Edgbaston Wellness and MediSpa

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	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Good
Are services well-led?	Requires Improvement

Overall summary

At the previous inspection in December 2021 we rated the practice as Good overall. At this inspection we have rated the service as Requires improvement overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services well-led? – Requires improvement

We carried out an unannounced focused inspection at Edgbaston Wellness and Medispa on 2 November 2022 due to information of concern.

Edgbaston Wellness and Medispa is a private cosmetic clinic for over 18s offering a range of treatments such as vitamin therapies, facial aesthetic and body treatments. The clinic also provides women's health, men's health and medical services such as travel vaccinations, private GP consultations and minor surgeries.

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. Edgbaston Wellness and Medispa provides a range of non-surgical cosmetic interventions which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

Dr Kiranmayi Penumaka 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:

- Medical staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.
- The service did not always provide care in a way that kept patients safe and protected them from avoidable harm.
- Policies and procedures were in place to support the delivery of safe services however these needed embedding further.
- There were arrangements to ensure training for staff in key areas. However, there had been insufficient monitoring to ensure training was received in a timely manner.
- There were systems and processes to assess the risk of, and prevent, detect and control the spread of infections, however this needed strengthening.
- Patients received effective care and treatment that met their needs.
- There were systems in place for identifying, acting and learning from incidents and complaints to support service improvement.
- Staff treated patients with kindness, dignity and respect.
- The service encouraged and valued feedback from patients and staff. Feedback from patients was positive.
- Governance and monitoring processes required further embedding to provide assurance to leaders that systems were operating as intended.

Overall summary

- The practice organised and delivered services to meet patients' needs.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Update the providers statement of purpose to include the treatment of patients under the ages of 18 years.

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

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 nurse specialist adviser to CQC.

Background to Edgbaston Wellness and MediSpa

Dr Kiranmayi Penumka is the registered provider and the service is located at Edgbaston Wellness and Medispa, 11 Greenfield Crescent, Edgbaston, Birmingham, B15 3AU. The service registered with the Care Quality Commission in November 2020 to provide the following regulated activities:

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

Edgbaston Wellness and Medispa provides treatment for men and women over 18 years of age and specialises in treatments including vitamin therapies, facial aesthetic, body treatments, women's health, men's health and medical services such as travel vaccinations, private GP consultations and minor surgeries. For example, circumcision, urology, menopause clinic and vasectomy.

During this inspection, we only inspected the treatments that are in scope of regulation.

The service is provided from a fully converted building with consultation rooms, minor surgery room and rooms used for non-regulated treatments. The service is centrally located to Birmingham. There is no on-site parking, however there is off street parking to the front of the building and a pay and display car park is available to the rear of the building. Services available are on a pre-bookable appointment basis. Patients can book appointments directly with the service by telephone or using their website. The service is open Monday to Sunday between 9am and 8pm.

How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking account of the circumstances arising from the pandemic, and in order to reduce risk we have conducted our inspection differently. This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Requesting evidence from the provider
- A shorter site visit

During the inspection:

- We spoke with the provider, clinicians and the administration staff.
- Reviewed key documents which support the governance and delivery of the service.
- Made observations about the areas the service was delivered from.
- 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 asked the following three questions:

- Is it safe?
- Is it effective?
- 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 service did not always provide care in a way that kept patients safe and protected them from avoidable harm.

