Yas Medics Ltd

Harmont House

Inspection report

Suite 22
Harmont House, 20 Harley Street
London
W1G 9PH
Tel: 02076378320
www.dermandaclinic.co.uk

Date of inspection visit: 6 and 22 June 2023
Date of publication: 07/08/2023

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?	Insufficient evidence to rate
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

This was the first time we had rated this service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Staff assessed risks to patients, acted on them and kept good care records.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.
- The service planned care to meet the needs of patients, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait for treatment.
- Leaders ran the service well, using reliable information systems and supported staff to develop their skills. Staff felt respected, supported, and valued. The service engaged well with patients to plan and manage services.

However:

- The service did not store cleaning materials safety.
- Expired medications were not always disposed of promptly.
- Risks should be recorded in a document.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good	

Summary of findings

Contents

Summary of this inspection

Background to Harmont House

Harmont House is operated by YAS Medic Ltd. Harmont House is a private, cosmetic surgery clinic service in Central London. Harmont House undertakes minor cosmetic surgery procedures including removal of lumps and lesions under local anaesthetic.

The minor cosmetic surgery service is the only part of the service which is subject to regulation by the Care Quality Commission (CQC). The majority of the work undertaken by the service were unregulated activities including facial fillers and injectables.

Harmont House registered with the CQC in January 2022 but did not start to undertake regulated activities until February 2023.

The service primarily serves the communities of London and surrounding areas. It also accepts patient referrals from outside this area.

This was the first time we inspected this service.

The service has a registered manager who had been registered with CQC since January 2022.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 6 June 2023 and an announced inspection on 21 June 2023.

The team that inspected the service comprised of a CQC lead inspector and a specialist advisor.

During the inspection, we spoke with staff and reviewed documents related to the running of the service.

Due to the low number of patients seen by the service for the regulated activity we were unable to talk to patients or their families during the inspection. The service had undertaken four regulated activity cases since they have been registered with the Care Quality Commission.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

Action a trust SHOULD take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

Summary of this inspection

- The service should ensure that substances hazardous to health such as cleaning materials are stored in a locked cupboard.
- The service should ensure that expired medications are disposed of correctly.
- The service should formally document the risks they have identified.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Insufficient evidence to rate	Good	Good	Good
Overall	Good	Good	Insufficient evidence to rate	Good	Good	Good

Good

Surgery

Safe	Good
Effective	Good
Caring	Insufficient evidence to rate
Responsive	Good
Well-led	Good

Is the service safe?

Good

This was the first time we have rated safe. We rated it as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received mandatory training, the records we reviewed during the inspection showed that all staff had completed and were up to date with their mandatory training. The service provided statutory and mandatory training using an e-learning portal.

The mandatory training was comprehensive and met the needs of patients and staff. The mandatory training requirements included a range of subjects including basic life support, fire safety and infection prevention and control.

The manager monitored the mandatory training using a spreadsheet and alerted staff when they needed to update their training.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff were provided with training on how to recognise and report abuse. Staff knew how to apply safeguarding principles.

Staff received training specific for their role on how to recognise and report abuse. Safeguarding children and adults formed part of the mandatory training programme for staff. We reviewed the safeguarding training completion rates for the service and found both members of staff had completed the required training in adults and children's safeguarding.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff told us how they would escalate any concerns about patients being at risk from abuse or neglect by speaking to the service manager, who would then escalate any concerns to the corporate safeguarding lead.

Good

Surgery

Children did not routinely visit the service; however, staff could tell us what they would do in the event they had a concern about the wellbeing of a child.

Cleanliness, infection control and hygiene

The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

The clinic area and consultation rooms were visibly clean and had suitable furnishings which were clean and well-maintained. The service performed well for cleanliness. Instruments that were single use were disposed of correctly. All equipment was cleaned and sterilised after patient contact. All areas seen were visibly clean and dust-free and we saw a daily cleaning check list.

Staff followed infection control principles including the use of personal protective equipment (PPE). The service provided staff with PPE, such as gloves.

We reviewed the services' risk assessments, infection control protocols and assurance frameworks.

Hand-washing and sanitising facilities were available for staff and visitors.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The service completed daily cleaning checklists for the whole clinic.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment mostly kept people safe. Staff were trained to use them. **Staff managed clinical waste well.**

Staff disposed of clinical waste safely. All clinical waste bins were clearly identifiable. Due to the very low amount of clinical waste produced by the service, the clinical waste company collected the bags of clinical waste from the clinical rooms directly. There was no requirement to store clinical waste in another area.

The design of the environment followed national guidance. The service had undertaken Legionella, fire, and health and safety risk assessments and developed action plans to mitigate any risks identified.

Staff carried out daily safety checks of specialist equipment. Resuscitation equipment was available in the clinical room with the required emergency medications being supplied by a local pharmacy. It was placed in a sealed pouch with expiry dates clearly noted on the front of the pouch. All equipment had been checked daily including the automatic external defibrillator (AED).

