

# Dr Barbara Kubicka Ltd

# clinicbe

## Inspection report

32 Clabon Mews  
London  
SW1X 0EH  
Tel: 0207 125 0521  
Website: [www.clinicbe.com](http://www.clinicbe.com)

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## Ratings

### Overall rating for this service

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.** (Previous inspection 12 December 2017. The service was not rated at that time.

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 Clinicbe as part of our inspection programme.

This service is registered with CQC under the Health and Social Care Act 2008 for Diagnostic and Screening procedures and Treatment of Disease, Disorder or Injury. Clinicbe provides doctor-led private consultations, physical examinations, and prescribes medicines for the management of chronic diseases such as acne, rosacea (a long-term skin condition that typically affects the face), and hair loss. At Clinicbe, the aesthetic cosmetic treatments that are also provided are exempt by law from CQC regulation. Therefore, we were only able to inspect

# Summary of findings

the treatment for chronic diseases but not the aesthetic cosmetic services, which included anti-ageing cosmetic treatments, skin fillers, chemical peels and skin rejuvenation.

The nominated individual 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.

During the inspection we obtained feedback through comment cards completed and reviewing feedback forms which the clinic gave out to patients. Patients commented that the staff were caring, professional and friendly. They also commented on the cleanliness of the clinic.

## Our key findings were:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Statement of Purpose needs to be updated as the practice is not dealing with gastro-intestinal problems any longer.
- Verbal complaints feedback should be documented so that trends can be identified.

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

# clinicbe

## Detailed findings

### Background to this inspection

Clinicbe is a medical practice situated in Knightsbridge. The practice premises are in a building in a residential street. The practice premises are located on the street and lower ground

levels. The lower ground level is accessible via stairs only.

The practice offers medical services for chronic skin conditions and hair loss to adults and children from the age of 13. The practice is open between 10am and 6.30pm on Mondays to Fridays. The practice has an all-female staff team of a clinical practitioner, two technicians and two administrators.

#### How we inspected this service

We carried out an announced comprehensive inspection at Clinicbe on 7 June 2019. Our inspection team was led by a CQC Lead Inspector. The other member of the inspection team was a GP specialist advisor. Before visiting, we reviewed the information we hold about the service.

During our visit we:

- Spoke with staff which included the GP, technicians and administrative staff.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Reviewed service policies, procedures and other relevant documentation.
- Inspected the premises and equipment in use.

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?

## Our findings

### We rated safe as Good because:

- The practice had suitable arrangements for the safe provision of treatment.
- Staff demonstrated that they understood their responsibilities in safeguarding children and vulnerable adults from abuse.
- The practice had suitable arrangements to respond to medical emergencies and major incidents.

### 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 had systems in place to assure that an adult accompanying a child had parental authority.
- 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 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. All members of staff we spoke with during the inspection took an active role in infection control.
- 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 system for agency staff tailored to their role. During the inspection we spoke with three members of staff who had been with the clinic for a year and some just under. They spoke about how helpful the induction had been at the clinic and how they were able to shadow members of staff until they were confident in their roles.
- 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.
- When reporting on medical emergencies, the guidance for emergency equipment is in the Resuscitation Council UK guidelines and the guidance on emergency medicines is in the British National Formulary (BNF).
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

### Information to deliver safe care and treatment

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

# Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The 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.
- 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. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

## 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. We saw evidence of meeting minutes where significant events were discussed.
- 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, there had been some errors in patient notes in the last 12 months. The clinic responded to this by pre-preparing notes to avoid this happening again and the clinician's personal assistant sent out reminders to patients with bookings.
- There had been an incident where a member of staff had fallen down the stairs in the clinic. In order to prevent this happening again the clinic provided a mat at the front for patients and staff to wipe any water or leaves from their shoes before going down the stairs to the treatment rooms. This was recorded as a significant event.
- 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
- The clinician attended an annual conference with peers to discuss any complications with patients. They also did an annual survey to assess complication rates and compared this to peers.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- The clinic did not keep written records of verbal interactions. Following the inspection, the practice were going to change this procedure.
- 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?

(for example, treatment is effective)

## Our findings

### **We rated effective as Good because:**

- Staff were aware of current evidence-based guidance.
- Staff had the skills and knowledge to deliver effective care and treatment.

