

Woodford Medical Limited




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 well-led?		Good	

Overall summary

We carried out an announced focused inspection at Woodford Medical Limited on 2 August 2023, to follow up on breaches of regulations identified at our inspection in November 2022, when we rated the service as Requires improvement overall.

This inspection focused on issues relating to the key questions of Safe and Well-led.

This service is now rated as Good overall.

The two key questions are rated as:

Are services safe? Good

Are services well-led? Good

Are services effective? Previously rated good

Are services caring? Previously rated good

Are services responsive? Previously rated good

At our inspection in November 2022, we identified issues relating to the key questions Safe and Well-led:

- The provider could not demonstrate that a risk assessment had been carried out to ensure that an appropriate range of emergency medical equipment and emergency medicines were available on site.
- The provider had not ensured infection prevention and control audits were carried out regularly.
- The provider had failed to assure themselves the issues identified by the legionella risk assessment were addressed by the premises landlord.
- The provider could not demonstrate that clinicians' required training had adequately covered their responsibilities in relation to the Mental Capacity Act 2005 and information governance.

These constituted a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and we served a notice on the provider requiring it to take action to comply with the regulation. The provider sent us a plan of the actions it intended to take, and we carried out this inspection to check on what had been implemented.

Our key findings were:

- A risk assessment had been conducted relating to emergency equipment and medicines; suitable stocks were being maintained and monitored.
- Regular infection prevention and control audits had been implemented, with the findings actioned, including in relation to legionella risk management.
- There was evidence that clinicians had undertaken training covering the Mental Capacity Act and information governance.

We found the provider had taken appropriate action to comply with the requirements of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have revised the ratings accordingly.

Overall summary

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Chief Inspector of Health Care

Our inspection team

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

Background to Woodford Medical Limited

Woodford Medical Limited (the provider) operates an independent clinic specialising in aesthetic medicine, located at 8 Upper Wimpole Street London W1G 6LH.

The provider is registered by the Care Quality Commission in respect of the regulated activities Treatment of disease, disorder or injury and Surgical procedures.

The provider runs two other clinics, in Cambridge and Danbury, Essex. These other locations were not visited as part of this inspection. Patients can be seen at the clinic of their choice, although disabled access was limited at the London clinic.

Services are provided by two doctors who are registered by the General Medical Council and who specialise in aesthetic medicine. They are supported by three therapists, a team of treatment advisers and a clinic manager. Treatment is provided to patients aged over 18. It includes aesthetic treatments for leg veins, wrinkles, excessive hair and skin tightening which do not require CQC registration. The exception to this is thread lifts which are surgical procedures.

The clinic operates on Tuesdays, Wednesdays and Thursdays from 9am to 5pm.

How we inspected this service

We carried out a site visit to the service location and met with the provider's clinic manager. We reviewed evidence submitted by the provider.

Are services safe?

At our inspection in November 2022, we identified issues relating to the key question Safe:

- The provider could not demonstrate that a risk assessment had been carried out to ensure that an appropriate range of emergency medical equipment and emergency medicines were available on site.
- The provider had not ensured infection prevention and control audits were carried out regularly.
- The provider had failed to assure themselves the issues identified by the legionella risk assessment were addressed by the premises landlord.

These constituted a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection in August 2023, we found the provider had taken appropriate action to comply with the regulation and have revised the rating in respect of the key question Safe to Good.

Safety systems and processes

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

At our inspection in November 2022, we had difficulty reviewing the provider's governance safety policies as we found they were not maintained effectively, accessible to all staff.

We were sent the provider's infection prevention and control policy after our inspection. It referred to risk assessments and audits being conducted, but none were evident at the time of our inspection. The provider sent us a risk assessment carried out after the inspection, but no evidence of an audit being completed. It undertook to programme regular audits moving forward. We saw a legionella risk assessment had arranged by the premises landlord, but there was no evidence of actions suggested in the assessment having been carried out.

At this inspection in August 2023, we were shown hard copy governance policies had been consolidated and were maintained in a master folder as well as being saved on the provider's shared computer system, accessible to all staff.

The provider had produced an annual infection prevention and control (IPC) statement, following a full IPC audit having been conducted in March 2023, soon after our previous inspection report was published. Actions identified in the audit had been implemented appropriately. Regular auditing would be carried out moving forward.

