

# Rejuven8

## 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?

Requires Improvement 

# Overall summary

**This service is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Rejuven8 as part of our inspection programme of a new provider registration for the service. This was a first rated inspection for the service that was registered with the Care Quality Commission (CQC) in 2021.

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. Rejuven8 provides a range of non-surgical cosmetic interventions, for example wrinkle relaxing injections which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The registered provider for the service is N Webster Limited who provides treatments privately to fee paying clients. The registered provider has a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We reviewed patient feedback received by the service which was shared with the Commission during the inspection. Feedback was very positive about the service. Patients told us staff were friendly, efficient, kind and professional.

## Our key findings were:

- The provider organised and delivered services to meet patients' needs following best practice guidelines. Staff were highly skilled and had received up to date training to be able to deliver a clinically safe service in a clean and appropriate environment. However, some governance systems and processes required review to ensure they were effective.
- The provider had some systems and processes for mitigating risks for example, they had completed portable appliance testing of equipment, and completed an infection, prevention and control audit. However, they did not have a health and safety risk assessment of the environment in place to confirm the actions being taken were appropriate.
- The provider was proud of the work they did and of the quality of service they provided.
- Patients commented that staff were helpful and professional and they were happy with the care and treatment they received.
- Services were offered on a private fee paying basis only and were accessible to people who chose to use it.

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

# Overall summary

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

## Background to Rejuven8

Rejuven8 is located at 1 Biscay Way, Wath-upon-Deane, Rotherham, S63 7DA. The service is located over two floors with a large free car park available nearby. The reception area, consulting rooms and treatment rooms where regulated activities are carried out are on the ground floor.

The provider, N Webster Limited is registered with the CQC to carry out the regulated activities treatment of disease, disorder or injury, diagnostic and screening procedures and surgical procedures from this location.

The provider operates a clinician led service which specialises in aesthetic treatments and health screening. The service does not offer NHS treatment. Services are available to adults and those under 18 years of age with the appropriate consent.

The service and the treatments within scope of registration are led and carried out by the provider who is a nurse practitioner registered with the nursing and midwifery council (NMC). Other staff who work at the service do not offer treatments that fall within scope of registration with CQC.

The service is open Monday to Thursday 10am to 8pm and 10am to 1pm on a Friday.

### How we inspected this service

Before visiting we reviewed a range of information we hold about the service and information provided pre-inspection by the service which was also reviewed.

During our inspection we:

- Spoke with the registered provider.
- Looked at information the clinic used to deliver care and treatment plans.
- Reviewed documents and policies used by the service.
- Reviewed on-line comments completed by people who had used the service, feedback received into the CQC and feedback received by the provider following patient treatments.
- Observed the premises where services were 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.

The service carried out limited treatments that came under the scope of regulation, for example, PDO threads for facial rejuvenation, injections for sweating and treatment for hayfever,

# Are services safe?

**We rated safe as Good because:**

## **Safety systems and processes**

**The service had systems in place to keep people safeguarded from abuse and had taken action to mitigate risks. However, there were limited safety risk assessments in place to confirm if the actions taken were appropriate.**

- The provider conducted some safety risk assessments. For example, they had a fire risk assessment in place and we could see actions had been taken as a result. The provider did not have a health and safety risk assessment of the environment in place, although we observed some actions to mitigate risks were being completed, for example, flushing of the water taps, portable appliance testing of equipment and cleaning schedules were in place, it was not clear without a risk assessment if these actions were adequate or appropriate. The provider had secured a template to use to carry out an environmental risk assessment.
- The provider took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. The service had systems to safeguard children and vulnerable adults from abuse. A safeguarding policy was in place. This stated staff would be trained to safeguarding level 3. Staff had been trained to level 2. The provider submitted evidence following the inspection that level 3 training had been completed. The provider had a good understanding of safeguarding and knew how to identify and report safeguarding concerns.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The provider had received a Disclosure and Barring Service (DBS) check as part of their registration with the Commission (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).
- There was an effective system to manage infection prevention and control (IPC). The provider had completed an IPC audit and undergone IPC training. We observed the premises to be clean and well maintained. The provider had not carried out a legionella risk assessment as there were less than five employees working at the premises and no water tank. However, the provider did flush taps on a regular basis which was recorded. (Legionella is a term for a bacterium which can contaminate water systems in buildings).
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

## **Risks to patients**

**There were some systems to assess, monitor and manage risks to patient safety although there was not an environmental health and safety risk assessment in place or a risk assessment of emergency medicines.**

- The provider understood their responsibility 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 appropriate indemnity arrangements in place.
- There were medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. The provider had access to a defibrillator in the community. They did not have access to oxygen. The provider's rationale for this was that the procedures carried out were low risk and they had reviewed Resuscitation Council UK guidelines. However, they did not have a risk assessment to inform this decision.

## **Information to deliver safe care and treatment**

**Staff had the information they needed to deliver safe care and treatment to patients.**

# Are services safe?

- 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 other agencies to enable them to deliver safe care and treatment. For example, with the patient's own GP.
- 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

- At the time of the inspection the provider did not prescribe any medications. The provider worked with another provider for the management of weight loss. The provider completed a basic pre-assessment of the patient and referred the results to the other provider who would prescribe the medication for weight loss. The service did not stock blank prescription pads.
- During the inspection we observed medicines were stored appropriately and the provider had systems to check stock. The service had a fridge to store medicines and we saw evidence of temperature checks being undertaken. However, the fridge was not currently in use.
- Staff administered 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. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

## Track record on safety and incidents

### The service had a good safety record.

- The service had some risk assessments in relation to safety issues, for example, a fire risk assessment and we saw evidence actions were being taken to address areas identified on the fire risk assessment that required review. Actions to mitigate risks were being taken.

