clinic on 30 March 2023 as part of our inspection programme. The Mcloughlin Face Clinic first registered with CQC in February 2020 and are registered for the regulated activities, surgical procedures and treatment of disease, disorder and injury.

The registered manager is the individual provider and clinician for the company. 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.

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. The Mcloughlin Face Clinic provides some services, such as skin peels, skin boosters and lip fillers which are not within CQC scope of registration, therefore we did not inspect or report on these services.

Our key findings were:

- *The service provided care in a way that kept service users safe and protected them from avoidable harm, however gaps were identified in safety processes.*
- *Service users received effective care and treatment that met their needs.*
- *Service users were treated with kindness and respect and involved in decisions about their care.*
- *The service organised and delivered services to meet service users’ needs. Service users 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.*

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

- Undertake quality improvement activity to review the safety and effectiveness of the care and treatment provided.
- Implement processes to ensure equipment needed to treat a medical emergencies are routinely checked and working.
- Implement systems to analyse patient feedback in order to identify themes and areas for improvement.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Overall summary

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC Inspection GP specialist adviser.

Background to The Mcloughlin Face Clinic

The Mcloughlin Face Clinic is located at 23 Alfreton Close, London, SW19 5NS. The clinic is run from the top floor of a residential premises located in a cul-de-sac.

The Mcloughlin Face Clinic is an independent, sole provider and aesthetic practitioner providing neurotoxin and dermal filler treatments alongside a range of non CQC-regulated treatments. The service provides face to face consultations, physical examinations and cosmetic surgery for adults aged 20 and over.

The service website can be accessed through the following link: <https://www.mcloughlinfaceclinic.com/>

The clinic is open from 9am to 6pm Monday – Friday. The clinic does not open on weekends.

How we inspected this service

Before visiting, we reviewed a range of information we hold about the service and asked them to send us some pre-inspection information which we reviewed.

During our inspection we:

- Spoke with the registered manager/aesthetic practitioner face to face.
- Reviewed files, practice policies and procedures and other records concerned with running the service.
- Reviewed a sample of service user records.
- Looked at information the service used to deliver care and treatment plans.

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 Requires improvement because:

The provider had systems and procedures in place to monitor and keep patients safe, however we identified gaps in these systems. Whilst there were arrangements in place for the management of infection prevention and control, we identified gaps in systems to dispose of clinical waste and systems in place for appropriate checking of equipment used in medical emergencies. Information needed to plan and deliver care was available to staff in a timely and accessible way.

We identified three safety concerns that the provider told us had been rectified immediately after the 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. (We have not asked the provider to take any action and have therefore not served any Requirement Notices at the end of this report as the issues found during the inspection have already been addressed).

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed. They outlined clearly who to go to for further guidance. We saw evidence of a safeguarding policy and the provider was able to give an example of when a patient was signposting to safeguarding services.
- The clinician had completed safeguarding training in a previous clinical role but had not completed any training since working at the clinic.
- The service did not see any children and did not see adults under 20 years of age.
- The provider took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider did not employ any staff at the time of inspection.
- There was an effective system to manage infection prevention and control. There was an infection prevention and control policy in place and we saw evidence of an infection prevention and control audit carried out in February 2023 with a review date of February 2024. The audit had documented actions, but it did not document if these actions had been completed or when they needed to be completed by.
- After the inspection, the provider told us that improvements suggested as a result of an infection control audit would automatically be incorporated as a matter of routine.
- The provider ensured that facilities were safe.
- 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.
- We saw evidence of an internal legionella risk assessment carried out in March 2023, where all areas had been rated as low risk and a review date set for August 2023.
- We saw evidence of an external portable appliance testing (PAT) certificate dated November 2022 where all 10 appliances had passed testing.
- We reviewed a health and safety risk assessment dated March 2023 with 1 area scored as high risk and 2 scored as medium risk. The document had measures put in place for all areas identified and a review date set for August 2023.
- We also reviewed a premises risk assessment which had not been dated or signed by the individual carrying out the assessment. There was one outstanding action documented which was to check fire extinguishers annually. However, fire extinguishers seen during the inspection had recently been checked and no concerns were found.

Risks to patients

Are services safe?

