The Cavendish Clinic

Inspection report

185 New Kings Road
London
SW6 4SW
Tel:

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good overall. (Previous inspection took place in October 2018 and the service was found to be meeting the relevant standards).

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 The Cavendish Clinic, Parsons Green on 17 August 2022 as part of our inspection programme.

When we previously inspected the service in October 2018, we found the service was meeting the relevant standards, however, we identified some areas where the provider could make improvements and should:

- Establish cold chain policy and procedures.

The Cavendish Clinic is a private clinic that specialises in aesthetic treatments and minor surgery.

The service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. 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.

The Cavendish Clinic provides a range of surgical and non-surgical cosmetic interventions, for example aesthetic cosmetic treatments which are not within CQC scope of registration and therefore these treatments were not inspected. At the time of this inspection the treatments offered at the Cavendish Clinic which were in scope of their CQC registration were: Botulinum Toxin for the treatment of hyperhidrosis, Polydioxanone (PDO) Thread Lifts, and treatments of moles, skin tags and warts.

The clinic director 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.

Our key findings were:

- The service had implemented an appropriate cold chain policy.
- They kept written records of verbal interactions as well as written correspondence.
- 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.

Overall summary

- All new clinical and non-clinical staff undertook induction training which varied according to their role.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff treated patients with kindness respect and compassion, as evidenced by patient feedback from the annual patient survey.
- The provider understood the needs of their patients and improved services in response to those needs. For example, the service responded promptly to any patient concerns.
- The facilities and premises were appropriate for the services delivered.
- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.

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

Our inspection team

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

Background to The Cavendish Clinic

The provider of services, London Health and Aesthetics Limited, operates from two locations in London.

The Cavendish Clinic, Parsons Green, is located at 185 New Kings Road, London, SW6 4SW. The clinic consists of a ground floor reception and retail area, consulting rooms and offices and also a basement area with additional consulting rooms.

The Cavendish Clinic is registered with the Care Quality Commission (CQC) to provide:

- Diagnostic and screening services.
- Treatment of disease, disorder or injury.
- Surgical procedures.

The service is open;

- Monday 9:30am – 6.00pm
- Tuesday 9:30am – 8.00pm
- Wednesday 9:30am – 6.00pm
- Thursday 9:30am – 8.00pm
- Friday 9:30am – 6.00pm
- Saturday 9.00am – 5.00pm

How we inspected this service

Before the inspection we gathered and reviewed information from the provider. During this inspection we spoke to the Registered Manager, the medical director and non-clinical staff. We also reviewed organisational documents including policies and procedures and patient consultation records.

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.

Good

Are services safe?

We rated safe as Good because:

- There was an effective system to manage infection prevention and control.
- They kept written records of verbal interactions as well as written correspondence.
- 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.
- There were arrangements for planning and monitoring the number and mix of staff needed.

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 vulnerable adults from abuse.
- The service did not provide treatment to people under the age of 18. During our inspection we discussed with the service staff training in safeguarding children despite regulated activities only being provided for adults; as clients may be accompanied by children for appointments or information may be disclosed by clients which may constitute a child safeguarding issue. Following our inspection, the service made arrangements for staff to now receive child safeguarding training in addition to adult safeguarding.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff knew what steps to take 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. For example, in response to legionella testing outcomes in 2021, the service had changed its systems.
- 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.
- 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 there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

Good

Are services safe?

- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

Information to deliver safe care and treatment

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

- Most individual care records were written and managed in a way that kept patients safe. However, some were not adequately documented. For example, in one record we reviewed there was no documented clinical record regarding a patient attending for a suture removal. Another record we reviewed had no documented comment regarding the histology result. Patients should be advised of the outcome of testing of tissue samples sent for analysis and the patients record should reflect this.
- During our inspection the service agreed to review and revise its Histology policy to ensure notes are fully written up and patients informed of outcomes. Shortly after our inspection the service provided us with a copy of its revised policy.
- 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.

- At our last inspection we found the service did not have an appropriate cold chain policy to ensure medicines were safely transported and transferred to a designated refrigerator. However, at this inspection we found the service had introduced, and was adhering to, an appropriate policy.
- The systems and arrangements for managing medicines, including emergency medicines and equipment minimised risks.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.

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.

Good

Are services safe?

- 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.
- 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. There had been no significant events recorded within the last 12 months.
- 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.

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 the team including sessional and agency staff.

Good

Are services effective?

We rated effective as Good because:

- All new clinical and non-clinical staff undertook induction training which varied according to their role.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Arrangements were in place to deal with repeat patients. Patients often attended for a course of 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 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.
- 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 diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. Patients often attended for a course of treatment.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was not actively involved in quality improvement activity.

- The service carried out periodic single-cycle audits to monitor care and treatment. However, it did not carry out two, or more, cycle audits for the purposes of quality improvement. A two cycle audit includes: selecting a topic, agreeing standards of best practice (audit criteria), collecting data via the first run of the audit, analysing data collected against standards, making any necessary changes to practice, later re-running the audit to determine whether the changes have produced an improvement. This process can be repeated to make further improvements.
- During our inspection the service implemented an audit procedure for clinical audit, developed a programme of clinical audit and commenced data collection for the first cycle of a two cycle clinical audit.

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, which varied depending on their assigned role.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and were up to date with revalidation.
- 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

Good

Are services effective?

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.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- 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.
- The service monitored the process for seeking consent appropriately.

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.

Good

Are services caring?

We rated caring as Good because:

- Staff treated patients with kindness respect and compassion, as evidenced by patient feedback from the annual patient survey.
- Staff recognised the importance of people's dignity and respect.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people. The service invited patients to give feedback after their initial consultation. The 2021 annual survey found that, of 26 patients responding the service achieved a patient satisfaction rating of 4.9 / 5 stars.
- 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 could be arranged 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.

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.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

- The provider understood the needs of their patients and improved services in response to those needs. For example, the service responded promptly to any patient concerns.
- The facilities and premises were appropriate for the services delivered.
- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.

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, the service responded promptly to any patient concerns.
- 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.

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. The service was able to cross-refer patients between its locations to facilitate patients appointment requests.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.

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. Staff treated patients who made complaints compassionately.
- 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 complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. We reviewed three out of eight complaints received across the service locations within the last 12 months. We found patients had received an apology and the complaints had been resolved to the patients satisfaction.

Good

Are services well-led?

We rated well-led as Choose a rating because:

- 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. For example, the service had opened a number of new locations in co-operation with and based in a major high-street store.
- The service had processes to manage current and future performance.

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 jointly with staff and external partners. For example, the service had opened a number of new locations in co-operation with and based in a major high-street store.
- 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 inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, where treatments did not meet patients expectations, the service offered patients suitable apologies, an explanation and, where appropriate, a further complementary treatment. 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.

Good

Are services well-led?

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff employed for at least 12 months had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, 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. It identified and addressed the causes of any workforce inequality. 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, 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.
- 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.

Managing risks, issues and performance

There were clear and effective around processes for managing risks, issues and performance.

- The service was not undertaking two-cycle clinical audits as part of quality improvement. However, during our inspection the service implemented an audit procedure for clinical audit, developed a programme of clinical audit and commenced data collection for the first two cycle audit.
- 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, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- 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.

Good

Are services well-led?

- 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.

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. Staff we spoke to told us they were confident in being able to raise any concerns with the service management, and changes would be made as appropriate.
- There were systems to support improvement and innovation work.
- Staff could describe to us the systems in place to give feedback, including, verbal, written and online systems for receiving 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 were 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.