

# THE GRANGE CLINIC LTD

## Inspection report

1 Hoole Road  
Chester  
CH2 3NQ  
Tel: 01244350718  
[www.thegrangeclinic.co.uk](http://www.thegrangeclinic.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?		Requires Improvement	
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? – Requires improvement

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 Grange Clinic Ltd on 25 April 2022 as part of our inspection programme.

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.

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 did 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 service provided care in a way that kept patients safe and protected them from avoidable harm. However, some of the systems and procedures to support this needed to be developed.
- Patients' needs were fully assessed, and care and treatment were tailored to individual needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care and treatment.
- The service organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- Leaders had the capacity and skills to provide good quality care and govern the service.

We found the following breach of regulations. The provider **must**:

# Overall summary

- Develop procedures to support the provision of safe care and treatment. To include; Carrying out a review of the policies and procedures for safeguarding children and vulnerable adults. Review assessments of risk and produce plans to detail how risks are mitigated. Introduce a formalised audit of infection prevention and control measures and practices. Carry out a risk assessment to demonstrate the emergency medicines required. Ensure a system is in place for receiving and acting upon patient safety alerts.

The provider **should** make the following improvements:

- Assess the training needs of members of the non-clinical team and produce a training plan to ensure these are met.
- Consider a second stage to the complaints process to include adjudication.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

The inspection was led by a CQC lead inspector. The inspection involved a visit to the location with a tour of the premises and facilities.

## 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

Before visiting we reviewed a range of information we hold about the service and asked the provider to send us information. This included the complaints they had received in the last 12 months, details of significant events and the details of their staff members. We carried out a visit to the location and toured the premises and facilities throughout.

Our inspection also included:

- Speaking with the registered provider
- Speaking with members of the staff team
- Reviewing records
- Requesting supporting information and evidence from the provider

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 Requires improvement because:**

The service provided care in a way that kept patients safe and protected them from avoidable harm. However, some of the processes to support this had not been formalised. Risk assessments and plans to mitigate risks had not been formalised.

### **Safety systems and processes**

**The service had systems to keep people safe and safeguarded from abuse but some of these needed to be developed.**

- 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. However, these needed to be reviewed and developed to ensure they included details as to the types of abuse, procedures in place to prevent abuse and 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 had sought confirmation that clinical staff had been provided with up-to-date safeguarding training appropriate to their role. However, at the time of the inspection a member of the non-clinical team had not undergone safeguarding training. The provider confirmed that this had been addressed immediately following our inspection visit.
- Staff who acted as chaperones had received a DBS check.
- The premises were clean and well organised. A cleaning contractor was used to carry out the main cleaning duties and staff carried out cleaning duties between patients. Cleaning materials were stored securely and items were colour coded to differentiate their use.
- The premises had been developed to meet infection prevention and control requirements and all equipment was single use. Infection and prevention procedures were in place, however audits were not carried out on a regular basis.
- 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. However, some of these required formalising.**

- There were arrangements for planning and monitoring the number and mix of staff needed.
- The provider told us they had business continuity plans in place in case of major disruptions to the service.
- There were appropriate medical indemnity arrangements in place.
- The provider had assessed risks in relation to the environment to ensure the premises were safe and appropriately maintained. However, health and safety related risk assessments and management plans required development.
- The premises and facilities were planned to ensure access for people who were disabled.
- There were medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. The provider had secured emergency medicines that they felt were required given the treatments being provided. However, a formalised risk assessment had not been carried out to demonstrate that what was in place was sufficient.

### **Information to deliver safe care and treatment**

# Are services safe?

## **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. The care records we saw showed that 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 where appropriate.

## **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.
- Checks were carried out on emergency medicines to ensure they were in good supply and in date.
- 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. There were no recorded incidents.
- Staff understood their duty to raise concerns and report incidents and near misses.
- Staff told us they felt confident to raise issues and felt that they would be supported if they did so.
- The service did not have a system in place for receiving and acting upon patient safety alerts.
- The provider was aware of the requirements of the duty of candour. Staff told us they felt the provider encouraged a culture of openness and honesty.

# Are services effective?

## We rated effective good because:

People received effective care and treatment that met their needs

### Effective needs assessment, care and treatment

#### 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 assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- Patients were provided with information to make an informed choice about their treatment and were given time to reflect on the proposed treatment plan before procedures were scheduled.
- We saw no evidence of discrimination when making care and treatment decisions.
- All members of the clinical team held substantive consultant posts within the NHS.
- Pre-operative checks were carried out prior to treatment being provided to ensure patient safety.
- Post-operative checks and assessments were also carried out to monitor patient recovery and the effectiveness of treatment provided.
- The majority of the regulated activity provided at the time of our inspection was for minor surgery for aesthetics and for suspected skin cancer. All skin tissue removed was sent for histology and the results were acted upon accordingly.

### Monitoring care and treatment

#### The service carried out quality improvement activity.

- The service made improvements through the use of audits. Recent audits included; An assessment of histological completeness of surgical excision of suspected skin cancer, use of the pre-surgery checklist and infection rates for surgical procedures.
- The provider told us they achieved full compliance with the World Health Organisation surgical safety checklist in October 2021.

### Effective staffing

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

- Clinical staff were appropriately qualified.
- Relevant professionals were registered with the General Medical Council (GMC).
- The provider had not assessed the learning needs of non-clinical staff and staff were not required to undertake regular mandatory training in topics such as information governance, fire safety, equality and diversity, infection prevention and control and safeguarding. Following the inspection the provider shared confirmation that non-clinical staff had undertaken safeguarding training and equality and diversity training.

