

Juvea Medical Limited

# Juvea Medical Limited

## Inspection report

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### Overall summary

We carried out an announced comprehensive inspection on 4 June 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

##### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

##### **Are services responsive?**

We found that this service was providing responsive care in accordance with the relevant regulations.

##### **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The provider Juvea Medical Limited has one location registered as Juvea Medical & Aesthetics located in Harley Street in London and provides a range of cosmetic skin treatments to adults on a private basis.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines.

The doctor 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.

Seven patients provided feedback about the service. All the comments we received were positive about the service, for example describing the doctors as friendly, caring and informative.

#### **Our key findings were:**

- The provider had systems in place to protect people from avoidable harm and abuse.
- The provider had systems in place to record, monitor, analyse or share learning from significant events.

# Summary of findings

- The service had arrangements in place to respond to medical emergencies.
- There were arrangements in place for the management of medicines.
- There was a clear vision to provide a personalised, high quality service.
- The patient feedback we received in the course of the inspection indicated that patients were satisfied with the service they received.
- Information about how to complain was available. The provider had not received any complaints about the service in the last year.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

- The service had systems, processes and practices in place to safeguard people from abuse.
- The service had a system in place for reporting and recording significant events or other incidents.
- The service was clean and monitored infection prevention and control. There were cleaning schedules in place.
- The service had arrangements in place to respond to medical emergencies.
- There were appropriate arrangements in place for the management of medicines.

### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

- The doctors assessed needs and delivered care in line with current evidence based guidance.
- The doctors had the skills, knowledge and experience to deliver effective care and treatment.
- The doctors provided evidence that they maintained their skills and were externally appraised and underwent revalidation in line with requirements.
- The provider had systems and processes to improve quality such as completed clinical audits

### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

- CQC comment cards indicated patients were treated with care, dignity and respect.
- The staff were polite, helpful and aware of the need to maintain patient privacy and confidentiality.
- The service involved patients in decisions about their care and provided clear information including about the likely costs, prior to the start of treatment.

### **Are services responsive to people's needs?**

We found that this service was providing responsive care in accordance with the relevant regulations.

- The service was responsive to patient needs for example, arranging appointments on request and at a time convenient to the patient.
- Information about how to complain was available. The provider had not received any complaints about the doctor's consultation service in the past year.
- The service was accessible and could arrange translation services when required.

### **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

- There was a clear leadership structure, vision and strategy for the service.
- The service had a comprehensive range of policies and procedures in place to identify and manage risks and to support good governance.
- There was a focus on continuous improvement.

# Juvea Medical Limited

## Detailed findings

### Background to this inspection

The service provides a range of cosmetic skin treatments to adults on a private basis. They provide consultation for procedures such as aesthetic treatments including dermal fillers, anti-wrinkle muscle relaxants and laser hair removal. They also provide plastic and reconstructive surgery; however the actual procedures are carried out by self-employed surgeons who also work for the NHS.

The service offers appointments Monday to Thursday 9am – 8pm and Friday 9am – 5pm.

The practice only treats adults and appointments are booked in advance by telephone, email or in person. They see approximately 60 patients per week.

Patient facilities are provided on the first floor which can be accessed using the lift and the building has a ramp facilitating physical access. The staff team include a lead doctor, an operation manager and a lead practitioner. There are also three self-employed beauty clinicians and two self-employed surgeons. The landlord provides a range of property services such as building risk assessments and health and safety checks.

We carried out this inspection on 4 June 2018. The inspection team comprised of a CQC inspector and a GP specialist advisor.

Before visiting, we reviewed a range of information we hold about the service and asked the practice to send us some information about the service which we also reviewed.

During our visit we:

- Spoke with the doctor, operations manager and lead practitioner
- Reviewed comment cards where patients had shared their views and experiences of the service in the days running up to the inspection.
- Reviewed documentary evidence relating to the service and inspected the facilities, equipment and security arrangements.
- We reviewed a number of patient records alongside the doctor. We needed to do this to understand how the service assessed and documented patients' needs, consent and any treatment required.

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 formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

We found that this service was providing safe services in accordance with the relevant regulations.

### Safety systems and processes

The service had considered relevant health and safety and fire safety legislation and had access to relevant risk assessments covering the premises in addition to practice policies and protocols which were regularly reviewed. Any changes in safety procedures were communicated to patients if relevant.

