

# THE GRANGE CLINIC LTD

## Inspection report

1 Hoole Road  
Chester  
CH2 3NQ  
Tel: 01244350718  
[www.thegrangeclinic.co.uk](http://www.thegrangeclinic.co.uk)

Date of inspection visit: 25 April 2023  
Date of publication: 18/05/2023

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



# Overall summary

**This service is rated as Good overall** (Previous inspection 25 April 2022 – Good with requires improvement in the safe key question). At our last inspection we rated the service as ‘Good’ overall and for providing effective, caring, responsive and well-led services. We rated the service as requires improvement for providing safe services because some of the systems and processes required to support safe practice had not been formalised and/or required development.

The key question inspected is rated: Are services Safe? – Good

We carried out this announced focused inspection of The Grange Clinic on 25 April 2023 to follow up on the safe key question and a breach of Regulation 12 of the Health and Social Care Act regulations. We found that improvements had been made and compliance with the regulation had been achieved.

Following our last inspection in April 2022 the provider was required to develop procedures to support the provision of safe care and treatment. These included; Carrying out a review of the policies and procedures for safeguarding children and vulnerable adults. Reviewing risk assessments and producing plans to detail how risks were managed. Introducing a formalised audit of infection prevention and control measures. Carrying out a risk assessment to demonstrate the emergency medicines required. Ensuring a system was in place for receiving and acting upon patient safety alerts. We had also found that there were areas where the provider should make improvements. These included: To assess the training needs of members of the non-clinical team and produce a training plan to ensure these are met. To consider a second stage to the complaints process to include adjudication.

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 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 Grange Clinic Ltd provides a range of non-surgical cosmetic interventions some of which are not within CQC scope of registration. Therefore, we do not inspect or report on these services.

The registered manager for the service is Aenone Harper-Machin. 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 provider demonstrated improvements to the systems and processes required to support safe practice.

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- There were systems to assess, monitor and manage risks to patient safety.
- Staff had the information they needed to deliver safe care and treatment to patients.
- The service had systems for the appropriate handling of medicines.
- The service learned and made improvements when things went wrong.

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

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. The focused inspection was carried out remotely. The inspection involved discussion with the registered person. The provider was also required to submit documented evidence in support of the improvements made.

## Background to THE GRANGE CLINIC LTD

The Grange Clinic Ltd is registered with CQC as an independent consulting doctors service providing minor surgery. The service is located at The Grange, 1 Hoole Road, Chester, CH2 3NQ.

The service is owned and run by the provider Aenone Harper-Machin. Services to patients include consultation, investigation and treatment. The service provides a range of minor surgical procedures that are carried out using local anaesthetic. These procedures may be for health and or aesthetic purposes. Services may include; skin surgery to remove lesions (tested for suspected cancer), minor eyelid surgery, minor aesthetic ear surgery, specific breast procedures and other intimate procedures. The range of services provided are listed on the provider's website. The service also offers a range of other aesthetic procedures that fall outside the scope of CQC registration.

The service operates Monday to Friday from 9am to 5pm. All appointments are pre-bookable.

The service is registered with CQC to provide the following regulated activities: Treatment of disease, disorder or injury and Surgical procedures.

How we inspected this service

We carried out this review remotely. We reviewed information we hold about the service and asked the provider to send us information about the actions they had taken since our comprehensive inspection of the service.

Our review included:

- Speaking with the registered provider
- Reviewing records and supporting information and evidence submitted by the provider.

To get to the heart of patients' experiences of care and treatment, we 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 form the framework for the areas we look at during an inspection. For the purposes of this inspection we looked at the safe key question.

# Are services safe?

## **The service provided care in a way that kept patients safe and protected them from avoidable harm.**

At our last inspection carried out on 25 April 2022 we had found that some of the processes to support safe care and treatment required review or development. Risk assessments and plans to mitigate risks had not been formalised. During this inspection we found that action had been taken to review, develop and formalise processes and practices and to demonstrate how risk was being managed.

### **Safety systems and processes**

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

- The provider had a range of safety related policies and procedures that were available to staff. Staff were provided with information about safety as part of their induction.
- Policies and procedures were in place to safeguard children and vulnerable adults from abuse. These had been reviewed and developed since our last inspection and included contact details of the local agencies to refer to in case of suspected abuse.
- The provider carried out checks on all staff at the time of recruitment. This included Disclosure and Barring Service (DBS) checks. (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 provider sought confirmation that clinical staff had been provided with up-to-date safeguarding training appropriate to their role. Non-clinical staff had been required to undertake safeguarding training since our last inspection.
- Staff who acted as chaperones had received a DBS check.
- A cleaning contractor was used to carry out the main cleaning duties and staff carried out cleaning duties between patients. Cleaning materials were appropriately stored, and items were colour coded to differentiate use.
- The premises had been developed to meet infection prevention and control requirements and all equipment was single use. Infection prevention and control procedures were in place and regular infection prevention and control audits had been carried out since our last inspection.
- There were systems in place for appropriate management of healthcare/clinical waste.

### **Risks to patients**

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- The provider had business continuity plans in place in case of major disruptions to the service.
- There were medical indemnity arrangements in place.
- Since our last inspection the provider had carried out a risk assessment covering their main areas of work. This included actions in place to mitigate identified risks.
- The premises and facilities were planned to ensure access for people who were disabled.
- The provider had carried out a formalised assessment for determining the emergency medicines required since our last inspection.

### **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 and protected their confidentiality.

# Are services safe?

- Information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- Systems were in place for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referrals to other services were made appropriately.

## Safe and appropriate use of medicines

### The service had systems for the appropriate handling of medicines.

- The arrangements for managing medicines, including emergency medicines minimised risks.
- There were medicines available to deal with medical emergencies. These were appropriately stored and checked regularly.
- Equipment was in place for use in the event of a medical emergency and this was checked on a regular basis.

## Lessons learned and improvements made

### The service learned and made improvements when things went wrong.

- There was a system for recording and acting on incidents and significant events.
- Staff understood their duty to raise concerns and report incidents and near misses.
- Staff felt confident to raise issues and felt that they would be supported if they did so.
- The provider had introduced a system for receiving and acting upon patient safety alerts since our last inspection.
- The provider was aware of the requirements of the duty of candour. The provider encouraged a culture of openness and honesty.