### Coordinating patient care and information sharing

#### Staff worked with other organisations, to deliver care and treatment.

- Staff referred to, and communicated with, other services when appropriate.

# Are services effective?

- Before providing treatment, patients were required to provide details of their medical history to ensure care and treatment was provided appropriately.
- Patients were asked for consent to share details of their consultation with their registered GP if deemed appropriate. We saw an example of a letter having been sent to a patient's registered GP in line with GMC guidance.
- Patient information was shared appropriately and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

## **Supporting patients to live healthier lives**

### **Staff supported patients to manage their health.**

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- 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.
- Patients were provided with information on the proposed treatment including any associated risks and they were required to sign consent to procedures.



# Are services caring?

## **We rated caring as good because:**

People received care and treatment in a caring manner from staff who treated them with kindness and respect.

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

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

- The service sought feedback on the quality of care patients received.
- The provider shared patient feedback with us and this was very positive.
- The provider told us of their commitment to provide a positive patient journey. They described a patient centred service where patients are provided a high standard of care and attention.

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

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

- Interpretation services could be made available for patients who did not have English as a first language.
- Patients were offered a consultation to discuss their individual needs and wishes and discuss their treatment options.
- Patients were given information and time between their consultation and the treatment being provided to ensure they could make an informed decision.
- Patients were provided with care and treatment plans for them to review before treatment commenced.
- There was clear information on the provider's website about what services were provided and the costs involved,

### **Privacy and Dignity**

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

- Staff told us they recognised the importance of treating people with 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.
- Treatment room doors were closed and nobody could access treatment rooms without permission.
- Privacy curtains and changing rooms were provided in communal pre and post-surgery recovery areas.

# Are services responsive to people's needs?

## **We rated responsive as good because:**

Services were tailored to meet the needs of individual patients and were accessible.

## **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 patients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people could access and use the service on an equal basis.
- A lift was available for patients to access the first floor.
- Accessible toilet facilities were available.
- A fire evacuation chair was available for use in the event of a fire.
- Baby change facilities were available.
- The premises were secure with all doors being secured with the use of coded security locks.

## **Timely access to the service**

### **Patients were able to access care and treatment from the service within an appropriate timescale for their needs.**

- Appointments could be made by telephone, on-line or in person.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Referrals and transfers to other services were undertaken in a timely way.
- The appointments system was flexible to accommodate the needs and wishes of patients.

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

### **The service took complaints and concerns seriously and responded respond to them appropriately to improve the quality of care.**

- The service had a complaints policy and procedure.
- Information about how to make a complaint was made available to patients at their request.
- The service had not received any complaints.
- The complaints process did not include referring to an independent adjudicator should a complainant not be satisfied with the outcome of their complaint.
- Patients were encouraged to give feedback and make suggestions for improvement.
- Information was available in the reception area for patients to give feedback on their experience of the service. The feedback we viewed was very positive.

# Are services well-led?

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

There was a clear vision, strategy and culture to provide high quality care for patients, staff felt well supported and the service used feedback from staff and patients to make improvements.

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

#### **Leaders had the capacity and skills to deliver good quality, sustainable care.**

- The provider had a clear vision to provide high quality care to patients.
- Staff told us that leaders were visible and approachable.
- Staff felt opportunities were provided for them to discuss their own and service development.

### **Vision and strategy**

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

- The provider had a vision for the service and was expanding the range of services provided,
- Staff were aware of and understood the vision and their role in achieving this.

### **Culture**

#### **The service had a culture of providing good quality sustainable care.**

- Staff told us they felt respected, supported and valued.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they felt they could raise concerns. They had confidence that these would be addressed.

### **Governance arrangements**

#### **There were clear responsibilities, roles and systems of accountability.**

- Structures, processes and systems were in place to support governance and management of the service.
- Staff were clear on their roles and accountabilities
- Policies, procedures and activities had been established to ensure safety and ensure the service was operating as intended.
- Quality assurance audits included: An assessment of histological completeness of surgical excision of suspected skin cancer, use of pre surgery checklist and infection rate for surgical procedures.

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

#### **There were processes for managing risks, issues and performance.**

- The provider had identified, understood, monitored and address current and future risks including risks to patient safety. Risks were managed effectively but processes for assessing risk and planning to mitigate these needed to be developed.
- The provider told us they had a business continuity plan in place.

### **Appropriate and accurate information**

# Are services well-led?

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

- The provider was aware of requirements to submit 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.

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

### **The service involved patients, staff and external partners to support services.**

- The service encouraged feedback from patients and staff and acted on this to shape services.

## **Continuous improvement and innovation**

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

- There was a focus on learning and improvement.
- The provider was hoping to develop the service to become a rapid skin cancer triage and biopsy service within the NHS framework.
- The provider was expanding the range of services provided to include a greater number of specialist consultants.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The providers procedures to support the provision of safe care and treatment required development. In particular:</p> <ul style="list-style-type: none"><li>• Policies and procedures for safeguarding children and vulnerable adults required review and development.</li><li>• The processes for the assessment of risk and planning as to how to mitigate these needs to be developed.</li><li>• A formalised audit of infection prevention and control measures and practices was not in place.</li><li>• A risk assessment to demonstrate the emergency medicines required had not been carried out.</li><li>• There was no system is in place for receiving and acting upon patient safety alerts.</li></ul> <p>This was in breach of Regulation 12 (2)(1)(2)(8) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>