### **Effective needs assessment, care and treatment**

#### **The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)**

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- NICE guidelines were consulted for acne and Rosacea.
- They sought to address the wellbeing of their patients, and as well as their medical treatments, offered cosmetic treatments which they also supplemented with referrals for dietary advice as well as lifestyle and wellbeing services from fashion consultancy to counselling, fitness training and sports medicine.
- During the inspection we saw that the clinician appropriately escalated cases to a Dermatologist if it reached the ceiling of treatment.
- If for example the clinician was concerned about a skin condition such as a suspicious mole this would be referred to a GP or Dermatologist as required.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

### **Monitoring care and treatment**

#### **The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. We saw that the clinic made improvements to services following incidents. For

example, we saw that the clinic had made a red, green and amber system to medically grade a treatment for rosacea and acne. This then determined the level of light therapy applied to patients.

### **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.
- The clinician was registered with the General Medical Council (GMC) and was up to date with revalidation. Their next appraisal was due in July 2019.
- 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. Staff had six monthly appraisals. All the staff we spoke with on the day of the inspection spoke of the comprehensive induction they received when they started at the clinic.
- The clinic did not use locums. The clinic was closed at Christmas for two weeks for example. The clinician worked in collaboration with plastic surgeons when this was considered appropriate.

### **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. The clinic routinely sent summary letters to the patients' GPs once they had obtained consent from the patient. We saw examples of referral letters which were sent by encrypted mail.
- Before providing treatment, the GP at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- 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.

# Are services effective?

(for example, treatment is effective)

- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. The patients were given an emergency phone number where they were directed to the doctor's PA. They could contact the GP with any questions about acne, rosacea and hair loss.
- 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. There were clear and effective arrangements for following up on people who had been referred to other services.

## **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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- 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.
- If there was any concerns about consent, then the clinician would refuse to treat the patient.
- The service monitored the process for seeking consent appropriately. When patients completed registration forms with the clinic photographic identification was also requested. When patients booked appointments, photographic ID was stored on drop box. This was only accessible on site and was password protected.



# Are services caring?

## Our findings

### We rated caring as Good because:

- Patients' feedback indicated they were satisfied with care and treatment, facilities and staff at the practice
- We saw the practice had arrangements to ensure patients were treated with kindness and respect, and maintained patient and information confidentiality.

### Kindness, respect and compassion

#### Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people. During the inspection we received 12 completed CQC comment cards from patients which demonstrated that staff were friendly, helpful and understanding. We also received positive comments about the cleanliness of the service.
- During the last CQC inspection in 2017 we felt that the clinic could improve on ways of obtaining patient feedback. This time we saw that the clinic had implemented some changes. The clinic routinely gave out questionnaires to patients and these were reviewed on a quarterly basis by the service manager. The latest survey from January to March 2019 showed that 100% of patients would recommend the service to other patients, 98% of patients were happy with accessing the clinic and booking appointments, 96% of patients felt

that their treatment had been explained to them by the clinician and 99% of patients were happy with the cleanliness of the clinic and the environment in which they were treated.

- 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.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available. During the inspection the clinic shared an example of a patient who was hard of hearing and was able to lip read.

### 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 to discuss their needs.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### We rated responsive as Good because:

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patient feedback indicated they found it easy and convenient to make appointments at the practice.
- There was continuity of care, with follow up appointments arranged as required
- Urgent appointments were available.

### 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.

### 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 with the most urgent needs had their care and treatment prioritised.
- 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 complaint policy and procedures in place. The service manager was the lead for complaints.
- The clinic did not document verbal complaints received. They were going to implement this process following our inspection.
- The practice had not received any complaints in the last 12 months.

# Are services well-led?

Good 

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

## Our findings

### We rated well-led as Good because:

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.

Staff were clear about the vision and their responsibilities in relation to it.

- There was a clear leadership structure and staff felt supported by management.
- The practice had policies and procedures to govern activity. These were implemented and reviewed.
- The provider was aware of the requirements of the duty of candour.
- The lead clinician encouraged a culture of openness and honesty.
- There was a focus on continuous learning and improvement among the staff team.

### 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.
- The service developed its vision, values and strategy and jointly with staff
- 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 to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance consistent 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. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional 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. At the time of our inspection all members of staff were female. Staff had received equality and diversity training. Staff felt they were treated equally.
- 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,

# Are services well-led?

Good 

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

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

- 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.

## 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 learning from incidents. For example, staff training, and the red and green LED medical grading used for Rosacea and acne sessions under light.
- Feedback cards were given to patients after consultations. This was audited on a quarterly basis.
- The clinic took place in the conference survey annually which audited complication rates compared to other providers and this was positive.
- 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.

## 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.

- 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.

## 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. We saw this in the 12 CQC feedback cards and the questionnaires completed by patients which were all positive about the service.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- 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.