The service had enough suitable equipment to help them to safely care for patients. The service used single use consumables. All of the consumables we reviewed were in date.

The service did not have sufficient measures to control substances hazardous to health (COSHH). All cleaning supplies were stored in an unlocked cupboard that was accessible to all people accessing the service. The service took immediate action by locking the cupboard and agreed to order a COSHH storage cupboard immediately post inspection.

Good

Surgery

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

The doctor completed risk assessments for each of the patients on commencement of their treatment, using a recognised tool, we were told this would be reviewed as required especially should an incident occur. The service used a nationally recognised checklist for surgical safety. We saw completed world health organisation safer surgery (WHO) checklists completed in both patient records we reviewed.

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. We saw use of national early warning scores (NEWS) completed in both patient records we reviewed.

There was a comprehensive pre-assessment medical questionnaire that was used for patients.

After their surgical procedure, all of which were performed under local anaesthetic, patients were provided with information of what to except in the post procedure period. Staff a drink prior to the patient going home.

Staff gave patients advice after their procedure. All patients had at least one follow up appointment to check progress and identify any problems. Patients were provided with the number for an out of hours telephone line that they could access for advice should they have any concerns following their procedure.

Due to the low-risk nature of the service, a deteriorating patient would be a very rare occurrence. However, staff maintained medical emergency response training to ensure they were prepared for it. Staff were trained in basic life support (BLS).

Staffing

The service had enough staff with the right qualifications, skills, training, and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.

The service consisted of one doctor who undertook the regulated activity. We saw evidence that the service checked the doctor had valid professional registrations, medical indemnity insurance, completed mandatory training and appraisals.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.

Patient records were comprehensive and were accessible by staff as required. The doctor kept detailed records of patients' care and treatment. Records were clear and up to date. Records were stored securely. All patient's data and medical records were documented in the patient's records in line with legislation and national guidance.

All records were stored electronically, which meant they could not be accessed by unauthorised persons.

We reviewed two patient records and found that they were complete, clear, and up to date.

Medicines

The service mostly used systems and processes to safely prescribe, administer, record and store medicines.

Good

Surgery

The doctor followed systems and processes to prescribe and administer medicines safely. Medications were prescribed by the doctor. Records of patient's allergies and medications prescribed were contained within the patient's notes.

Overall, medications were stored correctly and safely. However, we found three boxes of EpiPen adrenaline auto injector which were past their expiry date stored in a cupboard in the consultation room. When we spoke to the doctor about them, they told us they had been placed there to be disposed of, but one had expired in November 2021 and the other two had expired in April 2022. The doctor removed them as soon as we highlighted it to them.

The service held stocks of medicines relevant to the service they offered. All other medicines were stored in secure locked cupboards. We checked the medicines storage and found all other medications were in date.

Incidents

The service knew how to manage patient safety incidents well. Staff knew how to raise concerns, report incidents and near misses in line with provider policy.

The service had only undertaken four regulated surgical procedures since they had registered with the CQC. The staff we talked to knew what incidents to report and how to report them. The service had an up-to-date adverse incident policy which described how staff should report incidents, and how incidents should be investigated and followed up.

Staff understood duty of candour. Staff were aware of their responsibilities and could give examples of when they would use duty of candour.

Is the service effective?

Good

This was the first time we have rated effective. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff adhered to guidelines such as, the WHO Surgical Safety Checklist and National Institute for Care and Health Excellence (NICE).

The doctor routinely assessed the psychological and emotional needs of patients. All patients completed a psychological assessment with the doctor as part of the consent process.

We reviewed the service's full set of policies, the policies we saw were not version controlled. The provider told us it was the first time the service had developed policies and they aimed to add version details when amendments are made in the future. All policies had a review by date indicated.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs.

Good

Surgery

Staff ensured that patients had access to something to drink before they left the clinic following their procedure.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. All procedures were performed under local anaesthetic. A pain score was used to measure the patients pain using verbal communication as the patient was awake.

Staff prescribed, administered, and recorded pain relief accurately. All pain relief administered during procedures was recorded in the patient's notes.

Patients were advised to take paracetamol post procedure for pain should it be required.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

The service had completed 4 lesion removals since February 2023. They had not undertaken any regulated activity prior to February 2023. Information provided showed there were no returns to theatre and no re-attendances during that time.

Once the procedure was completed, if required, a sample was sent to the laboratory for analysis. Each patient had a post procedure follow up appointment for post procedure monitoring and suture removal if required.

Staff gave patients clear instructions about what to expect post-surgery and any follow up appointments that were required.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

The service only had two members of staff. The doctor and the office manager. Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of patients. The doctor maintained their competency standards.

All new staff had a full induction before they started work. Staff spoke positively about the experience.

The doctor undertook the managers appraisal.

The team held meetings to discuss workload and any other matters as required.