The service had systems, processes and practices in place to keep people safe and safeguarded from abuse:

- The lead doctor was the designated safeguarding lead for the practice. The service had safeguarding policies which included details for the local statutory safeguarding team. Staff had ready access to information outlining who to contact for further guidance if they had concerns about a patient's welfare. Staff understood their responsibilities and had received adult and children safeguarding training relevant to their role. However, the service did not see children.
- Information informing patients about the use of chaperones was on display in the practice. Practice policy was to use the beauty clinicians as chaperones whenever needed, all of whom had been DBS checked.
- We looked at personnel records and found appropriate information, including proof of identification, qualifications and registration with the appropriate professional body. We also saw evidence of appropriate indemnity insurance and 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 doctor was professionally registered and we saw evidence of their revalidation.
- The service maintained appropriate standards of cleanliness and hygiene. The landlords were responsible for cleaning the premises and we saw cleaning schedules and monitoring systems were in place. There were infection prevention and control

protocols which were implemented and reviewed. They also carried out an annual infection control audit. Staff had received infection control training. The provider disposed of clinical waste appropriately.

- The premises were suitable for the service provided. The practice was located on the first floor and had a lift and ramped access from the street.
- The landlord had a range of health and safety and environmental policies in place. The service displayed a health and safety poster with contact details of health and safety representatives that staff could contact if they had any concerns. Health and safety risk assessments for the premises had been carried out including a legionella risk assessment. Fire safety equipment was regularly tested and the provider carried out fire drills periodically.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

### Risks to patients

The service had arrangements in place to respond to emergencies and major incidents:

- All staff received annual basic life support training.
- There was a defibrillator and emergency oxygen with adult masks available on the premises, which the doctors had access to.
- The doctors were aware of the presenting symptoms of acutely unwell patients including sepsis.
- The practice kept a small stock of emergency medicines to treat patients in an emergency for example patients experiencing symptoms of anaphylaxis.

### Information to deliver safe care and treatment

On booking an appointment and at each consultation the doctor had access to the patient's previous records. Patients making an appointment for the first time were asked to complete a new patient registration form with their contact details, date of birth medical and family history and any current treatment or health conditions and details of their NHS GP (if they had one). The doctors sought patients' consent to share information about care

# Are services safe?

and treatment provided by them with their NHS GP. Registered patients were also asked to bring any prescribed medicines with them to their first consultation to enable the doctor to carry out a thorough clinical assessment.

## **Safe and appropriate use of medicines**

The provider had arrangements for managing medicines (including obtaining, prescribing, recording, handling, storing and security).

- Although the provider did not routinely prescribe medication they had protocols for prescribing.
- The doctor told us they would not prescribe a medicine if this was contraindicated or otherwise inappropriate in their clinical judgement. The provider did not prescribe any unlicensed medication.
- The fridge temperature was monitored on a daily basis, and we saw evidence that the cold chain was maintained.
- The doctor routinely reviewed updates to national guidelines and medicines safety alerts to ensure safe prescribing.

## **Track record on safety**

The service maintained a log of serious incidents, accidents and complaints. The practice had not experienced any serious incidents involving significant harm to patients or staff. National safety alerts were logged, assessed for relevance.

The provider had computerised patient's records and there were systems in place to protect against accidental loss or corruption.

## **Lessons learned and improvements made**

There were systems in place for identifying, investigating and learning from safety incidents. The practice had a clear definition of a 'serious incident' which staff were required to report. It had also encouraged staff to report less serious incidents which might lead to improvement. Staff told us they would inform the lead doctor of incidents and complete an incident form. Action and learning arising from incidents was also reviewed regularly.

The provider was aware of and complied with the requirements of the Duty of Candour. 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 in patient's notes of verbal interactions as well as written correspondence.

# Are services effective?

(for example, treatment is effective)

## Our findings

We found that this service was providing effective services in accordance with the relevant regulations.

### Effective needs assessment, care and treatment

The doctor we interviewed provided evidence that they assessed needs and delivered care in line with relevant and current evidence based guidance and standards. Updates to guidelines were assessed for relevance, discussed and shared across the clinical team.

The practice offered a range of in-house diagnostic tests and also used diagnostic services run by other independent providers in the same area of London offering patients same-day testing and results for many tests.

The practice had developed links with a wide range of specialists to facilitate appropriate referrals.

### Monitoring care and treatment

The service had some systems in place to monitor the quality of care and treatment. For example, the practice undertook annual audits in relation to laser tattoo removal and incidents of blistering of the treated area.

The practice benchmarked its clinical activity, for example against published NHS data and targets.

### Effective staffing

The doctor had the skills, knowledge and experience to deliver effective care and treatment. They told us they had opportunities to keep up to date in their specialism. and could provide evidence of this.

All staff were up to date with their safeguarding, basic life support, fire safety awareness and infection control training.

- The practice 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.

- The practice provided staff with ongoing support. This included an induction process, appraisals and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating patient care and information sharing

The service shared information to plan and co-ordinate patient care effectively.

- From the sample of documented examples we reviewed we found that the service shared relevant information with other services in a timely way.
- Information was shared between services with patients' consent. Patients were actively encouraged to allow the practice to share information, when necessary, about their treatment with their NHS GP where applicable.

