Dr Bejma Medical Clinic

Inspection report

7 Cottage Road
Leeds
LS6 4DD
Tel: 07514775110

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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?	Requires Improvement
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.

The key questions are rated as:

Are services safe? – Requires improvement

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 Dr Bejma Medical Clinic on 27 June 2023. This was the first inspection of this service, which registered with the Care Quality Commission in June 2022. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Act.

Dr Bejma Medical Clinic is situated in the Headingley area of Leeds, West Yorkshire. It operates as an independent doctor-led service which specialises in medical and non-medical aesthetic treatments.

The 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. Dr Bejma Medical Clinic provides a range of non-surgical cosmetic interventions, for example non-surgical rhinoplasty, dermal fillers and fat dissolving injections which are not within CQC scope of registration. Therefore, we do not inspect or report on these services. The services provided which require CQC registration included the use of botulinum toxin to medically treat migraine and hyperhidrosis (excessive sweating), thread lifts, IV (intravenous) nutrient therapy, vitamin B12 injections, hay fever injections and PRP (platelet-rich plasma) therapy to treat hair loss. The service was planning to provide slimming treatments later in the year.

The service does not treat people under the age of 18 years for the services which are regulated.

The doctor and managing director of Dr Bejma Medical Clinic 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 premises were well maintained, clean and tidy and there was an effective system in place to manage infection prevention and control (IPC).
- Staff dealt with patients with kindness and respect.
- The service routinely sought feedback from patients. Feedback for the service was positive.
- The provider failed to maintain complete records in respect of each patient.

Overall summary

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

- Ensure care and treatment is provided in a safe way to patients

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

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

- Implement a system to ensure that staff training is monitored and up-to-date.
- Implement a system to ensure that policies are kept up-to-date.

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 and included a nurse specialist advisor. The team also had advice from a CQC medicines specialist.

Background to Dr Bejma Medical Clinic

Dr Bejma Medical Clinic operates from:

7 Cottage Road
Headingley
Leeds
LS6 4DD

Dr Bejma Medical Clinic operates as an independent doctor-led service which specialises in medical and non-medical aesthetic treatments.

The service is located in a 2-storey building with a private car park. On the ground floor there is a reception and waiting area, 2 treatment rooms, separate patient and staff toilets, a kitchen, and a staff room. There is also a bin storage room with separate entry from the car park. On the 1st floor there is an office, a storeroom, and 4 further treatment rooms, one of which is used for regulated activities. Access to the 1st floor is via stairs only.

Services are available to adults aged 18 years and over.

The service is registered with the CQC under the Health and Social Care Act 2008 to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Surgical procedures
- Diagnostic and screening procedures
- Services in slimming clinics

The service is staffed by 2 registered doctors, an advanced aesthetic nurse, an advanced skin therapist, a patient and media coordinator, and a receptionist. The service also sub-lets rooms at the clinic to workers carrying out non-regulated activites.

The service is open on Monday, Tuesday, Wednesday and Friday from 10am to 5pm, on Thursday from 12pm to 8pm and on Saturday from 9am to 4pm.

Consultations are carried out face to face.

How we inspected this service

We carried out this inspection on 27 June 2023. Before visiting the location, we looked at a range of information that we hold about the service and conducted an interview with the Registered Manager/Director. We reviewed information submitted by the service in response to our provider information request. During our visit, we also reviewed documents and clinical records, and made observations relating to the service and the location it was delivered from.

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.

Requires Improvement

Are services safe?

We rated safe as Requires improvement because:

Detailed records of patient's consultations were not always maintained. Staff did not always prescribe, administer or supply medicines to patients or give advice on medicines in line with legal requirements and current national guidance. Information sharing with the patient's GP was not routinely carried out. Some equipment had not been maintained according to manufacturers' instructions.

