

Dr Linea Medical

Inspection report

1st Floor, 9 Lower Brook Street
Ipswich
IP4 1AG
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www.drlinea.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 Choose a rating 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 Dr Linea Medical 03 October 2023, as part of our inspection programme. Dr Linea Medical is registered under the Health and Social Care Act 2008 to provide the following regulated activities:

- Diagnostic and screening procedures
- Services in slimming clinics
- Treatment of disease, disorder, or injury.

This service provides a range of non-surgical facial aesthetics, including medical skin care treatments, anti-wrinkle injections, dermal filler services, Botox for medical and non-medical conditions, and slimming treatment, these are a mixture of regulated and non-regulated treatments. 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. Therefore, we only inspected and reported on the services which are within the scope of registration with the CQC.

Dr Linea is the Registered Manager for the service. 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 provider carried out risk assessments to keep staff and patients safe.
- The provider had systems to keep clinicians up to date with current clinical and evidence-based guidance.
- Staff treated patients with compassion, respect, and kindness, this was evidenced in the comments left by patients.
- We found reviews about the service online and during the onsite inspection, these showed that patients were consistently positive about the service, and described staff as professional, helpful, and caring.
- The service encouraged feedback from patients which was positive and included the timely access to the service.
- The service had policies, and procedures for assurance they were safe, effective, and well-led. For example, environmental checks, and oversight of infection prevention and control.

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

- Continue to monitor the recently produced cold chain policy and daily recordings.

Overall summary

- Identify and record events as significant incidents.
- Improve the monitoring of the cleaning procedures.
- Continue to display safety information prominently to support and inform patients and staff.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

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

Background to Dr Linea Medical

- The registered provider is L A Strachan Limited, Dr Linea is the Registered Manager for the service location at 1st Floor, 9 Lower Brook Street, Ipswich, Suffolk, IP4 1AG.
- The provider has four registered clinic locations we visited the Ipswich location at this inspection.

Dr Linea Aesthetics

1st Floor above A & L clinics

9 Lower brook street

Ipswich

Suffolk

IP4 1AG

The Lanes Clinic

7 St Johns Alley

Maddermarket

Norwich

NR2 1DR

Active Business Centre

St Andrews Castle

33 St Andrews south

Bury St Edmunds

Suffolk

IP33 3PH

Salt plus holistic spa

15-21 Rainsford Road

Chelmsford

Essex

CM1 2XL

- The provider first registered the Ipswich location with CQC in July 2021 and is registered to provide services to adults. The treatments offered include those that fall under registration, such as medical treatment with Botox injections for the treatment of hyperhidrosis (excessive sweating) and masseter muscle relaxation to reduce teeth grinding. The other regulated medical treatment offered was a slimming medicine treatment and follow-up monitoring however, this medicine had been unavailable and was not expected to be available for some time. The other procedures and treatments provided by the service, do not fall under the scope of registration, and include for example, non-surgical facial aesthetics with dermal fillers, skin tightening, acne treatments, pigmentation and age spots treatments, thread veins treatment, facial hair removal, and reflexology.
- The Ipswich location is sited above a dental practice close to the centre of Ipswich. The service shares an entrance and free parking at this location.

- The service is accessed by booking a telephone call or appointment online via the service website.
- The service is available Monday, Tuesday and Wednesday between 9am - 5.30pm, Thursday between 9am -7.30pm, and Friday between 9am - 4.30pm to book appointments. Clinic days and treatments are Mondays and Thursdays.
- The service website is <https://drlinea.co.uk/>

How we inspected this service

Before the inspection, we asked the provider to send us some information, which was reviewed prior to the onsite inspection. We also reviewed information held by the CQC on our internal systems.

During the inspection we spoke with staff including the clinical Registered Manager. We made observations at the facility regarding service provision, reviewed documents, records, and information held by the service. We also reviewed feedback left by patients on Dr Linea's website and online.

To get to the heart of patients' experiences of care and treatment, we always asked the following five questions:

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 service had clear systems to keep people safe and safeguarded from abuse.

- The safeguarding lead name was recorded in the safeguarding adults and vulnerable adults' policy. (The service did not treat children). Staff knew how to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- We found evidence that environmental safety risk assessments were being carried out to assure the safety of staff and the patients using the service including those who may accompany them.
- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to all staff working at the service. They outlined clearly who to go to for guidance. Staff received safety information from the service as part of their induction and refresher training.
- There was a procedure in place to assess a patient's age and eligibility to receive their service, using the challenge 25 protocol. We were told the main age demographic for the service was 50 to 60 years of age and rarely anyone younger.
- Staff checks were undertaken at the time of recruitment, and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken. (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 had received up-to-date safeguarding and safety training appropriate for their roles. They knew how to identify and report concerns.
- There was an effective system to manage legionella monitoring and infection prevention and control.
- There were assurances in place to monitor facilities and equipment to ensure they were safe, and that equipment was maintained according to manufacturers' instructions. There was a procedure to safely manage healthcare waste.