Safety systems and processes

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

- The provider conducted safety risk assessments and had safety policies in place, however at times we found that some of these policies had not been adequately maintained, reviewed or updated and not all staff could evidence they had completed fire safety or health and safety training from the service as part of their induction and refresher training.
- The service had systems to safeguard children and vulnerable adults from abuse. We saw policies and protocols for safeguarding visible in consultation rooms and staff knew how to identify and report concerns, however we found not all staff employed had received up-to-date safeguarding and safety training appropriate to their role.
- The service was registered with CQC to treat patients over the age of 18 years and had systems in place to assure that patients requesting care and treatment were over the age of 18 years, however during our inspection we found that the provider had carried out two private GP consultations for children under 18 years. We discussed this with the provider who confirmed that they would update their registration to include treating children.
- 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). At the time of our inspection, the provider was in the process of applying for DBS checks for two newly employed receptionists.
- There was an infection control lead and a system in place to manage infection prevention and control, however we found that this was not routinely adhered to and there was no oversight of processes and procedures. An infection control policy and annual statement was in place and an infection control audit had been carried out in November 2021, however not all staff had completed infection control training.
- There were sufficient stocks of personal protective equipment, including masks, aprons and gloves. Although the service was visibly clean and hygienic in most areas, we found dust was visible on some window ledges in consultation rooms and cleaning checklists displayed in each consultation room were not being routinely completed. In addition, the provider was unable to demonstrate that they held appropriate records relating to all staff immunisations. During our inspection the provider sent us evidence these areas had been actioned appropriately.
- The provider had undertaken a legionella risk assessment of the premises and regular water checks were in place to minimise the risk of legionella.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. We saw that portable appliance testing (PAT) and calibration of relevant equipment had been undertaken in the last 12 months.
- There were policies and systems in place for safely managing healthcare waste and sharps disposal, however we found that this needed strengthening as it was not always being managed safely. During our inspection we found a sharps box was overfilled and was not signed or dated. An empty syringe had been left behind a sharps box and had not been disposed of safely. The providers clinical waste was collected on a monthly basis; however, we were told that if these became full in between collections that the provider would transport and dispose of them at another location. The provider had completed a standard operating procedure for this process; however, it was not robust, and the frequency of collections needed reviewing further to ensure risks were being mitigated.
- The service had risk assessments and procedures in place to monitor the safety of the premises such as the control of substances hazardous to health (COSHH).

Requires Improvement

Are services safe?

- 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. This included premise and security checks and fire safety. We saw evidence that fire alarm testing took place on a weekly basis.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety however this needed strengthening.

- There were arrangements for planning and monitoring the number and mix of staff needed. We saw evidence of staffing rota's in place to manage the service safely. The service had identified additional staffing requirements to meet changing demand and were in the process of recruiting a clinical manager at the time of our inspection.
- Whilst the service had suitable medicines and equipment to deal with medical emergencies, we found that these were not consistently checked and during our inspection we found that some medicines stocked were out of date.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention, however we found there were inconsistencies in staff training for first aid or basic life support. For example, clinicians were trained in first aid and basic life support, but this was not consistent for all non-clinical staff members.
- 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.

- 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.
- 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 did not always have reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment did not always minimise risks. For example, emergency medicines were not being routinely checked and we found that five emergency medicines held by the provider were out of date. During our inspection the provider took immediate action to review its processes to ensure checks were being regularly maintained.
- The service had carried out an audit in the last 12 months to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. There were processes in place for checking medicines held in the service, but this was not safe or effective and records were inaccurate. For example, we saw a checklist for tracking medicines was, held but we saw discrepancies in the quantity of certain medicines that did not match the actual number of medicines present. We raised this with the provider during our inspection who carried out appropriate investigation, however there was insufficient systems of the medicines held in the service and unauthorised removal of medicines may not be identified.

Requires Improvement

Are services safe?

- There were systems in place for verifying the identity and age of patients attending the service. The service was registered with CQC to provide treatment for adults over the age of 18 years, however we found the provider had seen and treated children under the age of 18 years during our inspection.

Track record on safety and incidents

The service did not always have a good safety record.

- There were risk assessments in relation to safety issues, however we found various issues which constituted a significant event, for example discrepancies in missing medicines and out of date medicines yet this had not been identified as such by the provider.
- There was a lack of oversight which meant that risks were not always being adequately monitored in order to give a clear, accurate and current picture which would then enable the service to implement safety improvements.

Lessons learned and improvements made

The service did not always 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, however we found instances where learning had not been shared to improve safety in the service.
- 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.
- 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?

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed and delivered care and treatment in line with current legislation, standards and guidance.

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. Records we looked at confirmed this.
- Arrangements were in place to deal with repeat patients. Patients mental health and wellbeing was considered before undertaking a surgical procedure.
- 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 service used information about care and treatment to make improvements. Information about the service was monitored and reviewed regularly to ensure the quality of the service remained in line with current good practice. For example, we saw evidence of an audit undertaken for wound infection. The audit looked at the rate of wound infection for patients undergoing a minor operational procedure and found that overall, 90% of patients received no complications. As part of the audit they reviewed their operating procedures to improve their rates further.

Effective staffing

Staff did not always have 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.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and there was a programme of mandatory training, however there was a lack of oversight to ensure that this was regularly being reviewed. For example, we found instances where staff had not completed required training such as safeguarding, chaperoning, first aid, fire safety and infection control.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to and communicated effectively with other services when appropriate. For example, staff referred to and communicated with the patient's GP when undertaking surgical procedures to ensure any health risks were considered.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.

Good

Are services effective?

- 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.
- 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.

