

# Changes Clinic Limited

## Inspection report

Building 1000, Lakeside North Harbour,  
Western Road  
Portsmouth  
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Tel: 02392382000  
[www.changesclinic.co.uk](http://www.changesclinic.co.uk)

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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?

Good 

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

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? – Good

We carried out an announced inspection at Changes Clinic Limited as part of our inspection programme. It had been inspected previously in January 2018. At that time, we did not rate this type of service. This was the first inspection since ratings were introduced.

This service is registered with the Care Quality Commission (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. Changes Clinic Limited provides a range of non-surgical cosmetic interventions, for example dermal fillers and skin tightening, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services. We inspected services within scope of registration: mole and lesion removal and sclerotherapy for varicose veins. Sclerotherapy is the surgical injection of a salt solution to treat spider veins.

The service's managing director and owner is also 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:

- There were clear systems to keep people safe and safeguarded from abuse. The provider had systems for assessing and monitoring patient risks. Staff understood responsibilities to raise concerns and report incidents and near misses.
- Regulated treatments met patients' needs and were based on best practice guidelines. Patient feedback on the experience of care and outcome of treatment was monitored.
- Staff were trained appropriately and staff training, development and appraisal was recorded.
- Patient views were sought to inform and improve practice.
- Services were offered to meet patients' needs and treatments were offered at convenient times.
- Staff worked together to create a culture of compassion and person-centred care. Leaders were visible and understood the needs and risks of the business.

The area where the provider **should** make improvements is:

- To continue to ensure that staff complete their required training.

**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

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

## Background to Changes Clinic Limited

Changes Clinic Limited is based in Portsmouth, Hampshire and provides a range of skin treatments, most of which are aesthetic and do not fall within the scope of registration with the Care Quality Commission (CQC). The provider Changes Clinic Limited is registered with CQC because it offers minor surgical removal of moles and skin lesions (about 50 treatments a month) and sclerotherapy for treatment of spider veins (about 5 a month). Sclerotherapy treatments involved the surgical injection of a salt solution into the veins. The surgeon who carries out these treatments is contracted to work within the clinic's governance arrangements. The clinic offers treatments for adults only.

The registered location is also known as Changes Clinic Limited and its address is:

Building 1000

Lakeside North Harbour

Portsmouth

Hampshire

PO6 3EN

Changes Clinic Limited is registered to provide the following regulated activities: treatment of disease, disorder or injury, diagnostic and screening procedures and surgical procedures. It was first registered with CQC in 2013 and last inspected in January 2018.

Changes Clinic Limited is located within a large building close to road and rail links. There is parking on site, and access to the clinic on the second floor is by stairs or by lift. Within the clinic there is a reception desk and waiting room and treatment rooms. There is a dedicated room for minor surgical procedures.

The clinic is open Monday to Saturday and some Sundays by request. Treatments within scope of registration are offered on Mondays between 12pm and 8pm, alternate Fridays between 9am and 12pm, also appointments were offered between 10am and 4pm on one Saturday a month.

The clinic's website, [www.changesclinic.co.uk](http://www.changesclinic.co.uk), outlines the treatments offered and prices.

### How we inspected this service

We inspected this service on 1 February 2023. We requested information from the service, spoke with staff and reviewed documentation.

