

May Wellness Centre

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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

The practice is rated as Good overall. (Previous inspection October 2018 – not rated).

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 comprehensive inspection at The May Wellness Centre as part of our inspection programme. The May Wellness Centre provides a service for adults aged 18 years and older for dermatological services and blood collection. The consultants who come into the centre undertake the regulated activities on a 'practice privileges' arrangement (this is an established process in the independent healthcare sector where medical practitioners are granted permission to work in independent clinics). Checks and vetting are undertaken to ensure they are fit to carry out the procedures on behalf of Quinn Aesthetics Limited. This is a new service with a growing patient list so there is flexibility with appointment times.

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 and of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. May Wellness Centre provides a range of services which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The practice manager 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.

A total of 15 people provided feedback about the service through the completion of comment cards and speaking with the inspector. All the comments were positive about the service. Patients described the service as professional and friendly. They also told us they felt listened to and were comfortable with the approach and manner of staff.

Our key findings were:

- There was a transparent approach to safety with effective systems in place for reporting and recording incidents.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- All consultation rooms were well organised and equipped, with good light and ventilation.
- There were systems in place to check all equipment had been serviced regularly.
- The staff team maintained the necessary skills and competence to support the needs of patients.
- The staff team were up to date with current guidelines and were led by a provider who was proactive in keeping all clinicians up to date.
- Risks to patients were well managed. For example, there were effective systems in place to monitor and improve the quality of patient services.
- The provider was aware of, and complied with, the requirements of the Duty of Candour.

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

- Review the arrangements for customer feedback to ensure it includes the quality of clinical care received as well as customer satisfaction.
- Review and update the policy on infection prevention and control to clarify arrangements for communicable disease control and notifiable infections.

Dr Rosie Benneworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

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

Background to May Wellness Centre

Quinn Aesthetics Limited is the provider trading as May Wellness Centre at:

4 Redland Court Road,

Bristol,

BS6 7EE

The service is registered as a private doctor's consultation service. The premises are owned by Quinn Aesthetics Limited (the provider). The May Wellness Centre's statement of purpose identifies the provision of dermatological services including taking of blood samples for the public. There are three doctors working at the service supported by a registered manager, a registered nurse and an administrative team. One of the doctors is also the medical director for the service. The provider also offers services which are not regulated by CQC such as counselling services and cosmetic treatments and therefore these were not included as part of our inspection.

The service is open on Monday and Wednesday from 10am to 6pm; Tuesday and Thursday from noon to 8pm; and 10am to 4pm on Friday. All appointments must be pre-booked. All patients are required to complete a comprehensive health questionnaire/declaration prior to their appointment.

The service is registered to provide the following regulated activities:

- Diagnostic and screening
- Treatment of disease, disorder or injury

The service includes:

- Dermatology consultations

How we inspected this service

We inspected the May Wellness Centre on 18 September 2019. We informed NHS England, Healthwatch and the clinical commissioning group that we were inspecting the service; however, we did not receive any information of concern from them. Prior to the inspection we received the pre-inspection information for the provider and reviewed the information available on their website.

During our visit we:

- Spoke with the provider; clinical and administrative staff; and one patient.
- Reviewed records and documents.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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:

- The service had processes and services to minimise risks to patient safety.
- We found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice.
- Risk assessments relating to the health, safety and welfare of patients using the service had been completed in full.
- The provider demonstrated that they understood their safeguarding responsibilities.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- Comments from patients confirmed that the service was safe in its approach and undertook rigorous health assessments prior to treatment.

The service provider should:

- Review and update the policy on infection prevention and control to clarify arrangements for communicable disease control and notifiable infections.

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 including locums. They outlined clearly 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. However, they did not provide services to patients under 18 years of age.
- 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).

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. However, the arrangements for communicable disease control and notifiable infections were not clearly stated in the policy. An assessment of the risk and management of Legionella had been undertaken (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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 were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for agency staff tailored to their role.
- 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.
- 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.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

Are services safe?

- 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 to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- 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 had a strict protocol to follow when private prescriptions were issued so that the prescriptions could be monitored and audited for security.
- 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 do they prescribe schedule 4 or 5 controlled drugs.
- 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. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

- There were effective protocols for verifying the identity of patients.

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

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 had arrangements to learn and share lessons identify themes and take action to improve safety in the service.
- The provider was aware of and complied with 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

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- The service had a system to receive and act upon external safety events as well as patient, medical device and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff

Are services effective?

