

# Wigmore Medical

## Inspection report

Wigmore Medical Training  
21 Wigmore Street  
London  
W1U 1PJ  
Tel: 02075145979  
[www.wigmoremedical.com](http://www.wigmoremedical.com)

Date of inspection visit: 23 May 2023  
Date of publication: 13/07/2023

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.** This was the service's first inspection since registration with the Care Quality Commission.

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 Wigmore Medical as part of our inspection programme. This was the service's first inspection since registration with the Care Quality Commission.

Wigmore Medical is an independent healthcare company providing pharmaceutical importation, distribution and sales services and training in aesthetics.

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. The pharmaceutical and sales aspects of Wigmore Medical's business and the non-surgical cosmetic procedures provided do not fall within the CQC scope of registration. Therefore, we did not inspect or report on these services.

## Our key findings were:

- The service was generally providing safe care and there were clear systems for managing risks. However we found some concerns around staff training to respond to medical emergencies and acting as chaperones.
- The service was providing effective care. The effectiveness and appropriateness of the care provided was reviewed. There was some evidence of quality improvement activity, however this was limited due to the nature of the service.
- The service was providing caring services. Staff treated patients with compassion, kindness, dignity and respect. Feedback from people who used the service was positive.
- The service was providing responsive care in accordance with the relevant regulations. There were systems and processes in place to manage feedback.
- The service was providing well-led care. Leaders had the capacity and skills to deliver high-quality, sustainable care. They demonstrated a vision to deliver high quality care and promote good outcomes for patients.

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

- Review training to ensure staff who act as chaperones are trained for this role and patient facing staff are trained to enable them to recognise and respond patients who may have sepsis.
- Increase and improve quality improvement activity including audits.

# Overall summary

- Take action to amend consent processes to include informing patients they will be treated by trainees under the supervision of a qualified trainer.

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Health Care

## Our inspection team

Our inspection team consisted of a CQC lead inspector and a specialist adviser.

## Background to Wigmore Medical

Wigmore Medical is an independent healthcare company providing pharmaceutical importation, distribution and sales services and training in aesthetics. The service is located in Central London, in a four-storey building in a mixed commercial and residential area. The pharmacy is located on the ground floor, with the other floors used for training and office space.

The service's pharmaceutical operations are not regulated by the Care Quality Commission and neither are the majority of the aesthetic treatments provided. Therefore these were not looked at during this inspection. The provider carries out training in thread lift procedures. Thread lifts are a regulated activity, specifically a surgical procedure, which the provider is registered to carry out.

The provider trains independent practitioners in thread lifts. The delegates are not employed by the provider on any basis. Delegates are trained using volunteers who they refer to as "models". Volunteers are chosen from a database held by the provider. Training and the procedures are provided to adults only. The courses provided are certified by an official and recognised accreditation service.

Thread lift training is carried out by qualified trainers who are supervised by a clinical lead. Following completion of the training, delegates are offered ongoing support with treatments, products and business.

The service operates from 21 Wigmore Street, London W1U 1PJ. Further information about the service can be viewed on their website: <https://www.wigmoremedical.com>.

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**

**There were systems to keep people safe and safeguarded from abuse.**

- The provider conducted safety risk assessments. Risk assessments carried out included health and safety (September 2022), Legionella (January 2022) and fire safety (September 2022). Records showed fire equipment was checked and all staff underwent fire safety training regularly. Fire drills were carried out annually.
- The service had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. 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.
- 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. It was the service's policy to carry out Disclosure and Barring Service (DBS) checks on all staff. (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. All staff were trained in safeguarding to level two or three. At the time of this inspection we found staff who acted as chaperones were not trained for the role. Following the inspection we received confirmation from the provider that the relevant member of staff had since undertaken this training.
- There was an effective system to manage infection prevention and control. The service had a policy in place and infection control audits were carried out annually, most recently in January 2023. No actions had been identified.
- Water was tested regularly by a professional company to ensure it was safe. An assessment had been undertaken in January 2023 regarding risks associated with a bacterium called Legionella (which can proliferate in building water systems). No actions had been identified.
- The provider ensured that facilities were safe and that 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.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Staff had undergone basic life support training, however not all staff had undergone sepsis awareness training. The provider did not routinely require its trainers to have undergone sepsis training. We have told the provider they must ensure patient facing staff were suitably trained to enable them to recognise and respond to acutely unwell or deteriorating patients who may have 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.

