

Edgbaston Wellness and MediSpa

Inspection report

11
Greenfield Crescent
Birmingham
B15 3AU
Tel: 01214548633
www.edgbastonwellness.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?		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 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 Edgbaston Wellness and Medispa on 9 December 2021 as part of our inspection programme.

Edgbaston Wellness and Medispa is a private cosmetic clinic for over 18s offering a range of treatments such as IV vitamin therapy, facial aesthetic and body treatments. The clinic also provides women's health, men's health and medical services such as travel vaccinations, private GP consultations and minor surgeries.

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 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. Edgbaston Wellness and Medispa provides a range of non-surgical cosmetic interventions which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

Dr Kiranmayi Penumaka 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.

Our key findings were:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Policies and procedures were in place to support the delivery of safe services.
- The premises and equipment were well maintained, and appropriate risk assessments were undertaken to ensure the safety of patients and staff.
- The practice had systems and processes in place to minimise the risk of infection and had put in place additional measures during the COVID-19 pandemic.
- Patients received effective care and treatment that met their needs.
- There were systems in place for identifying, acting and learning from incidents and complaints to support service improvement.
- Staff treated patients with kindness, dignity and respect.
- The practice organised and delivered services to meet patients' needs.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

Overall summary

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 GP specialist adviser to CQC.

Background to Edgbaston Wellness and MediSpa

Dr Kiranmayi Penumka is the registered provider and the service is located at Edgbaston Wellness and Medispa, 11 Greenfield Crescent, Edgbaston, Birmingham, B15 3AU. The service registered with the Care Quality Commission in November 2020 to provide the following regulated activities:

- Diagnostic and screening procedures
- Surgical procedures
- Treatment of disease, disorder or injury

Edgbaston Wellness and Medispa provides treatment for men and women over 18 years of age and specialises in treatments including IV vitamin therapy, facial aesthetic, body treatments, women's health, men's health and medical services such as travel vaccinations, private GP consultations and minor surgeries. For example, circumcision, urology, menopause clinic and vasectomy.

During this inspection, we only inspected the treatments that are in scope of regulation.

The service is provided from a fully converted building with consultation rooms, minor surgeries room and rooms used for non-regulated treatments. The service is centrally located. There is no on-site parking, however there is off street parking to the front of the building and a pay and display car park is available to the rear of the building. Services available are on a prebookable appointment basis. Patients can book appointments directly with the service by telephone or using the website. The service is open Monday to Sunday between 9am and 8pm.

How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking account of the circumstances arising from the pandemic, and in order to reduce risk we have conducted our inspection differently. This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Requesting evidence from the provider
- A shorter site visit

During the inspection:

- We spoke with the provider, clinicians and the administration staff.
- Reviewed key documents which support the governance and delivery of the service
- Made observations about the areas the service was delivered from
- 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 service provided care in a way that kept patients safe and protected them from avoidable harm.

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. We saw protocols for safeguarding available in all consultation rooms.
- The service had systems in place to assure that patients requesting care and treatment were over the age of 18 years.
- 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 up-to-date safeguarding and safety training appropriate to their role. 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. An infection control policy and annual statement was in place. We found that an infection control audit had been carried out in November 2021. The service had introduced COVID-19 policies and additional cleaning schedules to keep patients and staff safe. Cleaning checklist were visibly displayed in each consultation room.
- The provider had undertaken a legionella risk assessment of the premises and regular water checks were in place to minimise the risk of legionella.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. We saw that portable appliance testing (PAT) and calibration of relevant equipment had been undertaken in the last 12 months. There were policies and systems in place for safely managing healthcare waste and sharps disposal. The service had risk assessments and procedures in place to monitor the safety of the premises such as the control of substances hazardous to health (COSHH).
- 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. This included premise and security checks and fire safety. We saw evidence that fire alarm testing took place on a weekly basis.

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. We saw evidence of staffing rota's in place to manage the service safely. The service had identified additional staffing requirements to meet changing demand and were in the process of recruiting further staff.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. The service had a defibrillator and oxygen on the premises.
- 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. All clinicians were trained in first aid and basic life support.

Are services safe?

Information to deliver safe care and treatment

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. 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 service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- 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.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

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 vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. In addition, they carried out a review of stock, record keeping and had relevant policies in place.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.
- There were systems in place for verifying the identity and age of patients attending the service. The service did not provide treatment for anyone under the age of 18 years.

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.