There were systems to assess, monitor and manage risks to patient safety, but we identified gaps in these systems.

- There were no arrangements for planning and monitoring the number and mix of staff needed as the provider did not employ any staff.
- When there were changes to services, the service assessed and monitored the impact on safety.
- There were suitable medicines to deal with medical emergencies which were stored appropriately.
- The provider had not ensured that all emergency equipment was maintained according to manufacturers' instructions and in working order. The provider had an automatic external defibrillator (AED) in place but did not have a clear understanding of how it worked and had never checked the AED to make sure it was working. The provider had an oxygen cylinder which was kept in an outside shed, however the gauge on the oxygen cylinder showed it was empty and had expired in December 2022. The provider had not assessed the potential risks to patients if equipment needed to treat medical emergencies were not working as intended.
- After the inspection the provider told us that a new oxygen cylinder had been ordered and would be arriving the following day and provided evidence to support this.
- There were systems for safely managing healthcare waste but during the inspection we found 2 sharps bins with assemble dates of April and August 2022. This was not in line with current guidance or the providers own infection prevention and control guidance which stated that sharps bins should be locked and disposed of after three months, even if not full. The provider told us that they had not been disposed of because the service did not generate a lot of clinical waste.
- After the inspection the provider submitted evidence to show that the sharps bins had been replaced.
- 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 in an accessible way.
- The service did not routinely share information with other agencies to enable them to deliver safe care and treatment but would share necessary information with patient's GP's with their consent.
- 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.
- The service kept a paper record of all patient consultation notes. These were stored in a locked cupboard. The service did not have a system in place for backing up or scanning those patient consultation notes onto a computer system and had not risk assessed the potential for them to be lost, stolen or destroyed in the event of an adverse incident.
- After the inspection, the provider told us that all patient records had been backed up onto a secure computer system which was password protected.
- The clinician made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. The provider told us that any suspicious skin lesions would be referred to a dermatologist.

Safe and appropriate use of medicines

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

- We saw evidence of a medicines management policy in place with relevant signposting, however there was no documented date or review date for the policy.

Are services safe?

- The systems and arrangements for managing medicines, including emergency medicines minimised risks. The service did not prescribe any medicines. We reviewed the emergency medicines stocked, as well as the emergency medicines checklist and found them to be in date with no concerns.
- 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.
- There were protocols in place for verifying the identity of patients.

Track record on safety and incidents

The service had a good safety record.

- There were 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. The clinician understood their duty to raise concerns and report incidents and near misses.
- The service had not recorded any significant events in the last 12 months. the provider was able to give an example of a significant event that had happened in the past and the actions taken.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned lessons and took action to improve safety in the service.
- The provider was aware of and complied with the requirements of the Duty of Candour. The service had systems in place for knowing about notifiable safety incidents. The provider told us that they receive alerts from pharmaceutical companies and action them as appropriate.

Are services effective?

We rated effective as Good because:

The provider had systems and procedures which ensured clinical care provided was in relation to the needs of patients. The provider had the knowledge and experience to be able to carry out their role. At the time of inspection, the service had not completed any full cycle quality improvement to help drive improvements, however we did see evidence of some audits being carried out.

Effective needs assessment, care and treatment

The provider had systems to keep up to date with current evidence based practice. We saw evidence that the clinician assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- Patients' immediate and ongoing needs were fully assessed.
- The clinician had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- The clinician assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was involved in quality improvement activity.

- At the time of inspection the provider had not carried out any completed audit cycles, however a number of brief internal audits had been carried out including a medical emergencies audit, a sepsis audit, a thread lift complications audit and an adult acne audit. The adult acne audit was written as a response to a number of patients presenting with acne as part of their routine treatment. The clinician spoke to patients affected and suggested possible treatments as well as ordering information leaflets to give out to patients.

Effective staffing

At the time of inspection the service had 1 staff member.

Coordinating patient care and information sharing

Staff worked to deliver effective care and treatment.

- Patients received person-centred care.
- Before providing treatment, the clinician ensured they had adequate knowledge of the patient's health. The provider gave examples of patients being signposted to more suitable sources of treatment to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation with their registered GP when 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). There were arrangements for following up on people who had been referred to other services.

Are services effective?

