

The French Cosmetic Medical Company Limited

French Cosmetic Medical – Wimpole Street

Inspection report

25 Wimpole Street
London
W1G 8GL
Tel: 0020 7637 5110
Website: www.drsebagh.com

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Ratings

Overall rating for this service

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.

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 French Cosmetic Medical Company on 29 May 2019 as part of our inspection programme.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 50 comment cards which were all positive about the standard of care received. Many comments included excellent care and friendly helpful staff members.

Summary of findings

Our key findings were:

- The service had clear systems to manage risk so that safety incidents were less likely to happen. There was also a system in place to assist learning from incidents.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided by carrying out audits into the procedures they carried out. Care and treatment was delivered according to evidence based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found it easy to use the appointment system and were able to get appointments at a time suitable to them.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

French Cosmetic Medical – Wimpole Street

Detailed findings

Background to this inspection

Our inspection team

Our inspection team was led by a CQC lead inspector who was supported by a GP specialist advisor.

Background to The French Cosmetic Company

The French Cosmetic Medical Company was formed in 1998 to provide private non-invasive cosmetic treatments including but not exclusive to Botox and fillers to the public. It is located in central London in a converted four-story house, which it shares with other private health services as well as residential apartments.

There have been over 20,000 patients seen at the clinic since it first opened in 1998 all of whom are aged over 18 years. The owner of the clinic, Dr Sebagh 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 of the Health and Social Care Act 2008 and associated regulations about how the service is run.

The French Cosmetic Medical Company undertakes regulated activities from one location and is registered with the Care Quality Commission to provide treatment of disease, disorder or injury and diagnostic and screening procedures.

The company has one doctor owner who owns the service and three doctors who are self-employed; they work a combined total of 160 hours per week. There is a beautician, a manager and three reception staff members.

The French Cosmetic Company is open four days a week; appointments are available between 9am and 5pm and are by appointment only. Telephone calls are answered during opening hours and there is an emergency telephone line that is manned 24 hours a day.

Why we carried out this inspection

We carried out this inspection as a part of our comprehensive inspection programme of independent health providers.

How we carried out this inspection

The inspection was carried out on 8 November 2017. During the visit we:

- Spoke with a doctor, a manager and a reception staff member.
- Reviewed the personal care treatment records of patients.
- Reviewed comment cards where patients shared their views and 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 rated safe as Good because:

- The service had systems for reporting and recording significant events.
- There were adequate arrangements to respond to emergencies and major incidents.
- The service had a range of risk assessments and action plans to minimise risks to patients and staff members.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The service conducted safety risk assessments. It had a suite of safety policies which were reviewed annually. Paper copies of policies were available to all staff members and outlined who to go to for further guidance. The service had systems to safeguard children and vulnerable adults from abuse and there was a policy not to see or treat anyone aged less than 18 years of age.
- The service carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. 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). Non-clinical staff members were all employed by the service for over ten years and had received a Criminal Records Bureau check, which is the equivalent of a DBS.
- All clinical staff received up-to-date safeguarding and safety training appropriate to their role. Non-clinical staff members received informal training and when questioned they demonstrated that they knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a CRB check, however due to the nature of the service it was reported that there were no incidences where a chaperone was requested.

- There was a system to manage infection prevention and control, there was an infection control audit carried out three times a year and there was a cleaning schedule that was monitored.
- The service 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.
- 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.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

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 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.
- Referral letters to dermatologists and other cosmetic doctors included all of the necessary information.

Safe and appropriate use of medicines

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

Are services safe?

- The systems for managing emergency medicines and equipment minimised risks.
- Staff sometimes prescribed antibiotics to patients and gave advice on this medicine in line with legal requirements and current national guidance.
- Patients were offered follow up appointments where required, and all patients were given a 24-hour contact telephone number that they could use for any questions or concerns they had post treatment.

