

The Cavendish Clinic Fitzrovia

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 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 inspection at The Cavendish Clinic Fitzrovia. This was as part of our inspection programme; the service had previously been inspected but not rated.

The service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The Cavendish Clinic Fitzrovia provides a range of non-surgical cosmetic interventions, for example lip fillers and facials which are not within the CQC scope of registration. Therefore, we did not inspect or report on these services.

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.

Our key findings were:

- The service had effective systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

Whilst we found no breaches of regulations, the provider **should:**

- Continue to develop clinical audits to include more areas of practice such as prescribing.
- Ensure sufficient detail is entered onto the patient record to provide a full story of treatment provided.

Overall summary

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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 GP specialist advisor.

Background to The Cavendish Clinic Fitzrovia

The Cavendish Clinic Fitzrovia is part of London Health and Aesthetics Limited. It provides cosmetic services from 65 Margaret Street, London, W1W 8SP. London Health and Aesthetics Limited has three further locations within London. These were not inspected at this time.

The service carries out a number of cosmetic beauty treatments on a private basis. This includes anti-wrinkle treatments, HydraFacial body treatments, laser hair removal and lip fillers. The service also provides doctor consultations for the treatment of permanently removing fat and tightening skin through the use of radiofrequency. It is for this treatment that the service is registered with the Care Quality Commission (CQC). Although consultations take place at the location inspected, any treatment is undertaken at an external clinic (not inspected at this time).

The practice was open six days per week, Monday and Friday between 9.30am and 6pm, Tuesday to Thursday 9.30am to 8pm and Saturday between 9am and 5pm. The practice did not open on a bank holiday. An out of hours emergency telephone service was provided by a contracted private GP service.

The provider is registered to carry out the following CQC regulated activities: Treatment of disease, disorder or injury; Surgical procedures and Diagnostic and screening procedures.

Before the inspection we reviewed pre-inspection information submitted by the provider, requested by the CQC.

During the visit we spoke with the service manager and clinical director, reviewed personal care records of patients and also reviewed staff records. No patients were available to speak to on the day of the inspection.

Are services safe?

We rated safe as Good because:

- There were clear systems in place to keep people from harm. Including infection prevention and control and safeguarding.
- Systems were in place to effectively manage medical emergencies.
- Staff had all information available to them to deliver safe care and treatment.
- Medicines were appropriately handled.
- There was a culture of learning and improvement when things went wrong.

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 safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training. All electronic equipment had an up to date portable appliance test carried out, and all clinical equipment had recently been calibrated. The practice had carried out a legionella risk assessment and was able to evidence that actions recommended by the report were being regularly carried out, which included water temperature logging. The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were adequate systems for safely managing healthcare waste.
- The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- 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. All clinicians had undertaken level 3 safeguarding training and non-clinical staff level 1.
- All staff were trained in basic life support and first aid. Staff we interviewed were able to adequately explain what they would do in the case of an emergency.
- Staff who acted as chaperones were appropriately trained for the role.
- The practice was visibly clean and hygienic, there was an effective system to manage infection prevention and control, the policy and procedures had been enhanced and updated to reflect the ongoing issues with COVID-19.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- 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 suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.
- When there were changes to services, these were assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

Information to deliver safe care and treatment

Are services safe?

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 NHS GPs and other agencies when relevant to the patient needs 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.
- The practice had a strong working relationships with a large network of specialist consultants. They 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 service did not administer medicines or prescriptions to patient undergoing treatments. Patients were directed to obtain over the counter medicines for analgesia if required.
- Following a consultation, if the patient is recommended for the treatment, a prescription for the medicines needed is written and sent automatically to the clinic that will undertake the procedure via a contracted medical supplier. A record of this is kept on the patients notes.
- The service did 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.

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 practice had not recorded any significant incidents. However a system was in place to ensure that any incidents reported were correctly logged and investigated.
- There were adequate 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.
- 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. The service had signed up to receive Medicines and Healthcare products Regulatory Agency (MHRA) alerts and have a system to review these and disseminate any relevant alerts to members of staff to carry out appropriate action. No relevant alerts have been identified so far.

Are services effective?