Safety systems and processes

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

- Services were provided for persons aged 18 years and above, and children had limited access to the premises. We were told by the service that where there was doubt regarding the age of a patient that they would ask for evidence to confirm proof of age, and that these checks would be documented within the patient's clinical record.
- There were appropriate indemnity arrangements in place, and we saw that Disclosure and Barring Service (DBS) checks had been undertaken for 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).
- The service had systems and processes in place to safeguard vulnerable persons from abuse. The registered manager was the safeguarding lead. There were safeguarding children and adult policies in place which included a flowchart of actions to be taken in the event of suspected abuse. Local safeguarding contact numbers were displayed in the clinic. Records evidenced that all staff had undertaken safeguarding children and vulnerable adults training appropriate to their role.
- There was an effective system to manage infection prevention and control (IPC). Staff had undertaken IPC training. We saw evidence that daily cleaning checks were carried out, and an IPC audit had been carried out in June 2023. The audit showed general overall compliance with requirements, and areas identified for improvement had been actioned and recorded on the audit.
- The clinical room used for regulated activity had hand washing facilities and paper towels. There were sufficient stocks of personal protective equipment. The service performed minor surgical procedures for which they used single-use, disposable equipment.
- The service had systems in place to manage health and safety risks within the premises, such as control of substances hazardous to health (COSHH) and Legionella (Legionella is a bacterium which can contaminate water systems in buildings).
- There were systems for safely managing healthcare waste. We saw that clinical waste was stored in a locked cupboard. A contract was in place for the approved disposal of clinical waste.
- The provider had developed safety policies and procedures, however we saw that some policies were overdue review.
- A health and safety risk assessment and a fire risk assessment had been conducted by an external company on 15 June 2023. There had been some areas identified for action and we saw evidence that these actions had been completed. We saw evidence that fire alarm testing was carried out weekly by the provider.
- We saw evidence of portable appliance testing (PAT) carried out in June 2023.
- We saw evidence that some equipment had not been maintained according to manufacturers' instructions. For example, we saw that a centrifuge (a machine used to separate components) was overdue calibration since March 2023. Immediately after the inspection the service had started making arrangements for this work to be carried out.

Risks to patients

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

Requires Improvement

Are services safe?

- Patients were provided with information and guidance relating to their treatment and aftercare, including possible side-effects. If a patient experienced urgent issues outside operating hours, they were able to contact the clinic using the service's mobile number. Patients were advised to seek emergency assistance when required.
- Staff understood how to manage emergencies and to recognise those in need of urgent medical attention. We saw that all staff had completed basic life support training.
- The service was registered with the Information Commissioner's Office (ICO).
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.
- There were appropriate indemnity arrangements and a public liability insurance policy in place.

Information to deliver safe care and treatment

Staff did not always have the information they needed to deliver safe care and treatment to patients.

- The patient records we looked were not always complete. For example, there was no evidence of discussion about the patient's medical history, lifestyle, or the benefits and risks of treatment. The provider told us that some of this information was collected in the medical registration form at the appointment booking stage and that they had relevant discussions with the patients during the appointment but that this information was not always recorded. They had recognised that record keeping was not detailed and consistent, and needed to be improved.
- The service had a system in place to record details of the patient's NHS GP at the treatment booking stage. They told us they did not routinely inform the patient's GP of any aspects of the treatment and would only do so if they had any concerns about the patient's health. At the time of inspection the provider told us they had no examples of contact with the patient's NHS GP.
- The service had a policy and system in place to safely deal with critical incidents. We saw an example of an incident which had been handled appropriately and in a timely manner.
- 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 did not have reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including emergency medicines and equipment, minimised risks. We saw that regular checks had been undertaken on emergency medicines and equipment held within the clinic, and that items were within date.
- The service carried out audits of emergency medicines to ensure that medicines were in date and stored securely.
- Access to the electronic prescribing system was secure. Prescriptions were created and submitted electronically for ease and security. They were sent to a pharmacy and the medicines were delivered directly to the clinic.
- Medicines were stored safely and securely in fridges and cabinets in 2 treatment rooms. We saw that temperature checks of the fridges had been routinely recorded, and had been within the range for safe storage.
- Staff did not always prescribe, administer or supply medicines to patients and give advice on medicines in line with legal requirements and current national guidance. For example, we found that a medicine was being prescribed for the treatment of hay fever despite it no longer being licenced for the treatment of this condition in the UK. Treating patients with unlicenced medicines is higher risk than treating patients with licenced medicines, because they may not have been assessed for safety, quality and efficacy. These medicines are not recommended by the National Institute for Health and Care Excellence (NICE) or the appropriate professional body. Processes were not in place to inform

