

SDS REJUVENATE LIMITED

Inspection report

158-160
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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 to people's needs?		Good	
Are services well-led?		Good	

Overall summary

This service is rated as Choose a rating overall. This is the first inspection since registration with the CQC.

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

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 types of regulated 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. SDS REJUVENATE LIMITED (also known as West Kirby SDS REJUVENATE) provides a range of non-surgical aesthetics services which are not within CQC scope of registration. Therefore, we do not inspect or report on these services.

SDS Rejuvenate Limited was registered in respect of the provision of treatment of disease, disorder or injury, diagnostic and screening procedures and services in slimming clinics. We inspected treatments relating to medical conditions. This includes prescribing medicines as part of a weight loss programme, for excessive sweating (hyperhidrosis) and treatment of skin disorders such as acne / rosacea. The clinic also offered a range aesthetics beauty treatment, these services are exempt from regulation.

One of the Doctors 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. The service has three clinicians, one of whom is also the nominated CQC provider, they are supported by the clinic manager. The service also employs beauticians who are not involved in providing the CQC regulated services.

We carried out an announced comprehensive inspection at SDS Rejuvenate Limited as part of our inspection programme. At the time of the inspection there were no patients attending or receiving regulated services so we were unable to ask them about the service.

Our key findings were:

The service provided care in a way that kept patients safe and protected them from avoidable harm.

- Patients received effective care and treatment that met their needs.
- Risk assessments had been completed to assure the provider of the safety of the premises.
- The clinician received appropriate training to carry out their roles.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording incidents.
- The clinician maintained the necessary skills and competence to support the needs of patients.

Overall summary

- The clinician was up to date with current guidelines.
- The clinician was aware of, and complied with, the requirements of the Duty of Candour.
- The clinic made referrals to other relevant services in a timely manner.

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

- The provider should review and update the medicines policies and protocols to reflect current practice at the clinic.

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. The team included a CQC medicines inspector.

Background to SDS REJUVENATE LIMITED

SDS Rejuvenate Limited (also known as West Kirby SDS REJUVENATE) is registered with the Care Quality Commission to provide the following regulated activities: treatment of disease, disorder or injury, diagnostic and screening procedures and services in slimming clinics. Services are delivered from one registered location at the following address: 158-160 Banks Road, West Kirby, Wirral, CH48 0RH. The service has a reception area, a clinical treatment room and a number of beauty therapy rooms. The service is centrally located and there is on street parking and pay and display parking nearby..

The service is provided by three doctors (2 x female and 1 x male) and supported by a clinic manager. The service also employs beauticians who are not involved in providing the CQC regulated services. SDS Rejuvenate Limited offers patients a range of services including; prescribing medicines as part of a weight loss programme, for excessive sweating (hyperhidrosis) and treatment of skin disorders such as acne / rosacea. Treatments are provided for adults aged 18 and over with appropriate consent. These services are available on a pre-bookable appointment basis. Patients can book appointments directly with the service by phone or online. The service is open for face-to-face consultations Tuesday to Saturday:

Tuesday 9am to 6pm

Wednesday 9am to 6pm

Thursday 9am to 8pm

Friday 9am to 6pm

Saturday 9am to 1pm

How we inspected this service

Before visiting we reviewed a range of information we hold about the service and information which was provided by the service before the inspection.

During the inspection:

- we spoke with the provider/clinician
- reviewed key documents which support the governance and delivery of the service
- made observations about the areas the service was delivered from
- reviewed a sample of treatment records
- looked at information the service used to deliver care and treatment plans

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 practice provided care in a way that kept patients safe and protected them from avoidable harm.

Where we identified safety concerns these were rectified on the day of inspection or immediately after our inspection. The likelihood of these happening again in the future is low and therefore our concerns for patients using the service, in terms of the quality and safety of clinical care are minor.

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. 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.
- 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 safeguarding and safety training appropriate to their role. The safeguarding lead was trained to level three and the other clinicians were working towards level two in line with good practice. 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. There was an infection control policy and procedure in place, and they carried out an annual infection control audit. We found the reception; treatment room and toilet areas were clean and hygienic. Staff followed infection control guidance and attended relevant training.
- 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 for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

Information to deliver safe care and treatment

Are services safe?

Staff had 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. We noted however that the pre-treatment assessment questionnaire was not specific to individual treatments. This was addressed immediately following the inspection making it clearer to patients what information was required.
- The service did not have systems for sharing information with other agencies to enable them to deliver safe care and treatment. Consent to contact the patient's GP was sought but the details required to enable sharing the information had not been requested. We raised this with the provider during our visit. Immediate action was taken to update the consultation forms to include a request for patients to provide contact details for their GP
- 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.