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:**

## **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 and communicated to staff. They outlined who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service did not treat children. Staff advised clients not to bring children to the clinic as there was no facility to provide safe childcare.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken 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 service had an up to date policy for safeguarding adults and children and had added safeguarding as a standing item for discussion at every meeting. All staff were required by the service to have an enhanced DBS check and this was monitored.
- Staff knew how to identify and report concerns relating to safeguarding vulnerable adults and children. Both nurses employed at the practice had completed level 3 training in safeguarding. They supported the surgeon with mole and lesion removal procedures and they also provided a chaperone role.
- There was an effective system to manage infection prevention and control (IPC). The infection control policy reflected the code of practice on the prevention and control of infections and the clinic had an appointed lead for IPC. The policy included standards for staff training, hand hygiene, staff immunisation and waste management, including sharp instruments.
- The clinic contracted cleaners and monitored their performance. There was a cleaning schedule for daily, weekly and monthly tasks and sign-off sheets. Single use items were used for minor surgery and clinical waste was segregated and disposed of correctly. The landlord monitored the water systems on site and there were systems to control the risk of Legionella bacteria. Legionella bacteria in water systems can cause people to get Legionnaire's disease. The service had carried out its own risk assessment and received annual Legionella reports from the landlord.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There was a system to ensure regular portable appliance safety checks were undertaken under contract. There were records of annual fire and portable oxygen cylinder checks. There were 2 fire marshals for the clinic.
- The provider carried out appropriate environmental risk assessments and the managing director held responsibility for health and safety. There was a COVID-19 policy and risk assessment that had been reviewed and updated as risks changed.
- The services' sharps policy including actions that were taken to minimise the risk of injury or infection.
- The provider's fire risk assessment was reviewed annually and there were no outstanding actions to complete. Staff told us about the weekly test alarms and the regular fire drills organised for the premises.
- The provider maintained a file of risk assessments relating to hazardous substances, as required under the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

## **Risks to patients**

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

# Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff needed. The provider had employed a nurse in the past year so there were 2 nurses available to support the clinician with treatments.
- There was an effective induction system for agency staff tailored to their role. Staff told us the induction was useful and enabled them to learn about the service, and the quality and safety requirements.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. The clinic policy provided guidance on actions to take, the resuscitation procedure and anaphylaxis procedure. Staff knew how to identify and stabilise patients whilst waiting for emergency services. Following discussion over the detail of the policy, the policy was amended to reflect the clinic's agreed approach to the management of emergencies. This was to stabilise patients and call emergency services. Staff had access to emergency equipment consisting of a defibrillator and oxygen, with adult and child masks.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place, and these were shown to us on inspection.
- There were suitable medicines and equipment to deal with medical emergencies including anaphylaxis. They were stored in a locked environment which were stored appropriately and checked regularly. Staff knew how to access them.

## 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 to relevant staff in an accessible way. The service had partially moved to a cloud-based information system for patient records. This was used for patient medical history, pre-assessments and consent, and was password protected. The surgeon made hand-written treatment notes and these were held in patient files locked in a filing cupboard. The surgeon used Changes Clinic headed notepaper for any private prescriptions and recorded batch numbers.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Patients were asked for their GP details and were asked to consent to share details of minor surgical treatments carried out at the service.
- 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.
- If the surgeon had concerns about a mole or lesion, they made appropriate and timely referrals to appropriate health professionals, in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines and equipment minimised risks. Only emergency medicines were kept on site. Processes were in place for checking these and staff kept accurate records.
- The service did not prescribe Schedule 2,3,4 or 5 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).
- Only the surgeon prescribed medicines to patients or gave advice on medicines in line with legal requirements and current national guidance. They printed prescriptions on headed paper and copies were stored in patient notes.

## Track record on safety and incidents

### The service had a good safety record.

# Are services safe?

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped 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. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and took action to improve safety in the service. The service had received two complaints in the past year and had investigated them as incidents and learning events. One related to a delay in the receipt of histology results, and investigation showed this was linked to issues with the postal service. As a result, the provider changed its process so the director took the samples directly to the laboratory for analysis. If this could not be done, however, they could use an alternative, fast, postal scheme. The other incident related to a patient calling the service and the histology results were given over the phone. This incident resulted in further staff training as the service's policy was for the doctor to call patients directly with results.
- Staff understood the Duty of Candour and the leaders encouraged a culture of openness and honesty. They explained they would always apologise if anything went wrong and gave written as well as verbal apologies after discussion with the patients.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had a process to receive safety alerts and share these with staff if relevant.

