

Suffolk Medical Clinic Ltd

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Inspection report






6 Broad Street,
Boxford,
Sudbury,
Suffolk,
CO10 5DX
Tel: 01787 211000
Website: www.suffolkmedicalclinic.co.uk

Date of inspection visit: 8 July 2019
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Ratings

Overall rating for this service

Good 

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| 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

We have inspected Suffolk Medical Clinic Ltd previously; on 9 August 2018, we did not rate the service but found the provider was compliant in all domains.

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 Suffolk Medical Clinic Ltd on 8 July 2019 as part of our inspection programme and to rate the service.

Suffolk Medical Clinic Ltd is a medical skin laser and aesthetic clinic. They offer laser, hair and thread vein

Summary of findings

removal, dermal fillers, and Botulinum Toxin (Botox) treatments for cosmetic purposes, migraine pain, Bell's Palsy (temporary facial paralysis) and Hyperhidrosis(excessive sweating).

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment of patients suffering with migraines, Bell's Palsy and the treatment of Hyperhidrosis with the use of Botulinum Toxin. The treatment of patients with Botulinum Toxin was undertaken by a registered Doctor, who prescribes medicines, and a registered nurse. The Doctor also provides a service for the removal of moles and sebaceous cysts via excision. There are some exemptions from regulation by CQC which relate to particular types of services and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Suffolk Medical Clinic Ltd the aesthetic cosmetic treatments, including ear piercing for children aged over 10-year and for adults the use of laser treatment and dermal fillers, are exempt by law from CQC regulation and were therefore not inspected.

The service is registered with the CQC under the Health and Social Care Act 2008 to provide the following regulated activities:

- Treatment of disease, disorder or injury.
- Surgical procedures.

The manager of the clinic 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 proactively gained feedback from patients with regular reports compiled from the surveys. As part of our inspection we reviewed the results of the patient surveys that had been collected over the previous 12 months.

We received forty-eight Care Quality Commission comment cards, and all of these were wholly positive about the care and service and positive outcomes the patients had received.

Our key findings were:

- We saw there was leadership within the service and the team worked together in a cohesive, supported, and open manner.
- There was an effective system in place for reporting and recording significant events.
- Information about services and how to complain was available and easy to understand.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- All staff had received a Disclosure and Barring Service (DBS) check.
- Risks to patients were assessed and monitored.
- The service held a central register of policies and procedures which were in place to govern activity; staff were able to access these policies easily.
- The service had embedded the system to ensure clinical auditing was completed to achieve quality improvement.
- Staff assessed patients' needs and delivered care in line with current evidence-based guidance.
- Staff had the skills, knowledge, and experience to deliver effective care and treatment.
- All patients said they were treated with compassion, dignity, and respect and they were involved in their care and decisions about their treatment.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The service proactively sought feedback from staff and patients, which it acted on. Regular surveys were undertaken, and reports collated from the findings and action taken where required.

We did not find any breaches of regulation, but the provider should;

- Monitor the system and process to assess the need for any additional emergency medicines appropriate to the treatments provided and to ensure they are safe to use.
- Embed the newly implemented system to ensure all histology results are received and acted upon.
- Ensure that all identity checks are documented in the records to ensure safe care and treatment.

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

Suffolk Medical Clinic Ltd

Detailed findings

Background to this inspection

Suffolk Medical Clinic Ltd is located at 6 Broad Street, Boxford, Sudbury, Suffolk, CO10 5DX. The service is a medical skin laser and aesthetic clinic. The service runs satellite clinics once a month in Bury St Edmunds and Woodbridge.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment of patients suffering with migraines, Bell's Palsy and the treatment of Hyperhidrosis with the use of Botulinum Toxin. The treatment of patients with Botulinum Toxin was undertaken by a registered Doctor, who prescribes medicines, and a registered nurse. The Doctor also provides a service for the removal of moles and sebaceous cysts via excision.

There are some exemptions from regulation by CQC which relate to particular types of services and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Suffolk Medical Clinic Ltd the aesthetic cosmetic treatments, including ear piercing for children aged over 10-year and for adults the use of laser treatment and dermal fillers, are exempt by law from CQC regulation and were therefore not inspected.

The service is registered with the CQC under the Health and Social Care Act 2008 to provide the following regulated activities:

Regulated activities are not carried out on clients under the age of 18 years. They provide a number of aesthetic cosmetic treatments, for example; laser hair and thread vein removal and dermal fillers which we did not inspect as they are out of the scope of CQC regulation.

Suffolk Medical Clinic Ltd opened in 2000 and is run by a doctor and nurse. The service also has three beauty therapists, a clinic administrator and a marketing and

public relations consultant. The service consists of a main waiting room which includes a nail beauty treatment area, a toilet, a reception area, four treatment rooms and a kitchen.