patients that the medicine was unlicenced. Immediately after the inspection the service revised their consent forms to clarify this. Additionally we were forwarded evidence that the service had drafted a letter to send to patients who had been previously prescribed the unlicenced medicine, with an apology and information on the medicine being unlicenced for treatment of hay fever in the UK.

- We found that vitamin B12 injections were prescribed to patients without blood tests being carried out to confirm that patients were deficient in vitamin B12, prior to treatment. According to The National Institute for Health and Care Excellence (NICE), a diagnosis of Vitamin B12 deficiency should be confirmed before giving hydroxocobalamin (the manufactured version of vitamin B12).
- The doctor subscribed to Medicines and Healthcare products Regulatory Agency (MHRA) to keep them informed of any medicines safety alerts.

Track record on safety and incidents

The service had a good safety record.

- The service required patients to complete a medical history form prior to each treatment, and provided them with additional information after their consultation where appropriate. Aftercare advice was also provided.
- There were systems and policies in place to record and act on significant events, incidents and complaints. We saw the service had one recorded incident and one complaint, and that these had been appropriately managed. There were no reported complaints in relation to the regulated activities.
- There were risk assessments in place in relation to safety and these showed that effective controls were in place to minimise any safety incidents. The service had recently carried out IPC and hand hygiene audits which evidenced safe practice and identified some areas for action. Team meeting minutes showed that audit outcomes were discussed amongst the team and action plans agreed, however there was no record on the assessments to show that actions had been completed.

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 informed us that they understood their duty to raise concerns, and report incidents and near misses. One significant event had been recorded in the previous 12 months.
- 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. For example, the recorded significant event involved an incident with hand sanitiser. As a result of this the provider changed the location of the hand sanitiser and introduced weekly checks to reduce the risk of the incident occurring in future.
- The manager was aware of the requirements of the Duty of Candour and encouraged a culture of openness and honesty. They told us that if an unexpected or unintended safety incident was to occur, that they would give affected people an apology and provide them with the necessary support.

Good

Are services effective?

We rated effective as Good because:

The service used information about care and treatment to make improvements**.** Staff carrying out the regulated activities were appropriately qualified, and had been trained to deliver services within their competencies.

Effective needs assessment, care and treatment

The provider had some systems to keep staff up to date with current evidence based practice. However, we saw evidence that staff did not always assess needs and deliver care and treatment in line with current legislation, standards and guidance.

- We saw that clinical staff kept up to date with current evidence-based practice and training. For example, we saw that they had attended conferences regarding conditions related to the regulated activities.
- Staff did not always have enough information to make or confirm a diagnosis. For example, for patients receiving vitamin B12 injections there was no confirmation of patients having a vitamin B12 deficiency prior to treatment.
- We saw no evidence of discrimination when making care and treatment decisions.
- Clinical staff assessed and managed patients' pain and discomfort where appropriate. Local anaesthetic was used prior to procedures, where appropriate.
- The service was aware of patient issues such as body dysmorphia disorder and had processes in place to screen for and support such patients (body dysmorphia disorder is a mental health condition where a person spends a lot of time worrying about flaws in their appearance).

