

# Regent Street Clinic Leeds

## Inspection report

4 Park Square East  
Leeds  
LS1 2NE  
Tel: 0113 344 8699

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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?

Good 

Are services well-led?

Good 

# Overall summary

**This service is rated as Good overall** (previous inspection May 2019 - Inadequate; the service was placed into special measures).

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 this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was carried out to check whether the provider had taken action to address shortfalls in relation to legal requirements which had been identified at our previous comprehensive inspection

This service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. The provider operates as a clinician-led service which specialises in medical aesthetic treatments, travel medicine, sexual health screening and general medical services. 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. Regent Street Clinic Leeds Ltd 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. This service is registered with the CQC under the Health and Social Care Act 2008 to provide treatment of disease, disorder or injury and diagnostic and screening services as regulated activities, and this was the focus of our inspection.

The regional manager 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.

We received eight completed CQC comment cards during our visit, all of which were positive. They described the service as safe, hygienic and staff as listening to their needs.

During the inspection we reviewed a range of systems and processes relating to governance, service delivery and customer care.

## Our key findings were:

- The service had made progress since the last inspection and had addressed all areas of concern.
- There was adequate clinical oversight and governance systems in place to provide assurance that patients were appropriately screened, in a safe way.
- The service was offered on a private, fee-paying basis only and was accessible to people who chose to use it.
- Staff involved patients in decisions about their care and treatment.
- There were appropriate emergency medicines and equipment kept onsite in case of anaphylactic shock.
- The service encouraged and valued feedback from patients.
- The provider was aware of the requirements of the Duty of Candour.
- Services were tailored to meet the needs of individual patients and were accessible.
- The culture of the practice and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service. Details of our findings and the evidence supporting our ratings are set out in this report.

## Dr Rosie Benneworth 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 second CQC inspector and a GP specialist advisor.

## Background to Regent Street Clinic Leeds

Regent Street Clinic Leeds Ltd is owned by FBA Medical Ltd and operates from 4 Park Square East, Leeds, LS1 2NE. The provider also provides services at six other locations across England. The building included a reception and waiting area on the ground floor and treatment rooms, located on the first floor. There was on-street pay and display parking available immediately outside the building.

The provider operates as a clinician-led service which specialises in medical aesthetic treatments, travel medicine, sexual health screening and general medical services. Services are available to adults, as well as, with appropriate consent, to those under 18 years of age. This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines for the support of cosmetic or medical treatments.

The service is led by a doctor (male) who is the lead clinician and who is based at the Nottingham location and is available by telephone. The clinicians based in Leeds are; a doctor (male) and a registered nurse (female) and there is a receptionist on duty when the clinic is open.

The service operates:

- Monday – 8am to 3pm
- Wednesday – 3pm to 7pm
- Thursday – 9am to 6pm
- Friday – 8am to 1pm
- Saturday – 9am to 12pm

Patients can also contact the service out of operating hours via an emergency contact number.

How we inspected this service

Before visiting the clinic, we reviewed a range of information we hold about the service. In addition, we requested that the provider send us information pre-inspection which we also reviewed.

During our inspection we:

- Spoke with the registered manager, the lead clinician, the regional manager and a receptionist.
- Looked at information the clinic used to deliver care and treatment plans.
- Reviewed CQC comment cards and patient feedback received by the clinic.

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.

When we returned to the service for this inspection, we saw that the previously awarded ratings were displayed, as required, in the premises. The overall rating was displayed on the practice website with a link to the inspection report.

# Are services safe?

At the last inspection in May 2019 we rated the practice as inadequate for providing safe services because:

- The clinic did not keep a supply of commonly used emergency medicines and there was no rationale to support this.
- There was no fire risk assessment for the location.
- An audit of infection prevention and control (IPC) had not been undertaken.
- Clinical staff had not had safeguarding training.
- Staff were unable to demonstrate that appropriate governance systems were in place which provided assurance that walk-in patients seeking treatment for minor illness were suitably screened.
- Nursing staff were unable to evidence competencies in the management of minor illnesses.
- An occupational health review including immunisation screening had not been offered to a clinical team member who provided phlebotomy services.