# Are services effective?

**We rated effective as Good because:**

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

**The provider had systems to check clinicians were 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)**

- Patients' immediate and ongoing needs were fully assessed. Staff used an electronic patient record to note each patient's medical history, contact details, consent and expectation from treatment. Clinical treatment notes and any prescriptions were held as hard copy in the patient's paper files.
- We saw no evidence of discrimination when making care and treatment decisions.
- The surgeon undertaking the treatments that were within scope of CQC registration were trained and skilled at delivering the relevant care and treatment. They had completed courses relevant to the treatments they provided and provided annual evidence of appraisal.

## **Monitoring care and treatment**

**The service was involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. It had completed audits of clinical records to check they were completed in full. For example, the service had improved the recording of photographs in patient records. The introduction of electronic records and prompts had resulted in improved recording of consent. Clinical audit had a positive impact on quality of care and outcomes for patients and there was evidence of action to resolve concerns and improve quality.
- The surgeon completed annual medical appraisals and shared these appraisal reports with the clinic. The clinic also reviewed patient feedback forms relevant to the treatments provided as part of the performance monitoring process.
- Patient feedback had led to improvements, such as improved provision of aftercare information.

## **Effective staffing**

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

- All staff were appropriately qualified. Qualifications were checked at recruitment and the provider had an induction programme for all newly appointed staff. Staff told us the induction was well structured and enabled them to gain skills and confidence.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and Nursing and Midwifery Council and were up to date with revalidation. The provider maintained a record of their registration.
- The provider understood the learning needs of staff and provided protected time and training to meet them. We saw that for new staff, some training was still to be completed however this was booked, with online training provided whilst waiting for face to face courses. Staff were encouraged and given opportunities to develop.
- The provider kept records of the surgeon's registration, revalidation, qualifications and professional development.
- The provider had regular meetings with the contracted surgeon, to review activity and improvement opportunities. They were a member of the Royal College of Surgeons of England, the Vascular Society of Great Britain & Ireland, the Royal Society of Medicine, the British Medical Association and the Medical Protection Society.

## **Coordinating patient care and information sharing**

**Staff worked together, and worked well with other organisations, to deliver effective care and treatment.**



# Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. Patients were referred to their GP if they were unsuitable for treatment or if the consultation indicated concerns. Staff confirmed that patients were referred appropriately to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation with their registered GP on each occasion they used the service.
- 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. We were told of the arrangements for following up on people who had been referred to other services.

## **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, staff gave people advice so they could self-care. For example, in relation to after-care and minimising risks from sun exposure.
- Where patients' needs could not be met by the service, staff redirected them 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.**

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately. Consent forms were embedded within the patient record and this was confirmed at the time of treatment. The service explained the costs of consultations and treatments and this information was also displayed on the website.

# Are services caring?

**We rated caring as Good because:**

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received and the experience of care.
- Feedback from patients was positive about the way staff treated people and the clinic shared and celebrated this feedback with staff individually.
- Staff understood patients' personal, cultural, social and religious needs. For example, if they specific requirements in relation to access to the clinic. Each patient was personally greeted in reception by the surgeon to help put them at ease. Staff 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.**

- Staff supported patients' decisions to bring a relative or friend with them if they preferred this, whilst being aware of the risks of coercion.
- They provided examples of how they helped patients with specific needs or disabilities understand the details of treatments offered and discussed.

## **Privacy and Dignity**

### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect. For example, they could offer patients a separate entrance to the clinic should they prefer privacy, and appointment times were arranged to minimise any crowding in the waiting room.
- Treatments were provided in private a room and the clinic ensured nurse chaperones accompanied patients for every treatment.

# Are services responsive to people's needs?

**We rated responsive as Good because:**

## **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. Every patient was greeted to the service and was given sufficient information about the treatments and how long they would take. They could choose to have their mole removed on the day of the consultation or return at a later date if they preferred.
- The facilities and premises were appropriate for the services delivered. There was lift access to the clinic, which was located within a serviced building. The service welcomed those with particular needs in the main foyer, if this was preferred or made access easier. For example, people who used wheelchairs.