- 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 learned and shared lessons identified themes and took action to improve safety in the service. For example, a blood test was rejected by the laboratory service due to a delay in the transport. This led to a discussion with staff and a new process being implemented to ensure blood tests were actioned in a timely manner.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- The service had systems in place for knowing about notifiable safety incidents.

Are services safe?

- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

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 and delivered care and treatment in line with current legislation, standards and guidance.

- 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.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. Records we looked at confirmed this.
- Arrangements were in place to deal with repeat patients. Patients mental health and wellbeing was considered before undertaking a surgical procedure.
- 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 service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. Information about the service was monitored and reviewed regularly to ensure the quality of the service remained in line with current good practice. For example, we saw evidence of an audit undertaken for wound infection. The audit looked at the rate of wound infection for patients undergoing a minor operational procedure and found that overall 90% of patients received no complications. As part of the audit they reviewed their operating procedures to improve their rates further.

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 (medical and nursing) were registered with the General Medical Council (GMC)/ 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.

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. For example, staff referred to and communicated with the patient's GP when undertaking surgical procedures to ensure any health risks were considered.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.

Are services effective?

- 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.
- 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.
- The service monitored the process for seeking consent appropriately.

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.

- Following a post-operative procedure patients were given a direct number to contact a clinician during out of hours if there were any concerns. Where appropriate, staff gave people advice so they could self-care following their treatments.
- Assessments were carried out to ensure that the treatment patients were asking for were correct. Alternative treatments were offered if deemed more appropriate for their needs.
- 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.
- 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 and caring and involved them in decisions about their care.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The provider understood patients personal and medical needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service sought feedback on the quality of clinical care patients received. The provider followed up feedback from online reviews and had carried out a review of their patient satisfaction results in the last 12 months.
- 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 service gave patients timely support and information. The service provided patients with a personal direct telephone number to answer any concerns following a post-operative procedure.

Involvement in decisions about care and treatment

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

- The service was aware of interpretation services that could be used and had access to literature and leaflets for all procedures.
- Feedback from patients from online reviews told us that patients found staff kind, were made to feel comfortable and relaxed, felt the process was explained before treatments commenced, were highly knowledgeable, very professional and friendly.
- 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.
- Staff received customer services training as part of the provider's training programme.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Consultations were conducted behind closed doors, where conversations were difficult to overhear.
- Staff understood the importance of keeping information confidential and patients records were held securely.

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.
- Equipment and materials needed for consultation, assessment and treatment were available at the time for patients attending for their appointment.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, there was a hearing loop in the reception area and staff were able to describe how they would appropriately assist a visiting patient with cognitive impairment.

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.
- Appointments were available Monday to Sunday 9am until 8pm.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Referrals and transfers to other services were generally not necessary, although the provider would consult with a patients GP for additional information and as part of the clinical assessment if necessary.

Listening and learning from concerns and complaints

The service 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 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 procedures in place. The service learned lessons from individual concerns, complaints. It acted as a result to improve the quality of care.

Are services well-led?

We rated well-led as Good because:

The service was well-led, organised and had a culture that supported high quality care. There were clear governance arrangements and policies and procedures to support staff.

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. They understood the challenges and were addressing them.
- 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, including planning for the future leadership of the service.

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. Staff we spoke with were proud to work for the service. The service manager was new in post and was working to improve the culture of service further to provide a supportive culture to staff.
- 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.
- 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. At the time of our inspection some newly appointed staff had not received an appraisal, however had received regular reviews as part of their induction.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- 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. Staff we spoke to felt they were treated equally.

Are services well-led?

- There were positive relationships between staff and teams. Staff felt the culture of the service was professional, open and approachable.

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, understood and effective.
- Staff we spoke with 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. Staff had access to policies and procedures from the computer.
- 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, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents and policies were accessible for all staff.

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.
- We saw evidence that 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.

Are services well-led?

- 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. Staff could describe the systems in place for sharing and reviewing feedback. The service regularly analysed online feedback received and responded to any comments. We saw evidence that the provider had carried out a review of their patient feedback in the last 12 months to identify ways to improve the service further.
- There were processes in place to monitor the effectiveness of the quality of the service provided which included feedback from patients and social media.
- The service was transparent, collaborative and open with stakeholders about performance where necessary.
- There were systems to support improvement and innovation work. Staff were able to share ideas about how they could improve the quality of the service.

Continuous improvement and innovation

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

- 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.