## We rated safe as Good because:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- The service kept some medicines on site to deal with medical emergencies and staff were suitably trained in emergency procedures. The provider planned to continue to review the emergency medicines kept at the clinic and had completed a risk assessment to determine which emergency medicines on the recommended list were stocked at the clinic.
- The provider had undertaken a comprehensive fire risk assessment for the location.
- An audit of infection prevention and control (IPC) had been undertaken at the location by external specialists in August 2019, which resulted in a score of 86% (all actions had since completed) and there was evidence of risk assessment activity in relation to IPC.
- Clinical staff had received up to date safeguarding training, in line with published guidance.
- An occupational health review, including immunisation screening had been offered to all clinical team members.

## Safety systems and processes

- The provider had a range of appropriate safety policies, which were regularly reviewed and communicated to staff including temporary 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 doctor and registered nurse had completed level three child safeguarding training and administrative staff had completed level two safeguarding training.

- The service had systems in place to assure that an adult accompanying a child had parental authority.
- 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 and were applied to all staff, in line with the provider's policy. (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 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 saw that there were systems to manage infection prevention and control. We saw that there had been an assessment for the risk of legionella and that recommended water checks were undertaken. There were systems for safely managing healthcare waste. We saw that the premises were clean and that equipment was maintained.

## Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed to deliver the travel medicines service and sexual health screening. Nursing staff undertook travel health and sexual health screening consultations independently following training. All GP consultations were carried out face to face.
- Doctors and nursing staff had appropriate medical indemnity cover in relation to their travel health and general medical care activities as well as aesthetic treatments and dermal fillers.

# Are services safe?

- The provider had an occupational health policy. A member of the staff team had undertaken additional training to enable them to review the status of staff immunisations.

## Information to deliver safe care and treatment

- Individual care records for travel medicine and sexual health screening 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 ceased trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. For example referrals were made to private hospitals, hospital consultants, pharmacists, and other healthcare professionals such as counsellors, physiotherapists and dentists.

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, and equipment minimised risks. The service kept prescription stationery securely and monitored its use. We saw that some emergency medicines were kept at the location. The provider had carried out a risk assessment to determine the types of emergency medicines to stock on site.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The provider told us that they did not prescribe any controlled drugs or high risk medicines. Nursing staff administered travel immunisations in line with Patient

Group Directions (PGDs). Antibiotics were routinely prescribed and the lead clinician told us they followed guidelines issued by the Clinical Commissioning Group local to their head office. 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.

- There were effective protocols for verifying the identity of patients including children.

## Track record on safety and incidents

- The service monitored and undertook a range of safety activity, including the undertaking of a fire drill at least annually. We saw that a fire risk assessment had been undertaken within the previous 12 months.

## 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. An analysis of significant events had been undertaken in February 2020; this had highlighted ways in which to reduce errors and improve processes.
- 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. We saw evidence that incidents were reviewed and the learning shared.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- When there were unexpected or unintended safety incidents:
  - The service gave affected people reasonable support, truthful information and a verbal and written apology
  - They kept written records of verbal interactions as well as written correspondence.
  - 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 staff.

# Are services effective?

At the last inspection in May 2019 we rated the practice as requires improvement for providing effective services because:

- Clinical records and clinical record keeping were incomplete.
- There were insufficient governance arrangements for the assessment and delivery of patient care.

## We rated effective as Good because:

- Patients received effective care and treatment that met their needs.
- Diagnostic pathways were available for clinicians to follow and clinical record keeping was complete in the records we reviewed.

## 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)

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- The provider took account of travel health and sexual health updates.
- Patients' immediate and ongoing needs were assessed. Diagnostic treatment pathways were available on the clinical record and clinicians recorded their findings in free text records. Where appropriate this included patients' clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with patients who had ongoing health issues.
- Staff assessed and managed patients' pain where appropriate.

## Monitoring care and treatment

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

- The service made improvements through the use of completed clinical reviews. Clinical audit had a positive impact on quality of care and outcomes for patients. For

example, the provider had carried out a 'quality of consultation record' audit in December 2019. The audit showed that the service was 94% compliant; areas for improvement were discussed with the clinical team. The audit was to be repeated in December 2020 where improvements would be measured.

## Effective staffing

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

- Staff were appropriately qualified, and clinicians were registered with the Nursing and Midwifery Council (NMC) and General Medical Council (GMC) where required and were up to date with revalidation.
- The provider had an induction programme for all newly appointed staff.
- The provider had an understanding of the learning needs of staff and provided protected time and training for staff to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff whose role included immunisation had received specific training and could demonstrate how they stayed up to date.