# Are services safe?

- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. We found the service held glucagon for the treatment of hypoglycaemia (where the level of sugar in your blood is too high), however this was not held in a temperature controlled location. We raised this with the provider who immediately relocated this to the pharmacy fridge, which was regularly checked.

## 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.

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service did not routinely prescribe medicines and therefore did not carry out medicines audits on prescribing. However they did carry out audits of medicines management to ensure any medicines were managed and stored safely.
- 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.
- 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.

## 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 for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong.

# Are services safe?

- 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.

# 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. They also followed industry guidelines from recognised organisations within the cosmetic industry. Updates were circulated by the clinical lead and discussed at meetings.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.
- All patients received ongoing support and were contacted two weeks after the procedure to assess the outcome of the procedure.

## **Monitoring care and treatment**

**There was some evidence of quality improvement activity.**

- The service collected feedback from patients around outcome and results of the procedure. This information was used to inform decisions around how care and treatment was delivered. Due to the nature of the service complete clinical audits were not yet being carried out. However some safety audits, such as infection control, were carried out and audits of patient notes were carried out to ensure all information was correctly recorded and consent had been sought and provided appropriately. We have told the provider they should consider other areas for quality improvement activity, such as post procedure complications and prescribing.

## **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. This was a formal documented process which included familiarisation with policies and procedures and ensuring all mandatory training was completed. Staff who delivered training had a specific induction covering the responsibilities of their role and an induction checklist which had to be completed.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- Trainers were required to complete their own training, some of which could be undertaken in house. Up to date records of skills, qualifications and training were maintained.

## **Coordinating patient care and information sharing**

**Staff worked together to deliver effective care and treatment.**

- Patients received coordinated and person-centred care. Staff communicated effectively with each other in the delivery of the service.



# Are services effective?

- Before providing treatment, trainers ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- The provider had risk assessed the treatments they offered. They ensured a full medical history was recorded for all patients which included any medications the patient was taking and any health conditions they had.
- The provider had identified possible complications from the procedure, for example swelling. The provider ensured patients were provided with information about the risk and guidance about how to manage this before and after the procedure.

## 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 and highlighted to patients. Video calls with trainers took place prior to the procedure to ensure patients fully understood what the procedure entailed.
- Patients were provided with information about how to manage swelling post-procedure and who to contact should they have concerns. Patients were required to submit photographs post procedure which were reviewed by a trainer to ensure they were recovering as expected.
- 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.
- The provider ensured information about the procedure was provided in a way that patients could understand in order to make informed decisions. However we found it was not made clear to patients in the consent documentation that they were being treated by trainees, under the supervision of qualified trainers. We have told the provider they should amend their consent processes to include this information.
- The service monitored the process for seeking consent appropriately.

# 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.
- 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.

## **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. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Staff communicated with people in a way that they could understand.

## **Privacy and Dignity**

### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect. They ensured only one patient at a time was undergoing the procedure to ensure their privacy.
- 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:**

## **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.

## **Timely access to the service**

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

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use.

## **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. The provider had received one complaint since registration with the Care Quality Commission. It acted as a result to improve the quality of care.

# 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.
- 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 realistic strategy and supporting business plans to achieve priorities. Plans included expanding their training portfolio and regularly reviewing the educational content and techniques used to ensure they were current and represented best practice.
- The service developed its vision, values and strategy jointly with staff and external partners.
- 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 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. Appraisal was used as an opportunity to discuss developments with company directors. These included business need, training requirements, software developments and compliance. This was also discussed as and when the need arose.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## **Governance arrangements**

**There were clear responsibilities, roles and systems of accountability to support good governance and management.**

# Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- 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 clinical lead was responsible for the content of the training package and reviewing it at regular intervals to ensure it remained up to date.
- 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 was aware of the need and process for submitting 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 patient notes. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audits were not carried out however feedback was sought from all patients following the procedure. At the time of this inspection, feedback received from patients had been positive. We have told the provider they should consider other areas for quality improvement activity such as post procedure complications and prescribing.
- 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. Staff could give feedback in meetings.
- There were systems to support improvement and innovation work. The provider was actively involved in promoting new brands and working with experts in the industry to support practitioners to use the most clinically effective techniques.

# Are services well-led?

- Staff could describe to us the systems in place to give feedback. Staff told us they were encouraged to give feedback and this was taken seriously by the directors. Feedback was also shared during regular team meetings and appraisals.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

### **There were 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.