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care for patients. For example, a patient notes audit carried out in November 2022, identified gaps in the service's software system and this had led to the provider moving to a different software system to support a more robust method for the collection of patient data. A re-audit was due to be carried out after inspection.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff had the skills and abilities to carry out the regulated activities.
- 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 (NMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. However, we found that some staff were not up to date with some of the mandatory training requirements. For example, 2 members of staff had not completed equality and diversity training, and one of the clinicans was overdue training on various modules including fire safety and infection prevention and control. The provider told us that this training would be completed by the end of July 2023.

Coordinating patient care and information sharing

Good

Are services effective?

Staff did not always work well with other organisations, to deliver effective care and treatment.

- There was no evidence of information sharing with the patient's own GP. GP details were routinely collected by the service when the patient approached the clinic for treatment. The provider told us that if they had any concerns regarding the patient or their treatment, their GP would be contacted. At the time of inspection the provider told us they had no examples of contact with the patient's NHS GP.
- The service referred patients to other services when appropriate, for example another clinic within the area.

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.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The service provided pre- and post-treatment advice and support to patients, this included follow-up appointments where appropriate.

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 service monitored the process for seeking consent appropriately. We saw they had carried out a consent audit in April 2023 and a patient notes audit in November 2022, both of which involved checks on patient consent.

Good

Are services caring?

We rated caring as Good because:

Treatment delivered to patients was done so with care, dignity and compassion. Patients were involved in decisions about the care and treatment they received.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service actively sought feedback on the quality of care patients received. Patients were contacted by the service for feedback after each appointment. The service told us it had been difficult to obtain patient feedback and that they were currently looking into new ways of doing so.
- Feedback from patients was positive about the way staff treat people. For example, many of the 156 online patient reviews we examined noted the caring attitude of the staff.
- 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.

- Information about services offered and prices of treatments were available on the clinic's website, and material was also available within the clinic. There was a 'cooling off' period for patients if they decided not to go ahead with the treatment.
- Patients who did not have English as a first language were able to arrange for an interpreter to be present during their appointment. Patients were also told about multi-lingual staff who might be able to support them.
- We requested patient feedback to inform this inspection and received 10 CQC Give Feedback on Care online forms. Patients told us they felt that staff were knowledgeable and that they were provided with information and guidance before and after treatment.
- Staff communicated with people in a way that they could understand. They told us that appointments could be extended for those who needed it.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- The service had measures in place to ensure confidentiality. We saw that all staff had completed data security training.
- Staff knew that if patients wanted to discuss sensitive issues they could offer them a private room to discuss their needs.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

The service organised and delivered treatment and care to meet the needs of patients.

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. For example, following feedback from patients regarding discomfort felt during radiofrequency treatment, the service acquired a cryotherapy machine to help relieve this discomfort.
- The service told us they had had difficulties obtaining detailed patient feedback and had relied mainly on online reviews. They had implemented a suggestion box within the reception area but said that this was rarely used by patients.
- The facilities and premises were well maintained and appropriate for the services delivered. Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, appointments could be extended for those who needed it. There was no access to the service for wheelchair users, and no lift in place for access to the 1st floor. The service told us that they would treat patients on the ground floor if required.
- Patient feedback for the service was positive. Direct patient views given to CQC via the Give Feedback on Care online form showed that all 10 submissions from patients were positive about their experience of using the service. Online patient reviews were also positive. Of 58 reviews posted on one site over the last 12 months, all 58 rated the service 5 stars. The service told us that many patients came to them through personal recommendations.

Timely access to the service

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

- The service operated on Monday, Tuesday, Wednesday and Friday from 10am to 5pm, on Thursday from 12pm to 8pm and on Saturday from 9am to 4pm. Details of how to book were available on the service's website.
- Patients had timely access to initial assessment and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Referrals and signposting to other services were undertaken in a timely way. For example, the service worked closely with a nearby clinic and referred patients to that clinic where appropriate.
- Information to patients regarding treatments was available on the clinic's website.

