Juvea Medical Limited

Inspection report

1-7 Harley Street
London
W1G 9QD
Tel: 02072914554

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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?	Requires Improvement
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 4 June 2018 – unrated. This is the first rated inspection of this provider.

The key questions are rated as:

Are services safe? – Requires improvement

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 Juvea Medical Limited on 8 March 2023 as part of our inspection programme. Juvea Medical Limited first registered with CQC in 2011 and are registered for the regulated activities; diagnostic and screening procedures, surgical procedures and treatment of disease, disorder and injury.

The registered manager is the medical director for the company. 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.

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. Juvea Medical Limited provides some services, such as therapist and laser treatments which are not within CQC scope of registration, therefore we did not inspect or report on these services.

Our key findings were:

- *The service provided care in a way that kept service users safe and protected them from avoidable harm.*
- *Service users received effective care and treatment that met their needs.*
- *Staff dealt with service users with kindness and respect and involved them in decisions about their care.*
- *The service organised and delivered services to meet service users' needs. Service users could access care and treatment in a timely way.*
- *The way the service was led and managed promoted the delivery of high-quality, person-centre care.*

The area where the provider **must** make improvements as they are in breach of regulations are:

- Ensure that care and treatment is provided in a safe way for patients.

(Please see the specific details on action required at the end of this report).

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

Overall summary

- Undertake quality improvement activity to review the safety and effectiveness of the care and treatment provided.
- Keep comprehensive and up to date employment and training records.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

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 CQC Inspection GP specialist adviser.

Background to Juvea Medical Limited

Juvea Medical Limited is located at 1-7 Harley Street, London, W1G 9QD. Juvea Medical Limited is an independent provider of consultation and treatment services. The service provides cosmetic surgery as well as medical laser treatments and injectable treatments for adults aged 18 and over.

The service website can be accessed through the following link: https://www.juveaaesthetics.com/

The clinic is open from 10am to 6pm Monday – Friday. The clinic does not open on weekends but can make arrangements with patients on an individual basis.

How we inspected this service

Before visiting, we reviewed a range of information we hold about the service and asked them to send us some pre-inspection information which we reviewed.

During our inspection we:

- Spoke with the registered manager/medical director face to face.
- Spoke with staff (consultant plastic surgeon, operations manager and external governance advisor).
- Reviewed files, practice policies and procedures and other records concerned with running the service.
- Reviewed a sample of service user records.
- Looked at information the service used to deliver care and treatment plans.

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.

Requires Improvement

Are services safe?

We rated safe as Requires improvement because:

The provider had systems and procedures in place to monitor and keep patients safe, however we identified gaps in these systems. In addition, whilst there were arrangements in place for the management of infection prevention and control, we identified gaps in systems in place for the appropriate stocking of emergency medicines. Information needed to plan and deliver care was available to staff in a timely and accessible way.

We identified 2 safety concerns that the provider told us would be rectified soon after the inspection. The likelihood of this happening again in the future is low and therefore our concerns for patients using the service, in terms of the quality and safety of clinical care are minor. (See full details of the action we asked the provider to take in the Requirement Notice at the end of this report).

Safety systems and processes

The service had not have clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were 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.
- The provider told us the premises landlord provided a range of property services such as building risk assessments and health and safety checks.
- We saw evidence of a premises risk assessment dated January 2023 with a review date set for April 2024 with actions identified, however it was not clear if these actions had been addressed at the time of the inspection as there was no date set to address them or a staff member assigned to the action.
- The service did not see patients under the age of 18.
- 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). We reviewed 3 staff folders and found DBS checks had been carried out for 2 members of staff. The third non-clinical staff member was new to the service and their DBS check was ongoing at the time of inspection.
- 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. We saw in 2 out of 3 staff folders we reviewed the individuals had completed the required level of safeguarding for their role. We could not find evidence of completed safeguarding training for one clinical staff member, however the provider told us that this training had been completed at another place of work. After the inspection, the provider sent evidence of completed safeguarding training for this staff member.
- There was an effective system to manage infection prevention and control. We saw evidence of legionella testing being carried out for the building in July 2022 where some medium and low risks were identified, however it was unclear if actions to address these risks had been addressed at the time of inspection.
- We reviewed an infection control audit dated January 2023 which identified 2 areas for attention including having an emergency call point in treatment rooms and ensuring clinical waste is stored in a designated locked and inaccessible area to patients. The audit documented that a clinical waste wheelie bin had been ordered and installation of an emergency call point would be reviewed. There was not date set for completion of these actions.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We saw evidence of a portable appliance testing (PAT) and calibration certificates dated February 2023 and October 2022 with no concerns identified.