Appointments are offered on a mainly pre-bookable basis and there is on-site car parking.

Hours of opening are: Monday to Friday 9am to 7pm and on alternate weeks Monday to Thursday 9am to 7pm and Saturday 9am to 5pm.

Suffolk Medical Clinic Ltd was inspected on 9 August 2018.

The inspection was led by a Care Quality Commission (CQC) inspector and a GP specialist advisor.

Before visiting, we reviewed a range of information we hold about the service and asked them to send us some pre inspection information which we reviewed.

During our visit we:

- Spoke with the doctor and nurse.
- Reviewed a sample of treatment records.
- Reviewed comment cards where clients had shared their views and experiences of the service.
- Looked at information the service used to deliver care and treatment plans.

To get to the heart of clients' 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?

Are services safe?

Our findings

We have rated the provider as good for providing safe services.

Safety systems and processes

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

- The provider conducted safety risk assessments. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction. The service had systems to safeguard children and vulnerable adults from abuse.
- 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 and the service policy was to undertake checks for all staff employed by the service.
- 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. We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, training undertaken, qualifications and registration with the appropriate professional body.
- We saw the service had an identified infection prevention and control lead to give oversight to ensure standards were met and maintained. The service had risk assessments which were regularly reviewed, for example fire safety and Legionella. Regular monitoring water temperatures was undertaken.
- The provider ensured that facilities and equipment were safe, and equipment was maintained according to manufacturers' instructions. Equipment had been checked and replaced as needed. There were systems for safely managing healthcare waste.
- The provider carried out environmental risk assessments, which considered the profile of people using the service.

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.
- The provider had emergency medicines in line with the Resuscitation Council Guidelines for acute emergency treatment which they had considered appropriate for their services. During the inspection we discussed the second line medicines for treating anaphylaxis and the provider decided to obtain these medicines immediately. Oxygen was available with children's and adult's masks on site. We noted there were two cylinders, one had expired and the other was in date. Immediately following the inspection, the provider sent evidence to show the expired oxygen had been removed and replaced.
- The provider had easy access to a community defibrillator a short distance away in the village.
- 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 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 and ensure continuity of care and were available to relevant staff in an accessible way. The clinic used limited electronic systems and managed paper records appropriately.
- The service checked the identity of all patients at their first appointment whilst completing the patient questionnaire. We noted this was not always documented in the patient record. The service took a photograph during that consultation to hold in the patient records to ensure they were accessing the correct records for that patient.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Safe and appropriate use of medicines

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

Are services safe?

- During our inspection we noted the service could prescribe medicines on a private basis. Private prescription stationery was stored and monitored appropriately.
- The provider ensured samples were sent for histology appropriately but did not have a log of samples sent to ensure all results had been received. On the day of the inspection, the provider shared a log they would use in the future. Immediately following the inspection, the provider sent evidence to show they had reviewed all samples sent and confirmed reports had been received for all samples. The provider undertook reviews of all results to ensure patients were informed of any result. The provider shared an audit for their procedures which showed they had not had any post wound infections or complications and had not prescribed any antibiotics.

Track record on safety and incidents

The provider had effective systems in place to maintain a complete safety record.

- There was a fire risk assessment in place. The clinic had carried out regular fire alarm testing and had equipment including fire extinguishers and emergency lighting which was checked regularly. We found the provider had had electrical checks carried out including annual portable appliance testing and held a compliance certificate for electrical works carried out, but it was not clear if this included a five-year electrical fixed wire certificate. The provider took immediate action to review this and to ensure compliance had a new assessment undertaken and the evidence was shared with us on 12 July 2019.
- There was an up to date health and safety risk assessment and a poster available for clinicians and patients.

- There was a legionella risk assessment in place and there was a system to monitor the water temperatures.
- The provider had systems in place for the safe storage of handwritten medical records. This was under review with the provider to increase the protection in case of fire.

Lessons learned, and improvements made

The service learned and made improvements when things went wrong.

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. This included alerts from the Medicines and Healthcare Products Regulatory Agency.

There were clear systems to manage unexpected or unintended safety incidents which would ensure affected people reasonable support, detailed information and a verbal and written apology.

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the management team of any incidents or significant events and there was a recording form available.
- Staff told us they would discuss any significant events. They told us of changes made because of an incident. For example, a clinician identified before seeing a patient that they had been given the wrong set of notes due to both patients having the same name. The provider put additional measures in place and put alert stickers and a photo of the patient (with their consent) on the medical records.

Are services effective?

(for example, treatment is effective)

Our findings

We have rated the provider as good for providing effective services.

