

The Hadleigh Clinic Limited

The Aesthetic MediSpa

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 02 October 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

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.

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 planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This 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 Aesthetic Clinic provides a range of non-surgical cosmetic interventions, for example, dermal fillers and Botox for the face, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services. We were only able to inspect the service with regard to: Botox for hyperhidrosis; skin tag, mole and lesion removal (where there was no sign or suspicion of malignancy).

The lead clinician 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.

Summary of findings

Three people provided feedback about the service via Care Quality Commission comments cards. Feedback was positive about the service provided and staff, although some of this feedback may have related to services not regulated by CQC.

Our key findings were:

- There were systems in place to safeguard people and their information.
- Information relating to patients was accurate and enabled staff to make appropriate treatment choices.
- There were systems in place to identify, assess and manage risk.
- The process for ensuring that patients were not under the age of 18 required strengthening.
- Patient feedback from the service's satisfaction surveys and from our comment cards were positive.
- Recruitment processes included immunisation checks for Hepatitis B only for clinical staff.
- There were appropriate emergency medicines and equipment kept on site in case of anaphylactic shock.
- There were monitoring processes in place to ensure that medicines stored in fridges were kept at an acceptable temperature, however there was only one thermometer in-situ and it was not regularly calibrated.
- There were systems in place to respond to incidents and complaints. Although no significant events or complaints had occurred in the preceding 12 months, there was a clear structure in place to ensure that learning from incidents and complaints would be shared.
- Staff had access to appropriate training.
- Staff were aware of their roles and responsibilities.
- Governance arrangements ensured policies and procedures relevant to the management of the service were in place and kept under review.
- There was a clear commitment to regulation and using this as a framework to ensure a high and safe standard of treatment.

There were areas where the provider could make improvements and should:

- Review the need for a second fridge thermometer or regular calibration of the primary thermometer.
- Review the process for verifying the age of patients who may be under 18.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

The Aesthetic MediSpa

Detailed findings

Background to this inspection

This service is provided by The Hadleigh Clinic Limited. The Aesthetic MediSpa is a private medical clinic located in Buckhurst Hill in a multipurpose building housing several different organisations. There is level access into the building and either lift or stair access to the basement floor where the clinic is situated.

This service is provided to patients who are 18-year olds and over only. At the time of our inspection the service had less than 100 patients a year requesting regulated activities.

The regulated aspects of this service are provided by a GMC registered clinician. Support is provided by a clinic manager and administrative staff known as the front of house team.

The aspects of the service regulated by CQC includes: Botox injections for Hyperhidrosis (excessive sweating); as well as wart, skin tag, cyst and mole removal.

The service provides the regulated activities of: Treatment of disease, disorder or injury; surgical procedures; diagnostic and screening procedures.

Our inspection team was led by a CQC Lead Inspector and included a GP Specialist Advisor. An inspection manager also attended in an observation role.

Before visiting, we reviewed a range of information we hold about the service.

During our visit we:

- Looked at the systems in place for the running of the service.
- Explored how clinical decisions were made.
- Viewed a sample of key policies and protocols which related to regulated activities.
- Spoke with a range of staff involved in the regulated activities.
- Checked the environment and infection control measures.
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.

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

The service should review their back up systems in the event of fridge thermometer failure; and their process for verifying patients are over the age of 18.

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. 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. Policies were regularly reviewed and were accessible to all staff.
- 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. There was a process in place should a patient request a chaperone. There was a new member of staff who would potentially in the future act as a chaperone and we saw that a DBS check had been applied for prior to carrying out the role.
- There was an effective system to manage infection prevention and control. The owner of the premises arranged for a building legionella risk assessment and they completed any follow up required as a result of this, including any regular flushing programmes. There were audits in place for hand hygiene of clinical staff as well as regular general infection control audits.

- 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.

Risks to patients

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

- New staff received an induction appropriate to their role.
- 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.
- Clinical staff had training in basic life support. There was oxygen available on the premises for use in a medical emergency.
- There were appropriate indemnity arrangements in place to cover all potential liabilities. We viewed indemnity cover documents relating to both the service and the practitioner.

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 service rarely had need to share information relating to regulated activities with other agencies. However, there were processes in place to enable them to share the information needed to deliver safe care and treatment in accordance with data laws.

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 emergency medicines and equipment minimised risks.
- The service did not prescribe any medicines.

Are services safe?

- Medicines administered on the premises had an appropriate supply chain and a clear record of administration of these medicines was kept.

Track record on safety

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 could lead to safety improvements where these were identified as necessary.

Lessons learned and improvements made

The service had a structure in place to learn and make 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.
- There were adequate systems for reviewing and investigating when things went wrong. There had been

no incidents in the preceding 12 months however the service reviewed case studies and lessons identified from other providers and reviewed whether they needed to act to improve their own safety as a result.

- It was evident throughout our inspection that the provider was aware of and systems in place to comply 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 had a structure in place to give affected people reasonable support, truthful information and a verbal and/or written apology.
- The service had systems in place to act on and learn lessons from external safety events as well as patient and medicine safety alerts, where these were relevant, however none of the safety alert in the preceding 12 months had been relevant to the service. The service had a mechanism in place to disseminate appropriate alerts to all staff.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice within their clinical area. Patients' needs were fully assessed. Where appropriate this included their mental and physical wellbeing. A comprehensive medical history was obtained prior to initial consultation. If a patient was not deemed to be suitable to receive a treatment (there were a variety of valid reasons this may happen), then they would be declined. If a mole or lesion was of concern then the patient would be signposted back to their NHS GP to have it assessed and investigated. After a procedure the patient would receive a written aftercare sheet, specific to the treatment they received. This aftercare sheet would also be emailed to the patient.