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 minimised risks. Access to the electronic prescribing system was secure. Prescriptions were sent electronically to a pharmacy and the medicines were delivered directly to the clinic for patients to collect. Medicines administered to patients at the service were managed safely. Some topical preparations (creams) were labelled by the provider. The labels did not include all the required information, these were reviewed and updated by the provider following our visit.
- The provider had completed an audit of weight loss treatment. The number of patients in the audit was very small but showed that prescribing was in line with current guidance.
- For the treatment of hyperhidrosis (excessive sweating); the provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- The provider also prescribed topical preparations for acne and rosacea. This included the use of topical retinoids (tretinoin cream). These creams must not be used in pregnancy and when breast feeding. We asked the provider to strengthen the warnings about this on the information provided to patients and the consent form was updated to reflect this after the inspection.

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.

- At the time of the inspection the service had not had any significant incidents, however 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 described how they would share lessons, identified themes and take action to improve safety in the service, where required.

Are services safe?

- Staff were aware of and complied with the requirements of the Duty of Candour. Staff demonstrated a culture of openness and honesty.
- Alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) were received and dealt with by one of the doctors.

Are services effective?

We rated effective as Good because:

People have good outcomes because they receive effective care and treatment that meets their needs.

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)

- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, and their medicines history. We saw for example, that patients who were not suitable for weight loss treatment were signposted to other services. Patients prescribed medicine for slimming were given written information about their treatment to take away. For hyperhidrosis, we saw that only verbal information about any post-treatment care was given during the consultation. Following our visit, the provider drafted an aftercare leaflet for patients.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing
- The clinician had enough information to make or confirm a diagnosis and set out a treatment plan.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed clients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements and had access to peers and specialists in the field to review work and discussion of complex cases.
- The service had a schedule of clinical and non-clinical audits in place, these included an audit of Saxenda treatment to assess the efficacy of weight management treatment, as well as regular audits to ensure patients were given an appropriate cooling off period before treatments commenced. The service also conducted regular audits of infection prevention and control measures, hand hygiene and usage of personal and protective equipment.

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 were registered with the General Medical Council (GMC) 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.

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.

Are services effective?

- Before providing treatment, the doctors ensured they had adequate knowledge of the patient's health and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP where appropriate. We noted however this was not consistently recorded and where patients had consented to information being shared with GPs, a note of the GP details was not recorded. This was addressed immediately following the inspection to ensure consent was clearly recorded and that the patients GP details would be captured.
- The provider had risk assessed the treatments they offered.
- Risk factors were identified and highlighted to patients before the provision of any treatments.

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. Patients were given detailed information about the treatment they had received, which included aftercare and what action to take should they have any concerns following treatment.
- We were told that when patients came to the service they were assessed to ensure that the treatment they were requesting was the right one for them, and if a different procedure or treatment was more appropriate for their needs, this would be recommended instead.
- 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. We noted however this was not always clearly recorded in patients' records. This was addressed immediately following the inspection.
- The service monitored the process for seeking consent appropriately.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

Patients were treated with respect and staff were kind, caring and involved them in decisions about their care. This was reflected in comments shared by people using the service online.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Due to the COVID -19 pandemic we did not issue patient comment cards for completion by people who used the service. Instead we asked patients to send us their comments via our website. We did not receive any feedback, however we noted from one of the main online review sites, they had received 4 positive comments and had a five-star rating.
- The service sought feedback on the quality of clinical care patients received, this included an ongoing patient satisfaction survey.
- 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 patients to be involved in decisions about care and treatment.

- Should a patient need additional support, for example access to interpretation service, we were told that they would make arrangements to assist people to enable them to make decisions and consent to treatment.
- Before providing treatment, patients attended for an assessment, where the clinician discussed with them the risks and benefits of any treatment and answered any questions. The clinician also discussed realistic outcomes and costs.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Consultations were conducted behind closed doors, where conversations could not be overheard.
- Staff understood the importance of keeping information confidential and all clinical records were stored in locked cabinets or on a secure electronic system.
- 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:

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 their 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 services on an equal basis to others.

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.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded/did not respond 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 service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedure in place. The service had not received any formal complaints but acted upon all patient feedback to improve the quality of care.

Are services well-led?

We rated well-led as Good because:

The culture of the practice and the way it was led and managed promoted high-quality and person-centred care.

Leadership capacity and capability

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

- The doctors and registered manager were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- They had effective processes to develop leadership capacity and skills.

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.
- 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 of the service they delivered.
- 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 complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary. They were given 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.
- 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 and understood. The governance and management of joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

Are services well-led?

- The provider had a range of policies and procedures in place to support good governance, however the policies and procedures describing prescribing and medicines management at the service did not fully reflect current practice at the service. For example, observed practice for prescribing medicines did not wholly match with the medicine policy. The policy did not describe the arrangements for the labelling and supply of medicines to patients.
- 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.
- 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.

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.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations. Leaders had oversight of safety alerts, incidents, and complaints.
- 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.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

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.
- There were systems to support improvement and innovation work.
- The service were members of national support networks for aesthetic and cosmetic practitioners and were able to share and learn from best practice.
- Staff could describe to us the systems in place to give feedback.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

Are services well-led?

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. 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.