Requires Improvement

Are services safe?

Risks to patients

There were systems to assess, monitor and manage risks to patient safety, however these systems were not working effectively.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for agency staff tailored to their role. We saw evidence of an induction checklist.
- During the inspection we reviewed 3 staff folders and found gaps including no signed employment contracts, confidentiality policy or induction checklist for all 3 staff and no references for 2 staff. After the inspection the provider sent us evidence of a signed contract and confidentiality policy for 2 staff and references for 1 staff member.
- 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. The provider told us all staff had undergone sepsis training.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients however systems in place for managing care records were ineffective.

- Individual care records were not 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 not available to relevant staff in an accessible way. Patient consultation notes were all handwritten and the was no system in place to scan them onto the provider's systems after the consultation.
- We reviewed 6 patient consultation notes and found that they lacked detail, in 4 out of 6 the patient's date of birth had not been recorded and in 2 out of 6 there was no date for when the consultation had taken place. In 4 out of 6 patients reviewed, there were no post procedure consultation notes present. The provider told us that they did not know what had happened to these notes.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The provider told us that most of their patients decline to share information with their GP but in cases where there was a medical or safeguarding concern then they would do so.
- 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.

Safe and appropriate use of medicines

The service had systems for appropriate and safe handling of medicines, however gaps were identified in the management of emergency medicines.

- The systems and arrangements for managing emergency medicines and equipment minimised risks. The service had a working defibrillator and oxygen checks were satisfactory. There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly, however we found some emergency medicines were not in stock and had not been risk assessed, including antiemetic, benzylpenicillin and midazolam or diazepam. The provider told us during the inspection that they would be risk assessing the need to stock these medicines going forward. The service kept prescription stationery securely and monitored its use.

Requires Improvement

Are services safe?

- The service had not carried out any medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing at the time of inspection, they told us this was due to the low numbers of patients they were seeing.
- The service does 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.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- There were protocols for verifying the identity of patients however these were not being adhered to, as notes we reviewed did not always document the patients date of birth. The service did not see under 18's.

Track record on safety and incidents

The service had a satisfactory safety record.

- There were risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The service had not recorded any significant events at the time of inspection.
- There were adequate systems for reviewing and investigating when things went wrong.
- 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. We saw evidence of MHRA alerts being received and logged.
- 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:

The provider had systems and procedures which ensured clinical care provided was in relation to the needs of patients. Staff at the service had the knowledge and experience to be able to carry out their roles. The service did not have a programme of quality improvement to help drive improvements, however we did see evidence of some audits being carried out .

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 only surgical procedure offered at the service is a neck lift which was invented in a different country. The provider told us that this procedure is not offered on the NHS and does not come under NICE guidelines. The provider also told us that the clinician carrying out this procedure was trained directly by the surgeon who pioneered the technique and that it is an approved Food and Drug Administration (FDA) product. The FDA is equivalent to the Medicines and Healthcare products Regulatory Agency (MHRA) in the UK.
- Patients' immediate and ongoing needs were fully assessed.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service had carried out some audits but we saw no evidence of quality improvement activity.

- At the time of inspection the provider told us that some internal nonclinical audits had been carried out looking at pre-assessment patient notes and the signing of consent forms but no feedback had been given or improvements made as a result of these audits.
- An audit looking at wound infection and complication for 6 patients was seen with no issues or concerns recorded.

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. We did not evidence of a completed induction checklist but we did see the induction template used for new staff.
- Relevant professionals 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.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

Coordinating patient care and information sharing

Good

Are services effective?

Staff worked together to deliver effective care and treatment.

- Patients received person-centred care.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health.
- 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. We saw evidence of appropriate documented consent.
- The provider had risk assessed the treatments they offered.
- We did not see evidence that patient information was shared appropriately and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. The patient consultation notes had been handwritten and at the time of inspection had not been scanned onto the system to facilitate sharing if needed.

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. The provider told us that they have an out of hours contact number that patients can call 24 hours a day, but at present they had no need for this.
- Risk factors were identified, highlighted to patients.

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.

Good

Are services caring?