We rated effective as Good because:

- The service provided evidence based care which was focussed on the needs of the patients.
- Patients received a comprehensive assessment of their health needs which included their medical history.
- The service encouraged and supported patients to be involved in monitoring and managing their health.
- There was effective staffing; clinicians were registered with the appropriate professional regulatory body and had opportunities for continuing professional development to meet the requirements of their professional registration.
- Consent was sought and recorded before treatment and for information sharing; and the provider demonstrated a thorough understanding of the Mental Capacity Act 2005.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians 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. Where appropriate this included their clinical needs and their mental and physical wellbeing. For example, we saw examples where the provider had referred clients to counselling services before undertaking dermatological treatment; or to dietary and fitness services after treatments.
- The provider adopted a holistic well-being ethos that cared for the whole person; and this was confirmed by patient feedback we received.
- Clinicians 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.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity including audits.

- The service used information about care and treatment to make improvements. For example, we saw a comprehensive independent customer feedback survey had been carried out.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, an audit of clinical governance had been carried out and we saw action had been taken to implement identified improvements such as refresher training for staff. We saw that regular audits were carried out of samples of patient records to ensure completeness of recording and appropriate consent was in place. Actions identified had been addressed with relevant clinicians.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) or Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Clinicians had access to ongoing support through attendance at NHS and professional meetings.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. Patients were referred to clinical psychologists or dermatologists; and to dieticians and fitness coaches where appropriate.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines

Are services effective?

history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.

- All patients 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.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. Patients who were wheelchair users or had other mobility needs were referred to the nearest suitable provider as the premises did not have full disabled access and facilities.
- 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

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. The provider adopted a holistic well-being ethos that emphasised care for the whole person and encouraged patients to be involved in monitoring and managing their own health.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, where a diagnosis was made of a serious health condition then patients were further involved in discussions about their best interests and the availability of suitable secondary care treatment.
- 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

- 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.

Are services caring?

We rated caring as Good because:

- Patients indicated through feedback they were listened to, treated with respect and kindness; and were involved in the discussion of their treatment options, which included any risks, benefits and costs.

The service provider should:

- Review the arrangements for customer feedback to ensure it includes the quality of clinical care received as well as customer satisfaction.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on customer satisfaction and we saw a recent independent survey had been completed. However, the survey did not cover the quality of clinical care patients received.
- Feedback from patients was 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

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

- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids were available.

Privacy and Dignity

The service respected patients' 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:

- The service was responsive and ensured there was timely access and a range of appointment times available.
- The provider handled complaints in an open and transparent way. The complaints procedure was readily available for patients to read in the reception area.

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. Patient feedback was encouraged through a range of social media, a patient survey and a suggestion box. Feedback was reviewed and improvements made where appropriate. The provider had a holistic well-being ethos to care for the needs of the whole person and offered access to a range of clinical and well-being services in site.
- The service offered a range of diagnostic services such as blood tests. Patients were routinely contacted by a clinician when their test results had been received as part of a follow up consultation.
- The facilities and premises were appropriate for the services delivered.
- The service was available to the adults only but did not discriminate against any patient group and was clear about the type of services which were offered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The facilities at the location did not comply with the Disability Discrimination Act 2005. However, the statement of purpose identified that they were unable to offer access

and toilet facilities for patients with wheelchair mobility needs at this location and would refer to the nearest location offering the same regulated activity where full access was available.

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.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. A range of other services was available on site including a psychologist; and where appropriate patients were referred before dermatology treatment was carried out.

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. Staff treated patients who had concerns compassionately.
- The complaints policy and procedure was in line with recognised guidance. A system was in place to ensure the service learned lessons from individual concerns and complaints. The service had not received any formal complaints in the last year. However, we found the provider acted to respond to comments from patients. For example, in response to their patient survey they had adjusted opening hours to provide greater accessibility.

Are services well-led?

We rated well-led as Good because:

- There was a management structure in place and the provider had the managerial capacity to run the service.
- There were clinical governance and risk management structures which monitored performance. There was a pro-active approach to identify safety issues and the provider acted on this information to make improvements in procedures where needed.
- Risks to patients and staff were assessed and the provider audited areas of their practice as part of a system of continuous improvement.
- The views of patients were sought and policies and procedures were in place to support the safe running of the service.
- There was a focus on improvement within the service.

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

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 service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

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.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and concerns. 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 need. This included appraisal and career development conversations. All directly employed staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They 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.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

Are services well-led?

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 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. For example, patient record auditing was used to inform any training needs for staff.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- 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.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. Patient feedback was collected via a range of social media platforms and we saw improvements made as a result.
- Staff could describe the systems in place to give feedback, including weekly staff meetings. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and concerns. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. For example, patients seeking treatment for skin conditions would be advised to see a nutritionist and follow eating plans (to help improve skin health from within); and/or join a gym (to improve muscle and core strength) to improve their overall feeling of well-being, before receiving corrective dermatology treatment (to improve the external appearance of the skin). This holistic approach resulted in patients feeling happier, more confident and healthier.