- Following a post-operative procedure patients were given a direct number to contact a clinician during out of hours if there were any concerns. Where appropriate, staff gave people advice so they could self-care following their treatments.
- Assessments were carried out to ensure that the treatment patients were asking for were correct. Alternative treatments were offered if deemed more appropriate for their needs.
- 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.

Requires Improvement

Are services well-led?

Leadership capacity and capability;

Leaders had demonstrated some capacity and skills to deliver high-quality, sustainable care.

- Leaders had not always demonstrated the capacity to implement systems and processes to support the delivery of high-quality care. There was a lack of organisational strategy in some key areas, such as clinical governance and risk management.
- Leaders had some awareness and understanding of the issues and priorities relating to the quality and future of the service. For example, they were in the process of recruiting a clinic manager.
- Leaders expressed a clear desire to address issues raised on inspection and to make improvements to deliver high quality care.
- Leaders within the service were visible and approachable. They worked closely with the small team of staff and others and told us they prioritised compassionate and inclusive leadership.
- There was a staffing structure in place across the service and staff were aware of their individual roles and responsibilities. Leaders were keen to further develop quality and governance processes.
- There were formal and informal open lines of communication between staff working within the service. Staff we spoke with felt well supported and described leaders within the service as approachable. Staff spoke of team meetings they attended, and we saw records of those meetings.

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 desire to provide a holistic person centred and safe care which promoted good outcomes for patients. However, governance and risk management processes needed strengthening in some areas to support these outcomes.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. We saw that all staff were fully engaged in developing processes further to ensure good outcomes for patients.

Culture

The service had a culture to promote some aspects of high-quality sustainable care.

- Staff we spoke to felt respected, supported and valued and enjoyed working as part of a team.
- 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, however we had received information that some areas of concern was not being addressed in relation to infection control, leadership and management.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations, however not all staff had received an appraisal at the time of our inspection. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.

Requires Improvement

Are services well-led?

- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Some staff we spoke to felt they were treated equally, however not all staff had received equality and diversity training.
- There were mixed reports about the positive relationships between staff and teams. Some stafffelt the culture of the service was professional, open and approachable, whilst others reported difficulties.

Governance arrangements

Although there were responsibilities, roles and systems of accountability they did not always support good governance and management and were not understood or effective.

- We saw evidence that structures, processes and systems to support good governance and management were set out, but not always understood or effective. This included the management of medicines and Infection Prevention and Control (IPC). For example, we saw that checklists for medicines such as emergency drugs were not effective to mitigate risk and make improvements.
- Staff were not always clear on their roles and accountabilities and we found that despite the provider setting out clear policies and processes, they had not applied a sufficiently rigorous approach to the monitoring of staff training to ensure that requirements for training or updates were met in a timely manner.

Managing risks, issues and performance

There were not always clear and effective processes for managing risks, issues and performance.

- There were processes to identify, understand, monitor and address current and future risks. However, we were not assured that these were always effective in particular infection control and the safe management of medicines.
- 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. 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 and policies were accessible for all staff.

Appropriate and accurate information

The service did not always have appropriate and accurate information.

- The provider had quality and operational information to ensure and improve performance. Performance information was combined with the views of patients. However, they did not always have appropriate information available to monitor the safety of the service provided.
- Quality, sustainability and operational information gathered was discussed in relevant meetings and used to ensure and improve performance. There were plans to address some identified weaknesses. Immediately following our inspection, and in response to initial feedback of our findings, the provider took prompt action to begin to address the findings.
- The service submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Requires Improvement

Are services well-led?

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 valued feedback from patients, the public and staff. Feedback was closely monitored and acted upon to shape services.
- Staff could describe to us the systems in place for patients to give feedback.

Continuous improvement and innovation

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

- There was some evidence of learning and improvement.
- The staff team demonstrated their commitment to continuous improvement and acted immediately to respond to the initial findings of our inspection.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider was unable to demonstrate that systems and processes were implemented effectively to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activities. In particular: • To adequately assess and monitor the risks associated with infection, prevention and control. • To ensure timely monitoring of training updates required for all staff employed within the service. This was in breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 done all that was reasonably practicable to ensure care and treatment was provided in a safe way for service users. In particular: • To ensure emergency medicines held on site are sufficient to respond to medical emergencies within the service. • To ensure processes to ensure the safe prescribing of medicines to patients. • To ensure effective systems to manage infection prevention and control (IPC) and to fully assess Infection prevention and control risks. • To ensure appropriate records are held relating to staff immunisations, in line with current guidance.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 12 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014