Monitoring care and treatment

The provider had systems in place to monitor and assess the quality of the service including the care and treatment provided to patients. Regular checks related to a variety of different aspects of the services were also completed. For example, patient satisfaction questionnaires were used to improve performance, as well as checks on record keeping.

Effective staffing

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

- All staff were appropriately qualified and new staff had received induction appropriate to their role.

- Medical professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- Up to date records of skills, qualifications and training were maintained.
- A system was in place to ensure staff received support and performance reviews

Coordinating patient care and information sharing

Where it was relevant for the patients GP to be informed of treatment, this took place with a patient's consent. However, this was rarely required.

Supporting patients to live healthier lives

Due to the nature of the service provided, patients were not routinely given advice on living healthier lives.

Consent to care and treatment

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

There were clear consent protocols in place for all procedures. The cost of treatment and the treatment plan was fully explained and written copies given to patients. The patient was given a free consultation and did not receive any treatment on the first day but was given the opportunity to reflect on the written materials and costs before deciding.

The patient population for the treatments provided were usually adults so the need to check to ensure patients were aged 18 and over was minimal. However, the practice did not have a policy to cover those situations where a young adult may seek treatment. The practice agreed to amend their policy accordingly.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff we spoke with demonstrated a patient centred approach to their work. We made CQC comment cards available for patients to complete two weeks prior to the inspection visit. We received three completed comment cards all of which were very positive.

The practice completed regular patient satisfaction surveys (these also included patients receiving non- regulated services). Patients indicated they felt treated with dignity and respect

Involvement in decisions about care and treatment

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

- Patients were provided with information about procedures including the benefits and risks.
- The service told us that most of their patients were English speaking however information could be made available in other languages using a search engine translation tool.
- The patient survey completed by the service showed that patients felt listened to and supported by staff and were given sufficient information during consultations to make an informed decision about the choice of treatment available to them. Comment cards we received supported this.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- There were several rooms that staff could use if patients wanted to discuss sensitive issues.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The provider made it clear to patients what services were offered and the limitations of the service were clear. The provider offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against any client group. Although the service had a policy that those patients under the age of 18 could not receive the services provided.

We found that the premises were accessible and suitable for disabled patients and those with mobility issues. There was a lift to provide access to the basement premises. We spoke with staff about patients experiencing sensory loss, such as, a hearing or visual deficit. Staff gave us an example of how they adjusted their service to meet the patient's needs and preferred communication methods. For example, all forms were completed on an electronic device and the text could be expanded to be more easily read.

Timely access to the service

The service was open from 10am to 3pm on Tuesdays, 2pm to 8pm on Wednesdays and 10am to 3pm on Thursdays. The evening appointments were available for all patients but provided particular flexibility for working patients who required these.

Patients pre-booked appointments directly with the clinic and we saw no feedback to indicate that there were any delays in treatments.

There was no requirement for urgent access to treatment. There was no out of hours provision.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously.

- Information about how to make a complaint or raise concerns was available.
- There was a system in place for complaints, however there were no complaints in the preceding 12 months relating to regulated activities.
- There was a clear procedure for complaints which included a subsequent analysis and the sharing of learning.

Are services well-led?

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

Our findings

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

Leadership capacity and capability;

There was a clear leadership structure in place and staff were aware of their roles and responsibilities. Senior staff had a clear understanding of governance and how to maintain quality and safety.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients. Senior staff reviewed treatments offered to ensure they offered safe and effective treatments to patients. They had a vision to achieve a high level of compliance with safety and quality standards for all treatments offered.

Culture

The culture of the service encouraged candour, openness and honesty.

- The service had a very small team and there was an evident commitment to the wellbeing of patients.
- Where incidents affected patients, there was a structure in place to ensure that they would be given an apology and an honest and open explanation of what happened.
- There were processes for providing all staff with the development they need. This included regular one to one support and annual appraisals.

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.
- There were established policies, procedures and activities to ensure safety. The service had systems in place to assure themselves that these were operating as intended.
- There were regular meetings. These enabled managers to update staff, provided a platform to share learning from complaints and incidents, and gain feedback.

Managing risks, issues and performance

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

- There were comprehensive risk assessments in place.
- Leaders had oversight of safety alerts, incidents, and complaints.
- The service had plans in place for adverse incidents affecting service provision

Appropriate and accurate information

The service acted on appropriate and accurate information.

- There were systems in place to regularly monitor the service's performance. For example, the service completed regular audit of a sample of patient records to ensure they contained appropriate and complete information.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. For example, patient records were electronic and the laptops used were password protected.

Engagement with patients, the public, staff and external partners

Patients were encouraged to provide feedback on the service they received via regular patient surveys. Feedback was reviewed to check if any changes were required.

The service had recently recruited new staff therefore it was too soon for them to be able to comment on engagement, however staff we spoke with outlined the support that they had received.

Continuous improvement and innovation

There was evidence of systems and processes for learning and continuous improvement.

- There was a focus on continuous learning and improvement.
- Senior staff made use of external reviews of case studies to reflect on whether they had implications for their own service and changes were made as appropriate. There were structures in place to share learning and use it to make improvements.