

## Dr Barbara Kubicka Ltd

# clinicbe

## Inspection report

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### Overall summary

We carried out an announced comprehensive inspection on 12 December 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

#### **Our findings were:**

##### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

##### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

##### **Are services responsive?**

We found that this service was providing responsive care in accordance with the relevant regulations.

##### **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

#### **Background**

clinicbe is a medical practice situated in Knightsbridge, close to Cadogan Square and easily accessible from Belgravia, Mayfair and Chelsea. The practice premises are located 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.

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. clinicbe provides doctor-led private consultations, physical examinations, and prescribes medicines for the management of chronic diseases such as gastro-intestinal problems, acne, rosacea, 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 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

# Summary of findings

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 36 completed comments cards during our inspection. The feedback was entirely positive about the practice, its staff and the care and treatment received. We did not speak with patients during this inspection, as there were no patient consultations booked during the time of our inspection.

## **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.

There was an area where the provider could make improvements and should:

Consider making arrangements to seek the views of existing patients in the practice, not just new patients.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

- 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.

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### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

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

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### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

- 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.

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### **Are services responsive to people's needs?**

We found that this service was providing responsive care in accordance with the relevant regulations.

- 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

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### **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

- 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.
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# clinicbe

## Detailed findings

### Background to this inspection

We carried out an announced comprehensive inspection at clinicbe on 12 December 2017. 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 the staff - 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

### Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks had been undertaken for all staff. (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. The clinician was trained to level three in safeguarding children and vulnerable adults and the administrators had level one training. 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.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

### 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 new staff tailored to their role.

- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The practice had a defibrillator available on the premises and oxygen with adult masks.
- The clinician knew how to identify and manage patients with severe infections, for example, sepsis.
- There was a health and safety policy available.
- The practice had up to date fire risk assessments. Fire extinguishing equipment and fire exit signage was in place in the practice. There was a fire evacuation plan.
- We saw records indicating clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had professional indemnity insurance in place that protected the medical practitioner against claims such as in respect of medical malpractice and negligence

### Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

### Safe and appropriate use of medicines

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

- The systems for managing medicines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed and administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

# Are services safe?

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

## **Track record on safety**

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice 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 practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. 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.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and took action to improve safety in the practice.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The practice had systems to keep the clinician up to date with current evidence-based practice. We saw that the clinician assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. All new patients had an initial consultation with the clinician.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The lead clinician recognised the links between patients accessing cosmetics medical treatments and psychological needs. All new patients were seen by the lead clinician, and a psychological assessment was included in this initial consultation.

### Monitoring care and treatment

- The practice had arrangements in place to follow up patients that needed on-going monitoring. They had systems to book in such patients for follow ups.
- We saw evidence of the clinician participating in quality improvement initiatives, peer review and continuous professional development events. The clinician had a network of colleagues that they could contact for professional and clinical discussion.
- We saw evidence that the practice reviewed the effectiveness and appropriateness of the care provided. We saw that they carried out clinical audits and improvements were made as a result.
- The practice provided the summaries of two clinical audits initiated in the last two years. Both related to complications following treatment procedures.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, the technicians had received specific training on the equipment they used and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and had provided training according to their needs. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with on-going support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.

### Coordinating patient care and information sharing

Staff worked together and with other healthcare professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they were referred to other services. Patients, With patient consent, the practice prepared information to be shared with their usual GP about the care and treatment they received.

### Supporting patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

The practice took a holistic approach to its care and treatment services. 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.

### Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

# Are services effective?

(for example, treatment is effective)

- The practice monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs and preferences.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. The practice was careful in the way they scheduled appointments so that there were only a limited number of patients in the premises at any given time. This allowed patients to enjoy a greater amount of privacy whilst in the premises.
- All of the 36 patient Care Quality Commission comment cards we received were positive about the service experienced.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care:

- The practice website gave information about the other languages as well as English spoken among the staff team, which included Polish, Greek, Russian and Slovakian.
- Staff communicated with patients in a way that they could understand and provided aftercare information following treatments and consultations as necessary.

### Privacy and Dignity

- Staff we spoke with during the inspection understood and respected people's privacy and dignity needs. For example, reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The practice had arrangements in place to provide a chaperone to patients who needed one during consultations.
- Information about patients was treated confidentially.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice sought to meet the needs of its population:

- There were longer appointments available for patients who had that need
- Same day appointments were offered if available.

### Timely access to the service

The practice was open Mondays to Fridays from 10am to 6.30pm.

Appointments were available booked in advance or on the same day. The practice offered appointment lengths according to the treatment being received.

Patients were able to access care and treatment from the practice within an acceptable 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.
- The appointment system was easy to use.

The feedback we received from completed comments cards during our inspection indicated that patients were satisfied with how they could access care and treatment.

### Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- It had a complaints policy and procedures in place
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This included staff being able to signpost patients to the complaints process.

The practice had not received any complaints in the last 12 months.

# Are services well-led?

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

## Our findings

### Leadership capacity and capability

The lead clinician had the capacity and skills to deliver high-quality, sustainable care.

- The clinician had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The clinician was visible and approachable. They worked closely with staff to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills.

### Vision and strategy

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

- The practice had a statement of purpose in place, which defined among its aims and objectives to provide high quality private general medical care for all patients registered with them.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

### Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to 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.

- There were positive relationships in the staff team.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- The practice leader had established proper policies, procedures and activities to ensure safety and assured them 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 risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through review of their consultations, outcomes of their treatments, and supervision discussions. The practice leader had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

### Appropriate and accurate information

The practice 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.

# Are services well-led?

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

- 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 practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements 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 practice involved patients and staff to support high-quality sustainable services.

- The practice sought the views of new patients about their treatment experiences after their first consultations.

- Staff meetings were held monthly and we saw minutes which indicated all staff had the opportunity to contribute in these meetings and that changes were well documented and communicated.

## **Continuous improvement and innovation**

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

- The clinician in the practice were engaged in continuous professional development.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

The practice leader encouraged staff to take time out to review individual and team objectives, processes and performance.