Risks to patients

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

- There was an effective induction process for staff tailored to their role.
- 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. We found appropriate signage and support within the facilities for staff and patients. However, the signage was not displayed in a prominent position for patients to see.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual patient records were written and managed in a way that kept patients safe. The records we saw showed that the information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had effective communication streams for sharing information with staff and other agencies to enable them to deliver safe treatment.

Are services safe?

- 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 using current evidence-based guidance.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- There were assessments to understand the service need for emergency medicine and equipment provision.
- The arrangements to manage medicines, including vaccines, emergency medicines and equipment minimised risks. However, the recording of temperature where medicine was held did not follow the service cold chain procedure or indicate the temperatures that medicine should be held although from the records reviewed there had been no breaches. The service provided us with an updated cold chain policy.
- The service carried out regular medicine audits to ensure prescribing was in line with best practice guidelines.
- The service does not prescribe schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). They also did not prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed, administered, or supplied medicines to patients and gave advice in line with legal requirements and current national guidance. Processes were in place for monitoring medicines, and staff kept accurate records of medicines.
- This service prescribed and treated patients with medicine to manage weight loss however, this medicine had been unavailable and was not expected to be available for some time. We reviewed the procedures used by the service to prescribe this medicine and found best practice guidelines were followed.

Track record on safety and incidents

The service had a good safety record.

- There were infection protection and control (IPC) arrangements in place with audits for assurance of safe practices. For example hand washing audits.
- 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. The registered manager supported them when they did so. We did feedback to the provider that the issues found regarding the temperature control of medicines would qualify as an incident. We received assurance following the inspection that this had been addressed.
- 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. Although the service had not experienced a significant event since registering the service. During the inspection we did notice there was a breach in the temperature control that had not been reported. We were assured following the inspection that the temperature control met the service cold chain policy and was correctly recorded on a daily basis.
- 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 treatment in line with current legislation, standards and guidance (relevant to their service).

- The provider delivered treatments 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.
- We saw no evidence of discrimination when making treatment decisions.
- Arrangements were in place to deal with repeat patients. For example, those receiving a course of treatment.
- 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 treatment to make improvements. The service made improvements through the use of completed audits for example, a records audit, a prescribing audit, and a post treatment audit. The service considered audits had a positive impact on the quality of treatments and outcomes for patients.

Effective staffing

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

- Evidence provided showed staff were appropriately qualified and regularly received appraisals and mentoring. The provider had an effective induction programme for new 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 held records of skills, qualifications and training.

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, with patients GPs for information regarding their on-going health.
- Before providing treatment, clinicians at the service ensured they had adequate knowledge of the patient's health, any relevant test results, and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP. The service did not contact patients GP if they did not give their consent to share information.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing. For example, medicines liable to abuse or misuse.
- There were arrangements for following up on people who had been referred to other services.

Supporting patients to live healthier lives.

Are services effective?

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.
- Risk factors were identified, highlighted to patients for example, possible side effects, to support patients make decisions about their treatment.

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 where appropriate to make a decision.
- The service 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.

- The service sought feedback on the quality of clinical care received by patients.
- Feedback from patients was positive about the way staff treated patients.
- Staff understood patients' personal, cultural, social, and religious needs. They had 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.

- The provider advised that, if necessary, patients could contact a translation service if needed. Patients were also told about the multi-lingual staff who might be able to support them.
- Reviews on the service website said that patients felt listened to and supported by staff and had sufficient time during consultations to make informed decisions about the choice of treatment available to them.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room away from the waiting room to discuss their needs. Part of our feedback for the provider during the inspection was to display the information more prominently. We received visual evidence following the inspection that this information was now sighted appropriately for patients.

Are services responsive to people's needs?

We rated responsive as Good because:

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.
- The facilities and premises were appropriate for the services delivered.

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.
- Patients reported that the appointment system was easy to use.

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.
- The service had a complaints policy and procedures in place.
- The service told us they had not received any complaints since registering in July 2021.

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 the quality and future of their service.
- Leaders 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 and plan for the future leadership of the service.

Vision and strategy

The service had a 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.

Culture

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

- Staff told us they felt, supported, valued, and were proud to work for the service.
- The service focused on the requests/wishes of patients.
- Service leaders acted on behaviour and performance consistent with their vision and values.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes to provide staff with the development they needed. This included regular mentoring and career development conversations. All staff were considered valued members of the team.