Effective needs assessment, care and treatment

- The service assessed needs and delivered care in line with relevant and current evidence-based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The patients had an hour long first consultation to ensure they were fully informed about any procedures and costs.
- 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 decision about the treatment to discuss.
- We saw no evidence of discrimination when making care and treatment decisions in the records we viewed.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service undertook regular audits to monitor effectiveness and quality. For example, the provider had undertaken an annual audit of minor surgical procedures to monitor post-operative infection rates. The audits showed there had been no negative outcomes and the provider had not prescribed any antibiotics.
- The provider started a regional aesthetics group along with four other clinicians in June 2017 which was a support group where the clinicians could undergo peer review, promote and share best practice and update their clinical knowledge. The group had developed this to include a system to cover for any emergencies when a provider was on leave.

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 appropriate professional body such as the General medical Council (GMC) and the Nurse and Midwifery Council (NMC).
- 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 to deliver effective care and treatment.
- We viewed records of some patients who used the service. We found these records to be detailed and well managed ensuring continuity of care.
- We saw that test results were acted upon in a timely way and patients were contacted with the results.

Supporting patients to live healthier lives

- The service offered patch tests to ensure suitability of the intended treatment.
- During the consultation the service ensured that the patient understood what aftercare would be needed to prevent complications post treatment.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Various consent forms were available depending on the treatment.
- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance.
- We spoke with staff about patients consent to care and treatment and found this was sought. Before treatment was undertaken patients were informed of the main elements of the treatment proposed and any further treatment or follow up that would be needed. It included discussion around benefits, risks and any possible complications before any procedures were undertaken.
- Consent to share information and for clinical photography was recorded.

Are services caring?

Our findings

We have rated the provider as good for providing caring services.

Our findings

We rated the practice as good for providing caring services.

- Patients said they were treated with compassion, dignity, and respect and they were involved in decisions about their care and treatment.
- We were assured that staff treated patients with kindness and respect and maintained patient and information confidentiality. The service could evidence patient feedback from surveys undertaken and compliments received. All the surveys we saw and comments cards we received, reported wholly positive experiences and outcomes.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated 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.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language.
- Through comment cards, patients said they felt listened to and supported by staff and had enough time during consultations to make an informed decision 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.
- Patients were seen in private rooms to be able to discuss any needs or concerns they had.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We have rated the provider as good for providing responsive services.

Our findings

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 service did not provide regulated activities to children.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so people in vulnerable circumstances could access and use services on an equal basis to others.
- The service provided an out-of-hours telephone service for patients with concerns post treatment.
- The service had a system in place to ensure a clinician was available in an emergency during holiday cover.
- The service routinely sought patient feedback. The feedback was consistently positive about the service, staff and treatment.

Timely access to the service

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

- The appointment systems were centred around the needs of the patients and were available to anyone who wished to use it and pay the appropriate charges. The service was flexible in the approach to booking appointments.

Listening and learning from concerns and complaints

The service demonstrated they had system and processes in place which would ensure complaints and concerns were taken seriously. They would use all feedback to monitor and improve quality.

- Information about how to make a complaint or raise concerns was available. Staff reported they would treat patients who made complaints compassionately.
- The service told us they would inform patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- There was a complaint policy and procedures in place. At the time of the inspection the service had not received any complaints.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We have rated the provider as good for providing well led services.

Our findings

Leadership capacity and capability;

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

- The provider was knowledgeable about issues and priorities relating to the quality and future of services.
- The provider was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The staff regularly met for meetings such as clinical governance and staff meetings. The provider and staff enjoyed team building events such as a three-day boating event.

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 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 felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients who wished to access their services.
- Openness, honesty and transparency were demonstrated when responding to incidents. 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. Staff were supported to meet the requirements of professional revalidation where necessary.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

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. The clinic held monthly meetings to discuss a range of topics relating to clinical care, updates and significant events.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- The provider had established policies, procedures and activities. They were specific to the clinic and available for all staff.

Managing risks, issues and performance

There were 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.
- Some clinical audit was undertaken to monitor quality of care and outcomes for patients.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- There was evidence of regular meetings where all staff discussed a range of topics.
- The clinic used performance information to monitor and manage staff.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- The records we viewed were detailed and ensured good continuity of care over many years of treatment.

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 used various ways to gain feedback from patients including social media, surveys and listening to their patients.

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 at all levels.
- The provider started a regional aesthetics group along with four other clinicians in June 2017 which was primarily a support group where the clinicians could undergo peer review, promote and share best practice and update their clinical knowledge. This had developed, and the group now ensured there was out of hours cover or cover for leave provided.
- We saw that monthly team meetings were held, and we were told any improvement ideas could be raised and discussed at these meetings.
- The provider organised regular staff away days to encourage socialising and reward effectiveness within the whole team.