Seven-day services

Key services were available five days a week to support timely patient care.

The service opened five days per week from Monday to Friday from 10am – 6pm. Procedure lists were arranged to meet patient needs. Occasionally, appointments were available on Saturdays depending on the needs of the patient.

Good

Surgery

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

We did not observe consent being taken as there was no surgical procedure list on the days of our inspection. However, the doctor we spoke with knew how to gain consent from patients for their care and treatment in line with legislation and guidance. We saw evidence of this in the two sets of patient records we reviewed. Staff discussed the planned surgery, alternative treatment options, intended benefits, and potential risks and complications with each patient.

Patients had time to ask questions and reflect on the proposed treatment. Written consent was taken the doctor.

Is the service caring?

Insufficient evidence to rate

We did not inspect caring as part of this inspection.

Is the service responsive?

Good

This was the first time we had rated responsive. We rated it as good.

Service delivery to meet the needs of local people.

The service planned and provided care in a way that met the needs of the people they serve.

The service had suitable facilities to meet the needs of patients and their families. There were adequate waiting and consultation rooms to provide space and privacy.

The team planned and organised services, so they met the changing needs of the people who use the service. The service was flexible and provided informed choice.

Patients could access services and appointments in a way and at a time that suited them. The service did not operate a waiting list. Staff said that all patients were seen promptly.

The team monitored and took action to minimise missed appointments. Missed appointments were recorded electronically and patients were contacted to rebook appointments. Staff reviewed missed appointments to ensure there were no safeguarding concerns or serious clinical implications.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Good

Surgery

The team made sure patients, their families and carers could access interpreters or signers when needed. Information on interpreting services was readily available.

Patient's individual needs and preferences were central to the delivery of a tailored service. Staff told us they facilitated longer appointments for patients with specific needs.

Access and flow

People could access the service when they needed it and received the right care promptly.

Patients were able to book appointments by telephone and online.

The team monitored waiting times and made sure patients could access services when needed and received treatment within agreed time frames.

There was no waiting list for procedures. Staff planned procedures in advance at a time to suit the patient.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Staff told us if a patient was unhappy with the service, they would try to resolve the matter straight away by talking through the issue. The service had a complaints policy which set out the procedure for how patients could make a complaint, how it would be investigated, how patients would be involved, and how learning and action plans would be shared.

The team we spoke with knew how to acknowledge complaints and understood the complaints policy. The team were trained to resolve minor concerns as part of an approach to meeting individual expectations and avoid minor issues escalating into a formal complaint.

During the one-year period prior to the inspection, the service had not received any complaints relating to the regulated activity.

Is the service well-led?

Good

This was the first time we have rated well led. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

The service only employed one member of staff, the office manager, and was run by the registered manager. The registered manager was the only doctor that treated patients at the service for regulated activities.

Good

Surgery

The registered manager was visible.

Vision and Strategy

The service had a vision for what it wanted to achieve.

The service had a vision for how they wanted to develop the service. The priority was to create development opportunities to support business growth and succession planning.

The doctor was passionate about providing a good service for patients who paid for the service. They showed commitment to achieve the best possible and safest outcome for their patients.

Culture

Staff were focused on the needs of patients receiving care. The service had an open culture where patients could raise concerns without fear.

We spoke with the doctor and the office manager, the only two members of staff involved in the regulated activities, both expressed a commitment to providing the best possible care to patients and their families.

Governance

Leaders operated effective governance processes. Staff were clear about their roles and accountabilities and had regular opportunities to discuss and learn from the performance of the service.

Despite the very small size of the service, there were appropriate governance procedures in place for the type and the level of service provided.

The team had evaluated information and data from a variety of sources to inform decision making that would deliver high quality care to their patients. There was a clear understanding of who their patients were, and they responded to the changing needs.

The service had effective systems, such as risk assessments, to monitor the quality and safety of the service.

Because there were only two members of staff, all concerns and learning were discussed on a as and when required basis.

Management of risk, issues, and performance

Leaders and teams used systems to manage performance effectively. They identified relevant risks and issues. They had plans to cope with unexpected events.

The service did not have a formal risk register but when discussed they could articulate the risks the service faced and what mitigation they had in place to deal with the risk. They agreed to develop a formal risk register.

The service had completed a range of risk assessments, which showed specific actions for staff to mitigate the risks.

The service had a business continuity plan that could operate in the event of an unexpected disruption to the service.

Good

Surgery

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

Patients' records were electronic and would be stored for a minimum of seven years, conforming to information governance standards. In addition, the service had an online of site storage facility for patient records.

The doctor who was the registered manager was the only person who had full access to the electronic system which held other confidential information.

Engagement

Leaders actively and openly engaged with patients and staff to plan and manage services.

The service had an easily accessible website where patients were able to contact the service.

All patients were actively encouraged to give feedback on the service through online reviews. Feedback was positive.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

Staff told us they could access opportunities for development.