## **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, test results, diagnosis and treatment.
- Appointment times were arranged to be of sufficient length to minimise delays. Cancellations were minimal as clinic times for mole and lesion removal were pre-planned and staff booked annual leave in advance.
- Patients could book appointments on the service's website and they would be contacted in advance to check details, treatment requirements and medical history.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. For example, if the surgeon considered the lesion was on a part of the body difficult to access safely, they would refer the patient to acute services.

## **Listening and learning from concerns and complaints**

**The service took complaints and concerns seriously and responded/did not respond to them appropriately to improve the quality of care.**

- The service had received and managed 2 complaints in the past 12 months, within the agreed timeframe. The complaints policy and procedure were given to patients when they booked treatments and was added onto the website following the inspection. The complaints procedure gave details of the complaints manager and the timeframes for the acknowledgement and response of complaints.
- Staff treated patients who made complaints compassionately and the service aimed to use complaints to improve client satisfaction and improve service.
- The service learned lessons from individual concerns and complaints and used them to improve the quality of care. For example, a complaint relating to a delay in reporting histology results was investigated and the service apologised to the complainant. The management of histology was changed and improved as a result.

# Are services well-led?

**We rated well-led as Good because:**

## **Leadership capacity and capability**

**Leaders had the capacity and skills to deliver high-quality, sustainable care.**

- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. The service's registered manager was the owner and managing director of the company. At the time of the inspection, succession planning was in progress in relation to the registered manager role.
- The leaders were knowledgeable about the service and any issues and priorities relating to the quality and future of services. They understood the challenges and had a plan to address them.
- Staff reported an open and inclusive culture, where leaders were visible, approachable and supportive. The leaders worked closely with staff to make sure they prioritised compassionate and inclusive leadership.

## **Vision and strategy**

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

- There was a clear vision and set of values. The clinic's values were to be local, discrete, trusted and caring and staff explained how they had worked hard to operate within these values during and after the COVID-19 pandemic. The service had a realistic strategy and supporting plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

## **Culture**

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

- Staff felt respected, supported and valued. They were proud to work for the service and enjoyed the working environment where there was a focus on patient needs, patient safety and effective communications.
- Staff were carefully recruited to suit the caring culture of this small service.
- 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.
- Staff told us they could 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 needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team. Employed staff were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff, and this had been made evident during the COVID-19 pandemic.
- The service actively promoted equality and diversity. Staff completed equality and diversity training to help guide behaviours and identify bias.
- There were positive relationships between staff.

## **Governance arrangements**

# Are services well-led?

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

- The governance arrangements were appropriate for the size of the service and the treatments offered. Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The surgeon worked to an agreed contract with the service that included performance measures.
- Staff were clear on their roles and accountabilities. There were informal weekly meetings where key changes and developments were discussed.
- Leaders had established appropriate policies, procedures and activities to promote safety and they ensured these were regularly reviewed and updated. Policies included aims, accountabilities and processes.
- The service submitted data or notifications to external organisations as required.
- There were 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. Performance was discussed at the weekly meetings.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

## **Appropriate and accurate information**

### **The service acted on appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients. The service responded to any identified weaknesses by planning changes and improvements.
- The service had a patient information policy which provided guidance on information storage and the recording of consent. The service was moving towards a paperless information system, in a planned way, to improve quality and sustainability.

## **Engagement with patients, the public, staff and external partners**

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

- The service encouraged and heard views and concerns from the patients and staff. Staff also monitored and reviewed unverified online reviews, to check on patient experience. Feedback from patients led to improvements in providing after-care advice.
- Staff said their ideas and suggestions were considered seriously by the team.
- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

# Are services well-led?

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

- There was a focus on continuous learning and improvement.
- The service learned from reviews of incidents and complaints and shared the learning as appropriate.