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, the clinician gave people advice so they could self-care.
- Risk factors were identified and highlighted to patients.
- Where patients needs could not be met by the service, they were redirected 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.

- The provider understood the requirements of legislation and guidance when considering consent and decision making.
- The provider supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- We saw evidence of documented consent. The provider had different consent forms for the different services/ treatments offered. We reviewed 1 patient who was having 2 treatments but had only signed the consent form for one. The provider told us that they had handwritten on the signed consent form that the patient had also consented for the other treatment but had not considered the risks involved in the patient not signing each of the printed consent forms for each of the treatments they were having.

Are services caring?

We rated caring as Good because:

The service treated patients with kindness, respect and dignity. The service involved patients in decisions about their treatment and care. The provider demonstrated a patient-centred approach to their work.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way the clinician treated people.
- They clinician displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- No interpretation services were available for patients who did not have English as a first language, however the provider told us that the few patients who do not speak English as a first language would attend with a friend or family member.
- Information was available to patients on the clinics website.

Privacy and Dignity

The service respected patients' privacy and dignity.

- The provider recognised the importance of people's dignity and respect.
- Patients' medical records and consultation notes were not securely stored electronically at the time of inspection. The provider stored pictures of patients on a computer tablet that they told us was used solely for work purposes and was password protected.

Are services responsive to people's needs?

We rated responsive as Good because:

The provider was able to provide patients with timely access to the service. The service had a complaints procedure and policy in place and obtained patient feedback.

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.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had not been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The clinic was located on the top floor of a residential home and was accessible by 2 flights of stairs. The provider told us they did not have any patients who had a disability at the time of inspection.

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 initial assessment, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Referrals to other services were undertaken in a timely way.

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. The provider 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 provider told us they had not received any written complaints in the last 12 months but would follow the complaints procedure as necessary.

Are services well-led?

We rated well-led as Good because:

The service leader was able to articulate the vision and strategy for the service. The provider worked hard to ensure that patients would receive the best care and treatment. There were systems in place to govern the service and support the provision of good quality care and treatment, however some systems in place lacked oversight to ensure they were being adhered to.

Leadership capacity and capability;

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

- The service leader was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The provider told us that the main challenge they faced was managing patient expectations and having to compete with larger organisations. They told us they had plans to develop their skills and knowledge in the area of thread lifts in order to be able to offer more services.
- The provider had effective processes to develop skills, including planning for the future of the service by employing a staff member to develop and manage a social media account for the clinic.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The provider told us that their vision was to help the patient become a better version of themselves and they believed that training and keeping abreast of new developments and products were key to this.

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 when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing the clinician with the development they needed. There was no supervision or appraisal system in place, however the provider told us that they were a member of the General Dental Council (GDC) and they were required to submit evidence to the GDC website to evidence continuous professional development (CPD). They told us that they had completed over 100 hours of CPD over the last 5 years.

Governance arrangements

There were governance systems in place.

- Structures, processes and systems to support good governance were clearly set out, understood and effective. The governance arrangements promoted person-centred care.

Are services well-led?

- The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended however some gaps were identified in the oversight of some procedures such as dating and reviewing policies, checking medical emergency equipment and disposing of clinical waste.

Managing risks, issues and performance

There were 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 provider did not have a business continuity plan in place at the time of inspection as they felt it was not applicable to the service.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Operational information 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 useful. There were plans to address any identified weaknesses.
- There were 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 to support high-quality sustainable services.

- The service encouraged and heard views and concerns from patients and acted on them to shape services and culture. The provider told us that they had started newsletter, which they planned to send out to all patients quarterly to keep them informed on services and treatments offered at the clinic and other information.
- The provider could describe to us the systems in place to give feedback. Each patient was given a feedback form after treatment. We saw evidence of this feedback during the inspection.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Learning was used to make improvements.
- There were systems to support improvement and innovation work. The provider told us that they currently work once a week at another clinic to broaden their skill set, and that patients at both clinics had fed back how pleased they were with the care and treatment provided.
- The provider told us that they are proud to be offering a quality service to patients as well as providing all around holistic care. They also told us they have been in communication with potential employees to take on the role of social media administrative team member which they hoped will increase clientele.