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 had a system to enable learning if 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. We were told that there had been no significant events in the preceding three years.
- There was a system for reviewing and investigating when things went wrong. The service had no examples of when this system needed to be used.
- There was a system for receiving and acting on safety alerts. The service learned from external safety events as well as patient and medicine safety alerts. We reviewed a sample of alerts, none of which were relevant to the practice.
- The provider was aware of and had systems 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.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

- Staff were aware of relevant evidence based guidance.
- There was evidence of appraisals and personal development plans for all staff members.
- Staff had the skills and knowledge to deliver effective care and treatment. All staff members had completed mandatory training such as basic life support.

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

We saw that doctors attended regular clinical conferences and also delivered training and teaching sessions at conferences where they updated doctors in their field about changes in guidelines and new ways of delivering treatment. We were shown emails and text messages between the doctors where new guidelines and processes were shared, discussed and agreed.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. We saw examples of where patients were refused treatment due to the requested treatment not being appropriate.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if they experienced side effects from their treatment, and they were given a telephone number that they could contact 24 hours a day if they had any concerns.

Monitoring care and treatment

The service was involved in quality improvement activity

The service had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, a random sample of each doctors clinical notes was audited on a quarterly basis to ensure that it met the minimum data set required quality standard.

- The service was actively involved in quality improvement activity. For example, the service carried out annual audits looking at the effectiveness and side effects of Botox and hyaluronic acid filler. The most recent audit found that of 9020 procedures carried out all 100% was effective, with one patient experiencing swelling. The audit also found that 18 patients out of 985 (2%) who had polydioxanone thread lifting, whilst the aesthetic result was satisfactory they became infected seven days post procedure. This was reviewed and found that these patients did not follow the post-operative advice given.

Effective staffing

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

- All staff were appropriately qualified for their roles. For example, staff whose role included injecting fillers had received specific training and could demonstrate how they stayed up to date.
- All doctors were registered with the General Medical Council (GMC) and were up to date with revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

Staff worked together and with other cosmetic surgery and dermatology professionals 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.

Are services effective?

(for example, treatment is effective)

- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion where the need to share information was required.
- 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.

Supporting patients to live healthier lives

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

- Staff encouraged patients to live healthier lifestyles and discussed the benefits of stopping smoking and reducing alcohol and the effect it has on their treatment.

Consent to care and treatment

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

- Doctors understood the requirements of legislation and guidance when considering consent and decision making.
- Doctors supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated caring as Good because:

- All 50 CQC patient comment cards were positive about the standard of care received.
- Information for patients about the services available was easily accessible.
- We saw staff treated patients with kindness and respect and maintained patient confidentiality.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- 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.
- 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 service had private waiting rooms available for patient privacy.
- There was a makeup room for patients to make themselves presentable post treatment.

- Staff answered the telephone by stating the service address and not the service name to ensure patient privacy.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand.

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.
- All appointments were pre-booked and there was buzzer and intercom entry to the premises to aide privacy.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

- Waiting times, delays and cancellations were minimal and well managed.
- Information about how to complain was easy to understand and easily accessible.

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. This included answering the phone in a way that did not highlight what the service was to protect patients' privacy and providing makeup for patients in the makeup room.
- The facilities and premises were appropriate for the services delivered.

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 and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way and was mostly carried out the same day.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had systems to respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff told us they would treat patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. No complaints were received in the last year.

Are services well-led?

Good 

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

Our findings

We rated well-led as Good because:

- The service 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.

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.

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 to achieve priorities.
- 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.

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 told us they would act on behaviour and performance inconsistent with the vision and values.
- 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. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Doctors completed professional development training and evaluation of their clinical work in their own time.
- There were positive relationships between all staff members who worked in the clinic.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity.

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 joint working arrangements 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.

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 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.

Are services well-led?

Good 

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

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- 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.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed by relevant staff members.
- The service gathered performance information
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- 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.

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. There were patient survey forms in the patient waiting area, which patients were encouraged to complete.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- 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, all the doctors who worked at the service attended regular seminars and conferences and were involved in teaching.
- The service carried out quarterly patient records audits to ensure that patient notes were of a good quality and contained the minimum data set.