

# Hardwick Medical Clinic

## Inspection report

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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	Inspected but not rated	
Are services safe?	Good	
Are services effective?	Insufficient evidence to rate	
Are services caring?	Insufficient evidence to rate	
Are services responsive to people's needs?	Insufficient evidence to rate	
Are services well-led?	Good	

# Overall summary

We carried out an announced comprehensive inspection on 30 September 2021 as part of our inspection programme following the registration of a new service.

We are not giving the location an overall rating due to the insufficient evidence in effective, caring and responsive.

Our findings were:

Are services safe? - good

Are services effective? - insufficient evidence to rate

Are services caring? - insufficient evidence to rate

Are services responsive? - insufficient evidence to rate

Are services well-led? - good

Hardwick Medical Clinic provides a range of medical and cosmetic treatments including private consultations, minor surgical procedures under local anaesthetic and prescribing of licenced medicines for the management of weight loss. However, due to the pandemic the provider did not onboard any new patients onto the service in the past 12 months.

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. Hardwick Medical Clinic provides a range of non-surgical cosmetic interventions, for example Botox injections which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The clinician 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.

## Our key findings were:

- The service had clear systems to keep people safe and safeguarded from abuse.
- There was an effective system to manage infection prevention and control.
- 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.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection was led by a CQC Pharmacist Specialist and the team included a second CQC inspector.

## Background to Hardwick Medical Clinic

The provider was registered with CQC on 12 June 2020 in respect of the regulated activity of Treatment of disease, disorder or injury (TDDI), Services in slimming clinics and Surgical procedures. Due to the pandemic the provider choose not to onboard patients to any of the regulated service in order to keep patients safe and prioritised NHS clinical work. Therefore we did not have sufficient evidence to rate effective, caring and responsive.

Hardwick Medical Clinic is a single handed private practice led by a female clinician. The clinic is located in Hardwick, Cambridge. The service provides a range of aesthetic and medical services to adults over the age of 18 years only. Cosmetic treatments including minor surgical procedures, for example thread lifts. The service also provides a weight management programme, which includes the prescribing of licenced medicines in conjunction with a reduced-calorie diet and increased physical activity, for the management of weight.

Consultations are available on Tuesday between 9am to 6:30pm. Evening consultations are available on Wednesday and Thursday between 5pm and 6.30pm and alternative on Saturdays.

Hardwick Medical Clinic is situated in a residential property. There are two consultation rooms and a reception/waiting area located on the ground floor of the purpose built building. The clinic is access via a step from the pavement and therefore currently cannot be accessed by wheelchair. Parking is available at the clinic and local streets near the clinic.

### How we inspected this service

Before the inspection we gathered and reviewed information from the provider. We conducted an onsite inspection of the registered location including interview with the registered manager. We reviewed a range of the provider's policies and procedures and five patient consultation records from the past 18 months. We did not speak with service users, but received direct feedback following the service circulating details of CQC's Give Feedback on Care web page, however these were patients who had received services from the clinic over 12 months prior to our inspection.

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**

## **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. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. The provider took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- Although the provider did not have any staff, they had systems and processes in place to carry out staff checks at the time of recruitment, including Disclosure and Barring Service (DBS) checks where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The clinician had a DBS check.
- The clinician had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- There was an effective system to manage infection prevention and control.
- 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.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

## **Risks to patients**

**There were systems to assess, monitor and manage risks to patient safety.**

- There was an induction system for Locum clinicians tailored to their role.
- The provider 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.
- When there were changes to services, the provider assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place. We saw that there were suitable insurance arrangements to cover the professional practice of the clinician working in the service and for public liability cover.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

## **Information to deliver safe care and treatment**

**The clinician had information needed to deliver safe care and treatment to patients.**

- We looked at five care records and found they 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 had systems for sharing information with other agencies to enable them to deliver safe care and treatment.

# Are services safe?

- 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

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

- The systems and arrangements for managing medicines, including emergency medicines and equipment minimised risks. The service used an electronic prescribing system which allowed the provider to send electronic prescriptions securely to the dispensing pharmacy.
- The service had carried out medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The clinician prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Patients received their medicines in the post via Royal Mail.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made.

- There was a system for recording and acting on significant events.
- There was a policy for reviewing and investigating when things went wrong. There had been no incidents in the past 12 months.
- The provider was aware of the requirements of the Duty of Candour. The service had systems in place for knowing about notifiable safety incidents
- The service acted on and learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

**We had insufficient evidence to rate effective.**

## **Effective needs assessment, care and treatment**

**The provider had systems to keep up to date with current evidence based practice.**

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.

## **Consent to care and treatment**

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

- The clinician understood the requirements of legislation and guidance when considering consent and decision making.
- The clinician supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

# Are services caring?

**We had insufficient evidence to rate caring.**

**Kindness, respect and compassion**

**Clinician treated patients with kindness, respect and compassion.**

- The service sought feedback on customer satisfaction.
- Feedback from patients was positive about the way the clinician treated people.

# Are services responsive to people's needs?

**We had insufficient evidence to rate responsive.**

## **Responding to and meeting people's needs**

- The facilities and premises were purpose built and appropriate for the services delivered.
- Consultations are available on Tuesday between 9am to 6:30pm. Evening consultations are available on Wednesday and Thursday between 5pm and 6.30pm and alternative on Saturdays.



# Are services well-led?

**We rated well-led as Good.**

## **Leadership capacity and capability;**

**The provider 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. The provider understood the challenges and was addressing them. For example, the provider had not been onboarding any new patients during the start of the pandemic to minimise the risks to patients.

## **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.

## **Culture**

**The service had/did not have a culture of high-quality sustainable care.**

- The service focused on the needs of patients.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

## **Governance arrangements**

**There were clear systems of accountability to support good governance and management.**

- Structures, processes and systems to support good governance and management were clearly set out and effective.
- The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- 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.

## **Managing risks, issues and performance**

**There were clear and effective processes for managing risks, issues and performance.**

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of the clinician could be demonstrated through audit of their own consultations, prescribing and referral decisions.
- Clinical audits had not been carried out due to the very low prescribing activities at the service. But the provider has a programme of clinical audits in place to implement when the service resumed.
- The provider had plans in place and had trained for major incidents.

# Are services well-led?

## 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. For example, the provider had carried out extensive renovation works of the premises to meet the needs of patients.