We rated caring as Good because:

The service treated patients with kindness, respect and dignity. The service involved patients in decisions about their treatment and care. Staff we spoke with demonstrated a patient-centred approach to their work.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The provider told us that they sought feedback on the quality of clinical care patients received in the form of online feedback and video testimonials.
- Feedback from patients was positive about the way staff treat people.
- 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. Information leaflets were available to help patients be involved in decisions about their care.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Online materials were made available to service users.

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.
- Patients' medical records were not securely stored electronically.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

The provider was able to provide patients with timely access to the service. The service had a complaints procedure in place, they logged complaints and actions taken to resolve them and obtained patient feedback.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. The provider told us they offered the service of neck lifts as evidence had shown that it had lower risk compared to open neck lift including minimised downtime, complications, quicker recovery times, less scarring and less complications.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had not been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The provider did not own the premises, which was a listed building, so patients with a disability or mobility limitations may have struggled to access services. The premises were not suitable for wheelchair users due to there being steps from the street to the ground floor reception of the building. The provider told us that they can see patients with a disability at the nearby hospital where surgical procedures were carried out.

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, diagnosis and treatment. Staff told us that the average waiting time for an initial consultation was 3-5 days.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised. The provider told us that emergency slots could be made available on a case by case basis.

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 had logged 2 complaints in the last 12 months.
- The service had a complaint policy and procedures in place. The service logged complaints, the staff member involved and the action taken to resolve the complaint in addition to whether or not the complaint had been resolved or needed a review date.

Good

Are services well-led?

We rated well-led as Good because:

Service leaders were able to articulate the vision and strategy for the service. Staff worked together to ensure that patients would receive the best care and treatment. There were systems in place to govern the service and support the provision of good quality care and treatment, however some systems in place lacked oversight to ensure they were being adhered to. Staff reported that the service supported and ensured the wellbeing of its staff.

Leadership capacity and capability;

Leaders had the capacity and skills to deliver 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. Staff identified recruitment as being one of their biggest challenges over the past 2 years. They told us they had worked hard to have a stable team in place. They also told us improving their patient website had led to better communication between them and their patients.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a vision and 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 provider had a documented set of aims and objectives, including;
- To understand and exceed the expectation of our clients
- To both motivate and invest in our team and acknowledge their value
- To encourage all the team members to participate in achieving our aims and objectives
- To invest in property, equipment and technology and innovate processes based on a measured business case.
- The service developed its vision, values and strategy jointly with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisals. We saw in staff folders reviewed staff had received an annual appraisal. Clinical staff were considered valued members of the team.

Good

Are services well-led?

- There was a strong emphasis on the safety and well-being of all staff.
- 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 management and staff.

Governance arrangements

There were responsibilities, roles and systems of accountability to support good governance and management, however gaps were identified with regards to documenting patient consultations, staff employment folders and the stocking of emergency medicines.

- Structures, processes and systems to support good governance and management were 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 policies, procedures and activities to ensure safety but had failed to assure themselves that they were operating as intended. The provider had not considered the risks involved in keeping only handwritten patient consultation notes, which lacked detail and had not been backed up. This was evidenced by some notes being missing at the time of inspection.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There were processes 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. 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 did not have appropriate and accurate information when looking at quality improvement.

- Quality and operational information was not used to ensure and improve performance.
- Performance information was obtained from the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems but it was not clear at the time of inspection if these arrangements were being followed.

Engagement with patients, the public, staff and external partners

The service involved it's patients and staff to support high-quality sustainable services.

- The service encouraged and heard views and concerns from patients and staff and acted on them to shape services and culture.

Good

Are services well-led?

- The provider had plans to develop the service and had identified their priorities for the future which included moving to a new, purpose built hospital where all services would be carried out and more services could be offered.
- Staff could describe to us the systems in place to give feedback.

Continuous improvement and innovation

There was some 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 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.
- There were systems to support improvement and innovation work. Staff told us that they felt they offered a range of services to meet patient's needs, budget and lifestyle. They told us that they attended a lot of conferences to make sure they are staying up to date in their field and they did testing before they brought on any new treatments or services.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider had not ensured that care and treatment was provided in a safe way for patients. In particular: • The provider did not stock some emergency medicines and had not assessed and documented the risks associated with not stocking these medicines. • The provider did not ensure that complete consultation notes were being written and recorded for each patient after treatment. They did not ensure that these notes were recorded or stored securely. This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.