

nakedhealth Medispa

Inspection report

261-263
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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

Summary here...

This provider is rated as Good overall.

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 Nakedhealth Medispa as part of our inspection programme. Nakedhealth Medispa is a doctor led dermatology and vascular service. It treats private patients.

This provider 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 service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Therefore, at Nakedhealth Medispa, we were only able to inspect the services which were subject to regulation.

The provider has a registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the provider. 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 provider is run.

Four people provided feedback about the service. All the feedback was positive.

Our key findings were:

- The care provided was safe. There was a culture of placing safety at the core of activity. Staff told us they were encouraged to contribute to the organisation as a whole whether on safety or any other matters.
- The provider put the patients' needs before other considerations with patients being advised that no treatment or a "wait and see" approach were the favoured options if that was clinically in the patients' best interests.
- Clinicians worked with other providers, including NHS providers, and this helped to keep the provider up to date with the latest developments in the field.
- There was effective leadership and staff expressed satisfaction about the work. There was a low staff turnover.

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

- Review the location of the emergency medicines to ensure they are accessible.
- Review aspects of governance. To help ensure responsibilities, such as clarifying what training records the provider maintained, are established and provide oversight for work carried out by clinicians across different sites.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector and included a CQC GP specialist adviser.

Background to nakedhealth Medispa

Nakedhealth Medispa is located at:

261-263

Coombe Lane

London

SW20 0RH

02089445454.

www.nakedhealth.co.uk

It is a doctor led clinic providing aesthetic skin treatments as well as medical treatment for a limited range of dermatological conditions and vascular conditions such as thread veins. It has strong connections with other local services. There are two surgeons both of whom work at local hospitals.

The clinic is open seven days a week and until 9pm Tuesday, Wednesday and Thursday.

Our inspection team was led by a CQC inspector and included a, GP specialist adviser.

We reviewed information from the provider including evidence of staffing levels and training, audit, policies and the statement of purpose.

We interviewed staff, reviewed documents, talked with the provider, inspected the facilities and the building. We also asked for CQC comment cards to be completed by patients prior to our inspection. We received four comment cards.

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:

Safety systems and processes

The provider 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. Staff received safety information from the provider as part of their induction and refresher training. On the day of the inspection the fire alarm went off. It was a false alarm. However, we saw that the staff reacted according to their training. The building was cleared and all the occupants accounted for. No one re-entered the building until the fire marshal had checked that it was safe to do so.
- The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The provider 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 for all staff. (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. The safeguarding lead was trained to level 3 in safeguarding adults and children, as required by the safeguarding policy.
- There was an effective system to manage infection prevention and control. For example, during a recent building refurbishment a positive air flow system was installed in the minor operations room. Air pressure in a room under positive pressure is higher than outside, so contaminants (particles, viruses, bacteria) are kept out.
- The provider had taken steps to address the risks of Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in

buildings). There had been a comprehensive risk assessment. The steps taken in the assessment had been carried. The system had been tested annually to check for the presence of Legionella. The result was negative.

- The provider had specialist advice on the management of lasers from an accredited laser protection adviser and had conformed to the advice provided. For example, there was a laser protection supervisor at a local level, room blinds were sealed to prevent the egress of light. Where the rooms had mirrors, these were covered with blinds to prevent accidental reflections from lasers.
- The laser equipment was maintained in accordance with the manufactures' instructions. We saw evidence of regular servicing, testing and calibration. We examined all the laser treatment rooms. There was guidance available regarding the use of equipment. All treatments were logged in books in the treatment rooms as well as in the patient's records. Safety goggles and check-lists were available in rooms where laser equipment was used. This helped to ensure that equipment was used safely, and patients and staff were protected. Doors were kept locked from the inside when the lasers were in use.
- There were systems for safely managing healthcare waste.

Risks to patients

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

There were arrangements for planning and monitoring the number and mix of staff needed.

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. There had been training in the recognition and management of sepsis for staff.
- When there were changes to services or staff the provider assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

Are services safe?

- 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 provider had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The provider 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 provider had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks. There was a defibrillator on the premises and medical oxygen. There were children and adult oxygen masks. There was a pulse oximeter (a device used to measure the oxygen level of the blood). Staff would need to get a key from reception to access the emergency medicines. This might lead to a delay, obtaining the medicines, in an emergency. We spoke with the provider who agreed to review of the storage of emergency medicines

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. There were processes for checking medicines and staff kept accurate records of medicines.

Track record on safety

The provider had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. The provider monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture.

Lessons learned and improvements made

The provider had systems to learn and make improvements if 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. There had been no unexpected or unintended safety incidents, since the provider had registered with the Care Quality Commission since November 2018, however the provider had arrangements to:

- give affected people reasonable support, truthful information and a verbal and written apology and keep written records of verbal interactions as well as written correspondence.

The provider had a system to act on external safety events as well as patient and medicine safety alerts.

Are services effective?

We rated effective as Good because:

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.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The provider was involved in quality improvement activity.