## Coordinating patient care and information sharing

### Staff worked together, and worked with other organisations, to deliver effective care and treatment.

- Patients seeking travel health and sexual health screening received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, doctors at the service and the Leeds based nurse, 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.
- 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

## Are services effective?

consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long term conditions.

- 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 such as private hospitals, pharmacists, and other healthcare professionals such as counsellors, physiotherapists and dentists.

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

# Are services caring?

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

Patients were treated with respect and commented that 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.**

- Feedback from patients about the way staff treated people was positive.
- 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 were also told about multi-lingual staff who might be able to support them and telephone interpretation services could be arranged if needed.
- 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.

### **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?

## **We rated responsive as Good .**

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. For example, by offering appointments in the evening and on a Saturday.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, access was available to those with reduced mobility if required.

### **Timely access to the service**

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Referrals and transfers to other services were undertaken in a timely way. For example, a patient who had an abnormal test result indicating a serious illness was promptly referred to an appropriate service.

### **Listening and learning from concerns and complaints**

**The service had a process for taking complaints and concerns seriously and responding to them appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available for patients and clearly displayed in the waiting room.
- 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 complaints policy and procedure in place. The service had received two complaints in the last 12 months and appropriate action had been taken to respond to them.

# Are services well-led?

At the last inspection in May 2019 we rated the practice as inadequate for providing well led services because:

- Policies were not consistently applied, including those relating to infection prevention and control (IPC) and occupational health.
- Leaders did not visit the location regularly to maintain effective oversight of the needs of staff or patients.

Governance structures were inconsistent in relation to risk assessment activity and patient safety.

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

- Policies were consistently applied, including those relating to IPC and occupational health.
- Leaders visited the location regularly (weekly) to maintain effective oversight of the needs of staff or patients.
- Governance structures were consistent in relation to risk assessment activity and patient safety.

## **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.
- Leaders at all levels were described as approachable by their staff. Leaders visited all of their locations regularly and also made daily and weekly contacts with their staff via telephone and monthly face to face meetings.

## **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 jointly with staff and external partners.
- 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 there was a clear complaints policy. 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 staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses were given protected time for professional development and evaluation of their clinical work. Clinical staff undertook in-house courses in travel health and received training on sexual health screening procedures from the lead clinician.
- A nurse attended a prescribing course following a recent appraisal.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## **Governance arrangements**

- A range of structures, processes and systems to support good governance and management were in place and were accessible to staff. We were told that patients requiring secondary care following the sexual health screening and testing were referred to the appropriate clinic for follow up treatment and support.
- Leaders had established a range of policies, procedures and activities to ensure safety. These included safeguarding and fire safety including the provision of regular fire drills.

## **Managing risks, issues and performance**

# Are services well-led?

## **There were a range of processes for managing risks, issues and performance.**

- The service had processes to manage current and future performance. Leaders had oversight of safety alerts, incidents, and complaints and learning from complaints made in other locations was shared across the group.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change services to improve quality.
- The provider had a business continuity plan in place with essential contact numbers.

## **Appropriate and accurate information**

### **The service acted on appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all clinical staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account. For example, a review was undertaken to monitor whether clinicians had discussed and reviewed patients' medical history during consultations. The review found that 82% of consultations had been completed in line with the provider policy; guidance had been issued to staff to improve compliance where necessary.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- 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. An information governance policy was in place and staff were aware of their responsibilities in this area.

## **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. For example, by offering flexible opening hours to meet patient need.
- Staff could describe to us the systems in place to give feedback. There were regular staff meetings and team away days where feedback was sought. For example, staff were consulted on the provision of a staff uniform.
- 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. Learning was shared at clinical governance meetings and used to make improvements. For example, a patient attended for an injection having had similar injections from their own GP. The service liaised with the GP practice to ensure medication given was appropriately reviewed and recorded with all parties concerned.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work and the location offered their own training programme in travel health to other healthcare professionals on request.
- There were systems to support improvement. Staff learned from audits and patient feedback to improve the service.
- Issues identified at the previous CQC inspection visit had been addressed by the provider.
- The service engaged with patients' unmet needs' by evaluating after patient consultations how the doctor could have done better. We were told that during consultations the service focused on the patient's needs to identify these. The doctor then decided whether the patient's needs had been met using the 'Patients' Unmet Needs' evaluation method.