We were shown evidence that recommendations set out in the legionella risk assessment had been actioned by the premises landlord. The clinic manager had completed relevant training and we saw evidence the provider was monitoring and logging water temperatures in accordance with relevant guidance.

Risks to patients

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

At our inspection in November 2022, we saw the provider stocked some emergency medicines, for example to treat anaphylaxis, a severe allergic reaction. It did not maintain an emergency oxygen supply or a defibrillator. This was due to the nature of the treatments, which the provider considered was unlikely to lead to medical emergencies. However, the provider had not carried out and recorded a suitable assessment of the risks to patients.

Are services safe?

At this inspection in August 2023, we saw the provider had carried out and recorded a full risk assessment in respect of thread lift minor surgery conducted at the location in February 2023, shortly after we published our previous inspection report. The risk assessment set out that staff had the yearly basic life support training, and screening for hepatitis, with up to date vaccinations. We saw emergency medicines and equipment appropriate to the type of service were maintained, monitored and recorded. These included airways, Ambubags (single patient use adult resuscitators), cortisone, antihistamines, and adrenaline. Following the assessment, the provider did not consider it necessary to maintain a supply of oxygen or a defibrillator on site as the likelihood of them being needed was remote. There were various nearby locations providing emergency care services should the need arise.

Lessons learned and improvements made

The service learned and made improvements when things went wrong

At our inspection in November 2022, we found the provider's staff were aware of the Duty of Candour, but that was no formal governance policy. After the inspection the provider confirmed that a policy had been produced. The professional Duty of Candour requires every health and care professional must be open and honest with patients and people in their care when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress.

At this inspection in August 2023, we were shown the provider's written policy on the Duty of Candour, produced in February 2023. The provider also showed us certificates confirming clinicians working in the service had undertaken relevant training in November 2019.

Are services well-led?

At our inspection in November 2022, we identified issues relating to the key question Well-led:

- The provider could not demonstrate that a risk assessment had been carried out to ensure that an appropriate range of emergency medical equipment and emergency medicines were available on site.
- The provider had not ensured infection prevention and control audits were carried out regularly.
- The provider had failed to assure themselves the issues identified by the legionella risk assessment were addressed by the premises landlord.
- The provider could not demonstrate that doctors' required training had adequately covered their responsibilities in relation to the Mental Capacity Act and information governance.

These constituted a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection in August 2023, we found the provider had taken appropriate action to comply with the regulation and have revised the rating in respect of the key question Well-led to Good.

Governance arrangements

Systems to support good governance and management were not always effective.

At our inspection in November 2022, the provider was not able to demonstrate that governance policies and protocols were maintained in an effective manner. Staff we spoke with were unclear about which hard copy policies were kept in a folder onsite, and how often they were reviewed and updated. The provider clarified the governance policy control process and the system for annual review after the inspection.

The provider was not able to evidence that doctors' required training had adequately covered their roles and responsibilities in relation to patients' mental capacity to consent to treatment.

At this inspection in August 2023, we were shown the governance policies hard copy folder and saw there were effective processes in place to review and if appropriate update the policies on a regular basis, at least annually. Staff were informed of any review changes and were required to formally confirm they had read the new documents.

In addition to the hard copies, the governance policies and other records were saved on the provider's shared computer system, which all staff could access.

We were shown certificates confirming clinicians had received training in July 2023 covering the Mental Capacity Act 2005 and patients' consent to treatment.

Managing risks, issues and performance

Processes for managing risks, issues and performance were not always effective.

At our inspection in November 2022, we found the provider's processes to identify, understand, monitor and address current and future risks including risks to patient safety were not always effective. For example, processes around infection control and emergency medicine and equipment were not comprehensive.

Are services well-led?

At this inspection in August 2023, we saw the provider had taken action to address our concerns regarding infection prevention and control (IPC) issues and in relation to emergency medicines and equipment. An IPC statement had been written and regular IPC audits were being carried out. Matters relating to legionella risk had been addressed and the provider's staff were conducting appropriate monitoring.

An assessment of the risks relating to surgical procedures had been undertaken, which included a review and assessment of emergency equipment and medicines kept at the premises. These were being monitored appropriately.

Appropriate and accurate information

The service acted on appropriate and accurate information.

At our inspection in November 2022, the provider was not able to produce evidence that the doctors' training had adequately covered their responsibilities in relation to information governance.

At this inspection in August 2023, the provider showed us certificates confirming clinicians at the service had received Information Governance training in March and July 2023.