The provider used information about care and treatment to make improvements. The provider made improvements through the use of audits. There was clear evidence of action to resolve concerns and improve quality. For example there had been an audit of infection prevention control. This had identified that improvements were needed to the monitoring of fridge temperatures. The provider put in new systems. A follow up audit showed there had been improvements and that these were sustained. The lead plastic surgeon as involved in other quality assurance work. They had set up and managed a peer review group for plastic surgeons locally where difficult cases and new techniques were discussed. There had been an audit of patients notes to identify, for example, that consent had been correctly recorded.

Both the surgeons using Nakedhealth for their consultations carried out most of the resultant operations at nearby private hospitals. Their outcomes were monitored by those providers and Nakedhealth had a limited overview of this.

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 any newly appointed staff. There had been no recently appointed staff undertaking roles subject to regulation by the Care Quality Commission
- The provider checked that 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. All the clinical staff were employed by NHS providers as well as by Nakedhealth. Clinical staff mandatory training was completed in their role within the NHS. The provider had some oversight of this but there was a lack of clarity concerning what records the provider checked.

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 seen by the surgeons at Nakedhealth however all but the simplest operations were carried out, by those surgeons, at a larger, better equipped hospitals nearby.
- Before providing treatment, doctors at the provider ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines 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. For example, where the patient's body mass index showed they were not suitable for treatments, such as lipo suction, the treatment was not provided. Patients were referred for other treatments.
- 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.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were

Are services effective?

not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. They had identified areas that were not suitable for treatment by Nakedhealth. For example, they saw patients with skin tags and lesions. Where these were “borderline”, that is the lesion might be indicative of some other problem such as skin cancer, the patients were referred to other providers and their GP informed. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.

- 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.

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.
- Where patients needs could not be met by the provider, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The provider 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. In the records we looked at consent had been recorded appropriately. The clinical staff we spoke with had a thorough understanding of consent issues such as Gillick competence (the medical law used to decide whether a child under 16 years of age is able to consent to his or her own medical treatment).
- The provider monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- 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 provider gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped 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.
- Staff communicated with people in a way that they could understand, for example, staff used body diagrams and leaflets, to explain various treatments.

Privacy and Dignity

The provider respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- All patients' consultations, and discussions with staff, were carried out in private.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

The provider 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. For example, the provider had installed new specialised skin photography equipment so that the quality of “before and after” photographs was improved.
- The facilities and premises were appropriate for the services delivered.
- People in vulnerable circumstances could access and use services on an equal basis to others. All the consulting rooms were on the ground floor and there was parking, including disabled parking, nearby.

Timely access to the service

Patients were able to access care and treatment from the provider 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.

Listening and learning from concerns and complaints

The provider 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 made complaints compassionately.
- The provider informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The provider had a complaints' policy and procedure. There had been no formal complaints since the provider had been registered with the Care Quality Commission (CQC) in November 2018. The provider had recorded three informal concerns. None of these concerned services that were regulated by the CQC. However as a result of these concerns the provider had reviewed, and improved, the quality of information provided to clients.

Are services well-led?

We rated well-led as Good because:

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.
- 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.

Vision and strategy

The provider 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 provider had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The provider monitored progress against delivery of the strategy.

Culture

The provider had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. The provider focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, although there had been no complaints about any of the regulated activities provided by Nakedhealth, there was evidence that they had learned from concerns raised by clients. 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 staff received

regular annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team.

- There was a strong emphasis on the safety and well-being of all staff. For example, the clinic was open in the evenings and staff sometimes worked alone. There was a lone working policy. The provider had fitted an electronic lock, to the front door, so that staff were protected when alone. There was also an “escape” button near the door so that lone staff could evacuate the building in an emergency.
- Staff had received equality and diversity training. Staff felt they were treated equally. There were positive relationships between staff.

Governance arrangements

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

The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

- There were two surgeons using Nakedhealth for consultations. All but the most minor operations were carried out at local hospitals. The surgeons’ outcomes, for example post infection rates, were monitored by those providers. Nakedhealth had some supervision of this, for example through sight of the surgeons’ annual appraisals and revalidation. Each surgeon and their team were responsible for checking the results, such as blood tests and biopsies, of their own patients. However Nakedhealth had a limited oversight of this.
- Similarly Nakedhealth had a limited oversight concerning what NHS training their clinical staff had completed. The provider should review the overall governance to help ensure clarity of responsibilities in these areas.

Managing risks, issues and performance

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.

Are services well-led?

- The provider had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.

Appropriate and accurate information

The provider acted on appropriate and accurate information.

- Quality and operational information was used to support performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The provider 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 provider 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, staff and external partners

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

- The provider encouraged and heard views and concerns from, patients, staff and external partners and acted on

them to shape services and culture. For example, the provider had installed the latest photographic equipment to improve the quality of the information it gave to patients and clients.

- Staff could describe to us the systems in place to give feedback. Staff told us that there were full staff meetings every six months. Staff had asked for some training in the medical services that Nakedhealth provided. They had asked for this so that they could be more knowledgeable about those services when talking to clients on the telephone. The management had provided the training. 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 provider was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- 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, the lead plastic surgeon for the provider had formed a peer review training set for plastic surgeons operating locally. This gave an opportunity for sharing learning and discussing recent developments in the field.