

# 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		Good	
Are services safe?		Good	
Are services effective?		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 well-led? – Good

We previously carried out a focused inspection of Edgbaston Wellness and Medispa on 2 November 2022. We identified breaches of regulation 12 (Safe care and treatment) and regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and issued requirement notices. The service was rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The service was rated as requires improvement overall.

We carried out an announced focused inspection of Edgbaston Wellness and Medispa on 16 May 2023 under Section 60 of the Health and Social Care Act 2008. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. At this inspection we checked that the service was providing safe, effective and well-led services and found that improvements had been made and previous issues had been resolved. Our ratings of good for caring and responsive services are carried over from the previous inspection.

Edgbaston Wellness and Medispa is a private medical aesthetic and wellness clinic for over 18s offering a range of treatments such as IV vitamin therapy, 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 (for all ages) 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:**

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Governance systems had been strengthened and there were effective systems and processes for monitoring service provision to ensure it was safe.
- The service assessed needs and delivered care in line with current legislation, standards, and evidence-based guidelines.
- There were systems and processes in place for the overall management of significant events and incidents.
- There were appropriate systems in place for obtaining patient consent for procedures undertaken.

# Overall summary

- Systems and processes had been strengthened to assess the risk of, and prevent, detect and control the spread of infections.
- Staff felt supported and were confident in raising concerns and suggesting improvements.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. There were arrangements to ensure training for staff in key areas.
- The way the service was led and managed promoted the delivery of high-quality, person-centre care.

**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 specialist adviser.

## Background to Edgbaston Wellness and MediSpa

Dr Kiranmayi Penumaka 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 IV vitamin therapy, facial aesthetic, body treatments, women's health, men's health and medical services such as travel vaccinations, private GP consultations (for all ages) 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. 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 10am and 7pm.

### 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.

# Are services safe?

## We rated safe as Good because:

The practice had effective systems in place to keep patients safe from harm. We found there was a range of risk assessments in place to mitigate risk and the service had processes in place to learn from incidents.

## Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They 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 children and vulnerable adults from abuse.
- At the time of inspection the service only treated adult patients. However, all clinical and non-clinical staff members had completed safeguarding training relevant to their role.
- 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 procedures. 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. They knew how to identify and report concerns.
- 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). There was an IPC lead in place and the provider had completed an audit in March 2023.
- The provider had undertaken a legionella risk assessment of the premises in the last 12 months 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.
- Waste and sharps disposal had been strengthened for managing healthcare waste. 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). In addition, there were daily cleaning schedules in place.
- 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 premises, security checks and fire safety that included weekly fire testing.

## 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.
- There was an effective induction system for staff tailored to their role.

# Are services safe?

- 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. Staff had completed training in first aid and basic life support.
- 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. The provider had strengthened its systems to ensure that medicines were checked regularly.

## 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 had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment had been strengthened and minimised risks.
- The service carried out an audit 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.
- Processes had been strengthened for routinely checking medicines and staff kept accurate records. 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.

- There was a system and 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 forms which were required to be completed.

# Are services safe?

- There were systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. There had been 5 significant events in the last 12 months. For example, on a routine check of a sharps bin, staff were notified this had not been closed correctly. This was discussed with staff and sharps container assembly training was undertaken.
- 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. When there were unexpected or unintended safety incidents the service gave affected people reasonable support, truthful information and a verbal and written apology.
- 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.

# Are services effective?

## **We rated effective as Good because:**

We found the provider had implemented effective processes to monitor patients care and demonstrate quality improvements.

### **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.**

- 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 had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.
- The service was actively involved in quality improvement activity. For example, infection control and patient experience audits.
- Audits had a positive impact on quality of care and outcomes for patients.
- There was clear evidence of action to resolve concerns and improve quality.
- We saw evidence of both clinical and non-clinical audits. Whilst the provider had completed a clinical audit on Superficial wound infection in post operative period, there were limited clinical audits available in the last six months as not many surgical procedures had been carried out due to the low number of patients attending for these procedures.

### **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.
- 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 oversight of training that was regularly reviewed and kept updated.

### **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, 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.
- 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.
- 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.
- 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 well-led?

## **We rated well-led as Good because:**

The service had a culture that supported high quality sustainable care. There were clear governance arrangements and policies and procedures to support staff.

### **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. There were formal and informal open lines of communication between staff working within the service 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. For example, at the time of our inspection the provider was in the process of supporting a staff member to enrol on a management course.

### **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. The service had a realistic strategy and supporting business plans to achieve priorities.
- 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.
- 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. For example we saw evidence of regular meetings to review complaints and incidents. 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. All staff received regular annual appraisals in the last year. 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. For example, we saw evidence of staff feedback on ways to improve the culture and workplace.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

# Are services well-led?

- There were positive relationships between staff and teams. For example, we saw feedback from staff who reported that managers were approachable and staff felt the culture of the service was professional, open and approachable.

## 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.
- Leaders had established proper policies, procedures and activities to ensure safety. The provider had reviewed policies and procedures to assure themselves that they were operating as intended.
- There were 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 were processes to identify, understand, monitor and address current and future risks. The provider had reviewed processes to ensure that these were effective. For example, infection control, staff training 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. Leaders had oversight of safety alerts, incidents, and complaints.
- Audits had a positive impact on the 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 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.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- 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.

## Engagement with patients, the public, staff and external partners

# Are services well-led?

**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. Staff could describe the systems in place for sharing and reviewing patient feedback. The service regularly analysed online feedback received and responded to any comments. We saw evidence that the provider carried out an audit of their patient experience in the last six months to identify ways to improve the service further. In addition, we saw evidence of feedback opportunities for staff.
- There were systems to support improvement and innovation work.
- 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. Regular monitoring of training and development was carried out and learning from events, complaints and compliments was shared to enable lessons to be learnt and improvements to services were acted on.
- 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. Regular staff appraisals and meetings were in place to ensure the leadership team were aware of the learning needs of staff and to ensure development opportunities were provided to the practice team.