### Supporting patients to live healthier lives

The doctor told us they would provide information and advice about healthy living, on an ad-hoc basis to patients, for example in relation to diet.

The practice provided a written report to patients following screening checks. Where abnormalities or risk factors were identified that might require additional support or intervention, changes to people's care or treatment were discussed and followed up.

### Consent to care and treatment

The doctors sought patients' consent to care and treatment in line with legislation and guidance. They understood the relevant consent and decision-making requirements of legislation and guidance relating to adults including the Mental Capacity Act 2005. The doctor sought written consent from patients in relation to certain procedures and to share information with their NHS GP when necessary.

All new patients were asked to provide identification at initial appointments.

# Are services caring?

## Our findings

We found that this service was providing caring services in accordance with the relevant regulations.

### **Kindness, respect and compassion**

The doctor told us they prided themselves on providing a caring service. The practice's mission statement was to 'Genuinely Provide Superior Treatments' to their clients.

We received seven CQC comment cards from patients which were wholly positive about the service. Patients commented that the service was excellent and described the doctor as friendly and professional.

### **Involvement in decisions about care and treatment**

The service ensured that patients were provided with information, including costs, to make decisions about their treatment. The CQC comment cards included comments that all aspects of the service was very good.

The practice provided facilities to help involve patients in decisions about their care:

- Patients who did not speak English or have someone suitable to interpret could request an interpreter or translation service. However the staff team spoke a variety of languages between them.
- Information leaflets were available explaining the services available.
- The practice provided written reports following health checks.

### **Privacy and Dignity**

Screens were provided in the consulting room to maintain patients' privacy and dignity during examinations, investigations and treatments. The provider displayed information informing patients that chaperones were available. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. The doctor was aware of the importance of protecting patient confidentiality and had undertaken training on information governance.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We found that this service was providing responsive services in accordance with the relevant regulations.

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

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences. The practice understood the needs of its patient population and tailored services in response to those needs. For example, they had introduced a non-surgical liposuction procedure as a result of a number of patients raising concerns about weight management.

The practice made reasonable adjustments to ensure that patients with disabilities could access the service.

### **Timely access to the service**

Appointments could be made over the telephone or face to face. The practice was open from Mondays to Thursday 9am- 8pm and Friday 9am – 5pm.

Patients had to pre-book appointments. Waiting times, delays and cancellations were minimal and managed appropriately.

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

The practice 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 from reception, in the practice leaflet and via the website.

The complaint policy and procedures were in line with recognised guidance. The practice had not received any complaints in the last year.

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

## Our findings

We found that this service was providing well-led services in accordance with the relevant regulations.

### **Leadership capacity and capability;**

The practice was led by one doctor who had capacity and skills to deliver high quality, sustainable care.

They had identified clear priorities for maintaining the reputation, quality and future of the service. They understood the challenges facing the sector and the service and had developed a strategy to address these.

### **Vision and strategy**

The provider had a clear vision about the scope of the service and the needs of patients who used the service. The aims and objectives were set out in the mission statement for the service. They aimed to provide personalised superior treatments. They had an awareness of health values and ensured training, policies and procedures were in place. There was a realistic strategy and supporting business plans to achieve identified priorities.

### **Culture**

There was a positive and professional working culture at the practice. The support staff in the practice stated they felt respected, supported and valued. They told us they were able to raise any concerns and were encouraged to do so with the doctors. They had confidence that these would be addressed.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour with patients. The culture of the service encouraged openness and honesty.

### **Governance arrangements**

There were clear responsibilities, roles and systems of accountability to support good governance and management. The structures, policies, processes and systems were clearly set out, accessible and the doctor had systems in place to assure these were operating as intended.

The doctor was appraised by an external appraiser on an annual basis.

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

There were clear and effective processes for managing risks. There was a process to identify, understand, monitor and address current and future risks including risks to patient safety.

A range of daily, weekly and monthly checks were in place to monitor the environment and the health and safety of the service.

The doctor had oversight and a documented process in place for relevant safety alerts, audit results and complaints. There was clear evidence of action to change practice to improve quality.

There was a business continuity plan including contact details for key contractors and utilities should there be a major environmental issue.

### **Appropriate and accurate information**

The provider had systems in place to ensure patient records were stored securely and treated confidentially. The patient records included an accurate and complete record of the consultation and the provider told us they would return all medical records to patients in the event of them ceasing to trade.

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

The provider told us they encouraged and valued feedback from patients, the public and staff. They requested ongoing patient feedback and analysed all feedback including feedback posted on relevant review websites. We saw the most recent comments demonstrated that patients were happy with the service.

### **Continuous improvement and innovation**

The lead doctor had a focus on continuous learning and had provided courses on behalf of the Royal College of General Practitioners (RCGP). They were also members of the Independent Doctor's Federation and attended regular learning and clinical update sessions.