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.

- The service had a complaints policy and supporting procedures in place. Staff treated patients who made complaints compassionately.
- In the previous 12 months the service reported that they had received no complaints related to the regulated activities. There had been 1 complaint related to non-regulated activity and we saw that this had been dealt with appropriately.

Good

Are services responsive to people's needs?

- 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. For example, escalation to the independent complaints service.

Good

Are services well-led?

We rated well-led as Good because:

Staff told us they felt supported by the manager and the rest of the team. There was a focus on continuous learning and improvement. The service had oversight of systems and processes to manage incidents and complaints.

Leadership capacity and capability

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

- The manager was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them. For example, they were looking to introduce additional treatments into the service and collaborate with other services in order to be able to offer more choices to their patients.
- The manager was visible and approachable and worked closely with other members of staff.
- Clinical staff regularly attended training and conferences which enabled networking and peer support within the aesthetic industry.

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 this was underpinned by the service's values and objectives. They stated that it was their mission to "enhance our patient's best features through an artistic, balanced and safe approach".

Culture

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

- Staff told us they felt supported by the manager and the rest of the team.
- The provider told us that they focused on the needs of patients and that they delivered the service in line with their vision.
- There had been no incidents in the last 12 months relating to the regulated activities carried out by the service. The service was aware of, and had systems to ensure compliance with, the requirements of the duty of candour.
- Staff told us that if they were to raise a concern, especially in relation to safe patient care, that they thought it would be welcomed.
- There were processes for providing staff with the development they need. This included appraisal and career development conversations.
- Staff told us there were positive relationships between staff members.

Governance arrangements

There were gaps in responsibilities, roles and systems of accountability to support good governance and management.

Good

Are services well-led?

- Structures, processes and systems to support good governance and management were not clearly set out, understood or effective. The management of patient records and a lack of information sharing with the patient's own GP did not support safe and co-ordinated care.
- The service had established policies, procedures and activities to ensure themselves that they were operating safely and as intended. However we saw a number of policies were overdue review.

Managing risks, issues and performance

There were processes in place for managing risks, issues and performance.

- There was a risk management policy in place.
- The service had oversight of systems and processes to manage incidents and complaints.
- The service had carried out some clinical audits and there was evidence of action taken to improve quality.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- The service used feedback from patients to drive improvement.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable information, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients and staff to support high-quality sustainable services.

- Patients were asked to give feedback on the care they had received after each treatment had been completed. The service used this feedback to shape their services and to drive improvement. For example, the service told us that prices had been reviewed and adjusted based on patient feedback.
- Staff told us they felt their views were listened to and acted upon.

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. We saw that clinical staff regularly attended conferences in their field of expertise.
- There were systems to support improvement and innovation work. This included carrying out audits and staff meetings to discuss ideas.
- The service used patient feedback, incidents and concerns to drive improvement in the services provided.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury Surgical procedures Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users. How the regulation was not being met: The provider failed to ensure the proper and safe management of medicines at the clinic. Staff did not always prescribe, administer or supply medicines to patients and give advice on medicines in line with legal requirements and current national guidance. A medicine was prescribed for the treatment of hay fever despite it no longer being licenced for the treatment of this condition in the UK, and there was no process in place to inform patients that the medicine was unlicenced. Staff did not always have enough information to make or confirm a diagnosis. For patients receiving vitamin B12 injections there was no confirmation of patients having a vitamin B12 deficiency prior to treatment. The provider failed to maintain a complete clinical record in respect of each patient. In some cases there was no evidence of discussion about the patient's medical history, lifestyle, and the benefits and risks of treatment. The provider did not support safe and co-ordinated care of patients. Information sharing with the patient's GP was not routinely carried out. The provider did not ensure that equipment used for providing care and treatment was safe for such use. A centrifuge (a machine used to separate components) was overdue calibration since March 2023.