

DrMediSpa

Inspection report

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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.

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 Dr Medispa as part of our inspection programme.

Dr Medispa is an independent health service providing dermatological appointments to fee-paying patients. The service also carries out consultations for patients who experience hair loss with surgical treatments for hair loss carried out in a separate Dr Medispa clinic (based in Essex).

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. Dr Medispa provides a range of non-surgical cosmetic interventions, for example Botulinum toxin treats, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The service manager 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 provider had policies and systems to keep people safe and safeguarded from abuse. This included in respect of infection prevention and control, medicine management and environmental risk assessments.
- The service assessed needs and delivered care in line with current legislation, standards, and evidence-based guidelines.
- There was a visible person-centred culture and patient feedback about the service was positive.
- The service was tailored to meet patients' needs.
- Leaders had the skills to deliver high-quality care.

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

- Complete appropriate checks to ensure emergency equipment, such as defibrillator pads, is in date.

Overall summary

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 and a GP specialist advisor.

Background to DrMediSpa

Dr MediSpa is an independent health service providing dermatological appointments to fee-paying patients. The service also carries out consultations for patients who experience hair loss with surgical treatments for hair loss carried out in a separate Dr Medispa clinic (based in Essex).

The service is available to adults only and they are located in 18 Beauchamp Place, London SW3 1NQ. The service has two floors with clinic rooms available both on the ground floor and the basement.

The service consists of a service manager, two doctors, a therapist, a medical assistant and a receptionist. The service offers pre-bookable appointments and is open between Monday-Friday 10am-8pm.

How we inspected this service

We gathered and reviewed pre-inspection information before inspecting the service; this included their policies, guidelines and formal patient feedback. On the day of the inspection, we spoke with the registered manager and a clinician. We reviewed patient records, observed infection prevention and control and emergency medication measures and reviewed recruitment and training documents.

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?

We rated safe as Good because:

Safety systems and processes

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

- The provider conducted regular safety risk assessments, such as risk assessments in relation to health and safety and fire safety. They had appropriate policies which were regularly reviewed and communicated to staff. Policies 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 only treated adult patients. However, all clinical and non-clinical staff members had completed safeguarding level 3 training for both adults and children.
- The service worked with other agencies to support patients and protect them from neglect and abuse. We observed posters around the premises to remind staff of local safeguarding contact details. Staff members we spoke to demonstrated an understanding on what constituted a safeguarding concern and who to report to if a potential safeguarding incident were to occur.
- 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. 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 (IPC). The service completed an IPC audit twice a year which looked into areas such as hand hygiene, clinical practice and sharps handling. The service completed a legionella risk assessment and took the necessary actions to mitigate the risks of legionella.
- The provider ensured facilities and equipment were safe and 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.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. However, we observed, on the day of the inspection, defibrillator pads were out of date. The service provided evidence they ordered replacement pads on 20 February 2023 with an estimated delivery date of 27 February 2023, although the pads were delivered to a different MediSpa clinic. The service re-ordered the defibrillator pads and provided us with evidence of it being available in the clinic following the inspection.

Information to deliver safe care and treatment

Are services safe?

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

- We reviewed five patient records and were satisfied individual care records were written and managed in a way that kept patients safe. The care records we reviewed showed 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 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.

- The systems and arrangements for managing medicines, controlled drugs and emergency medicines minimised risks. The service prescribed medicine electronically.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- 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, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

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.

- The service had a policy on 'incident reporting' and a thorough procedure for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses and were aware of their incident reporting policy and forms which were required to be filled out.
- The service reported no significant events in the past 12 months but explained the systems in place for reviewing and investigating when things went wrong, as well as the systems in place to share information and lessons learnt from incidents.
- 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.

Are services safe?

- The service had a system to act on and learn 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.

Are services effective?

We rated effective as Good because:

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 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. This was evidenced in the patient records we reviewed.
- Patients' immediate and ongoing needs were fully assessed. The service took a holistic approach to treating appointments and 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.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The provider used information about care and treatment to make improvements. For example, the provider completed six-monthly audits into their medical records to obtain data about the quality of care provided. In one audit, they found two out of 30 patients did not complete their medical questionnaire prior to their appointment. Clinical and non-clinical staff were informed about this, and the provider had created a more robust system to ensure all patients complete their medical questionnaires prior to attending their appointments.

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. For example, staff completed training and a probationary period in their Essex clinic before they worked in the Knightsbridge clinic.
- Clinical and non-clinical staff had completed their mandatory training. This included training in relation to infection prevention and control, the Mental Capacity Act and information governance.
- Relevant professionals (medical) 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 regularly attended conferences with other private aesthetic providers to share best practice.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, they regularly communicated with a private dermatologist for treatments they could not offer.
- 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. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- 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.
- The provider had risk assessed the treatments they offered.
- 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. They took a holistic approach and advised patients about nutrition and lifestyle as part of their care plan.
- 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.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. Patients were requested to provide feedback after each appointment. The service maintained a log of all feedback received. Feedback from patients was mainly positive and was discussed in staff meetings. The service manager would speak to the patient directly for any negative feedback received.
- 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 with patient information leaflets available for different treatments.

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.
- Patient feedback demonstrated patients 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.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

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 facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so 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.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients were able to book appointments at the clinic or by telephone. The service was in the process of introducing the option for patients to book appointments online.
- Referrals and transfers to other services were undertaken in a timely way. For instance, the service referred patients to a Dr Medispa clinic in Essex for further treatments.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded/did not respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and accessible in their complaints policy. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action available to them should they not be satisfied with the response to their complaint and were able to signpost patients to relevant services should patients wish to further pursue their complaints.
- The service received no formal complaints in the past 12 months but had a complaint policy and procedures in place which all staff members were aware of. The service had a system in place to learn lessons from individual concerns, complaints and from analysis of trends.

Are services well-led?

We rated well-led as Good because:

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. For example, due to the location in the Knightsbridge area, the provider had high levels of competition. The service therefore strived to maintain a high standard of service for each patient that used the service.
- 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 documented set of aims and objectives which focused on meeting the needs of their patients and to work with motivated staff to achieve their aims. They 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.
- Staff members we spoke to 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.
- Patients' feedback demonstrated the provider ensured a culture that was caring and supportive.
- 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 appraisal and career development conversations. We reviewed clinical and non-clinical staff files and observed all staff received regular annual appraisals in the last year. Clinical staff 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 with environmental risk assessments regularly carried out.
- The service actively promoted equality and diversity. Staff had received equality and diversity training.

Are services well-led?

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. We saw staff members taking on lead roles. There was, for example, lead roles for safeguarding, infection prevention and control and fire safety.
- Leaders had established appropriate policies, procedures and activities to ensure safety and assured themselves they were operating as intended. Policies were easily accessible to staff members.
- 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 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, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients.
- The provider had a business continuity policy and business continuity 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. Performance information was combined with the views of patients.
- We reviewed minutes of staff meetings and multi-disciplinary meetings. 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.

Are services well-led?

- 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 systems to support improvement and innovation work.
- Staff could describe to us the systems in place to give feedback. Feedback was discussed in staff meetings and staff engaged with each other and patients in order to improve their services.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were 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 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.