We rated effective as Good because:

- Clinicians used up to date legislation, standards and guidance to assess and treat patients.
- Quality improvement activity was being carried out.
- Staff were appropriately qualified and further training was given on an ongoing basis.
- The practice worked well with other professionals and organisations.
- The practice gave patients the support needed to live a healthier life.
- Systems were in place to gain appropriate consent

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.
- Patients' immediate and ongoing needs were fully assessed. 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 service had a comprehensive 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.
- 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. There were limited clinical audits available as not many had been carried out due to the low number of patients that had completed the treatment associated with the CQC regulated activity. As the patient numbers grew, there was an intention to carry out more audits.
- We reviewed a clinical audit which looked at clinical record keeping. Ten records were examined and it was found that all records had the correct details recorded for each patient which included discussion of treatment options available. However, it was found that only minimal information was noted and improvements were to be made to the level of detail that was recorded on a patients notes.

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.
- GP's were registered with the General Medical Council and were up to date with revalidation.

Are services effective?

- 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.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other specialist services and clinicians when appropriate.
- 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.
- 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.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.

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:

- Patients were treated with kindness, respect and care.
- Patients were involved throughout their journey of care and treatment.
- Patients privacy and dignity was respected.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care. Patients received a follow up questionnaire following their appointment.
- Feedback from patients was positive about the way staff treat people, stating that they were treated with dignity and respect throughout their consultation and subsequent treatment. Patients also stated that they were made to feel relaxed and they felt in good hands.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language.
- Feedback we reviewed showed patients felt they were listened to and supported by staff and had sufficient time during consultations to make an informed decision about the treatment available to them.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available upon request.

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.

Are services responsive to people's needs?

We rated responsive as Good because:

- Services were provided to meet the needs of patients.
- Timely access to services was available. There were no waiting times to see a clinician.
- There was a clear complaints policy available to patients. Although no complaints had been received regarding CQC regulated activity, effective systems were in place to manage any complaints if they arrived.

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 improved services where possible in response to patient feedback and unmet needs.
- The service had a system in place that alerted staff to any specific safety or clinical needs of any person using the service.

The facilities and premises were adequate for the services delivered. There was a lift to provide access to all floors of the building where consultations took place.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- The practice was open six days per week, Monday and Friday between 9.30am and 6pm, Tuesday to Thursday 9.30am to 8pm and Saturday between 9am and 5pm. The practice did not open on a bank holiday. An out of hours emergency telephone service was provided by a contracted private GP service.
- Patients had timely access to initial assessment, results and treatment.
- Patient feedback demonstrated the appointment system was easy to use. Patients could usually get an appointment that suited them when they contacted the practice.
- The practice worked with another private clinic to carry out the procedures which was accessible in a timely manner.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. The practice had received two complaints regarding the location in the last 12 months. Neither complaint was regarding any CQC regulated activity.

Are services well-led?

We rated well-led as Good because:

- The clinical team had the skills, knowledge and capacity to deliver high-quality, sustainable care.
- There was a clear vision for the practice with a manageable strategy on how the vision could be achieved.
- There were clear governance arrangements and staff were aware of the individual governance roles.
- External risk to the practice was managed effectively.
- Performance was monitored and strategies put in place to improve it.
- Data used was in line with data security standards. Engagement took place with patients, staff and external partners.

Leadership capacity and capability;

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

- Clinicians were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The main challenges identified was ensuring staff competence, patient satisfaction and the cleanliness of external facilities used for surgical procedures. Therefore one specific surgical centre is used in Battersea.
- The leadership was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- There were effective processes to develop leadership capacity and skills.

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 to ensure that they become industry experts and to carry out pioneering leading treatments.
- The service developed its vision, values and strategy jointly with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- The leadership acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints.
- 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 had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation, training and development where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- 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.
- There were positive relationships between staff and teams.

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.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- 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.
- 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 external audit of their consultations, prescribing and referral decisions. This was through the GPs appraisal undertaken through their NHS work. The clinical lead had oversight of safety alerts, incidents, and complaints.
- Clinical audit had some impact on quality of care and outcomes for patients. There was some evidence of action to change services to improve quality. However this is an area that was very limited and the service had identified for continued development once more patients had been seen.
- 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. 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.

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.
- The service was transparent, collaborative and open with stakeholders about performance.

Are services well-led?

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.
- The service made use of internal and external reviews (through doctors peer meetings) of incidents and complaints.
- Learning was shared and used to make improvements.