## Lessons learned and improvements made

### The service learned and made improvements when things went wrong. However, they did not document these.

- There was an incident reporting policy in place which detailed how to record and act on significant events. However, we did not see evidence any incidents had been recorded. The provider discussed two incidents during the inspection where appropriate action had been taken and lessons learned. For example, in relation to a patient reporting incorrectly that they did not have a nut allergy. As a result, the information given to patients was updated to make this clearer.
- The service acted on and learned from medicine safety alerts but did not have arrangements to receive external safety alerts at the time of the inspection. The provider arranged to receive these notifications immediately following the inspection.

# 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).
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- 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 not actively involved in quality improvement activity, although they did request feedback from all their patients on the service and used this information to improve services. For example, they had reviewed their opening hours.**

- Although the provider had not completed any documented clinical audits, they had monitored patients for post procedure/treatment infections and reported there had been none. The provider told us clinical audit was something that was going to be implemented and shared with CQC a blank template they had sourced to be able to complete this work. They had a quality assurance policy in place. They had completed an infection, prevention and control audit.

## **Effective staffing**

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

- The provider who was the only clinician who carried out regulated activities which were in scope of registration with the Commission was appropriately qualified and was registered with the Nursing and Midwifery Council (NMC).
- The provider had received specific training and could demonstrate how they stayed up to date for the procedures carried out.

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

**Staff 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 services when appropriate. For example, sharing information regarding the health assessment with the slimming clinic who would provide medication for patients.
- Before providing treatment, the clinician 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 with their registered GP on each occasion they used the service.
- The provider gave patients pre and post information leaflets on the treatments being administered.
- The service monitored the process for seeking consent appropriately.

## **Supporting patients to live healthier lives**

# Are services effective?

**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. For example, a patient was advised to visit their GP to have a cholesterol check as the clinician noted a discolouration of their cornea (eye) which can be a sign of high cholesterol.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The provider worked with a local mental health charity and provided support to parents of young children by offering free neck massages by the therapist who worked in the clinic.

## **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:**

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received. All patients were sent an electronic feedback form following treatment. The provider shared patient feedback with the Commission. There had been 185 reviews, all were very positive, stating the provider was caring, professional and gave a good explanation of the treatment.
- 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.**

- Patients fed back that staff gave a clear explanation in a way they could understand and they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patients said the provider was very informative and they felt at ease during their consultation and treatment.

## **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:**

## **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. It was clean and well maintained.

## **Timely access to the service**

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

- Patients were fee paying patients who had timely access to initial assessment and treatment. All patients received a free 15 minute consultation to discuss the treatment before making a decision to proceed.
- The provider used an on-line booking system which patients reported was easy to use. This was available 24 hours a day. The provider confirmed that those who did not have access to on-line facilities were able to text or phone for an appointment.
- Patients received an after-care treatment card which included the contact number of the provider should they require assistance following treatment when the clinic was closed.

## **Listening and learning from concerns and complaints**

**Although the service had not received any complaints, they took complaints seriously.**

- Information about how to make a complaint or raise concerns was available. Although the provider had not received any complaints, they had a complaints policy and procedure in place. However, the policy was a generic policy which did not clearly outline the escalation process should a patient not be happy with the response from the provider.

# Are services well-led?

## **We rated well-led as Requires improvement because:**

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- Policies were generic and did not reflect procedures in place.
- There was no evidence of clinical audit.
- There was limited risk assessments in place. There was no health and safety risk assessment of the environment to confirm actions being taken were appropriate and no risk assessment of emergency medicines.
- Incidents and actions taken had not been recorded as specified in the incident management policy to monitor trends and themes.
- The complaints policy did not clearly identify the escalation process if the complainant was not satisfied with the practice's response.

## **Leadership capacity and capability;**

### **Leaders had the capacity and skills to deliver high-quality clinical care although some governance processes required review to ensure they were effective.**

- The provider organised and delivered services to meet patients' needs following best practice guidelines. Staff were highly skilled and had received up to date training to be able to deliver a safe service in a clean and appropriate environment. However, although the provider had implemented policies, these were often generic policies that did not always correspond with what the provider was doing. There was limited risk assessments and clinical audits in place.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, the provider was engaging with the landlord about the energy efficiency certificate for the premises.
- The provider was visible and approachable and worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

## **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 provider's vision was to treat the person as a whole and wanted to deliver services in a safe environment following best practice guidelines. The provider was also keen to work with the local community to develop services.

## **Culture**

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

- There was one member of staff who did not carry out regulated activities, however, they reported they felt respected, supported and valued.
- The service focused on the needs of patients and the provider was able to give examples where treatment had been declined and the patient signposted onto a more appropriate service or had been referred to their GP.

# Are services well-led?

- Openness, honesty and transparency were demonstrated when responding to incidents. Although the provider had not had any complaints or recorded any incidents, they had a clear ethos that they wanted to provide a safe service and we saw evidence where improvements had been made as a result of an incident, despite it not being recorded. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for ensuring all staff had the training they required to do their role, including access to all mandatory training, for example, basic life support, safeguarding and infection control. The provider was a registered nurse and had met the requirements of professional revalidation and was registered with the nursing and midwifery council (NMC).
- There was a strong emphasis on the safety and well-being of all staff although there wasn't a lone working risk assessment in place.

## Governance arrangements

### Governance structures and processes were not effective.

- Structures, processes and systems to support good governance and management were not always clearly set out. The provider had a number of policies in place, however, these were mostly generic policies and did not reflect the procedures and processes in place. For example, the complaints policy referred to patients being able to contact the Independent Sector Complaints Adjudication Service (ISCAS) if they were not satisfied with the provider's response, though the provider was not registered with this body. The incident policy referred to a scoring matrix, though we did not see evidence incidents had been recorded.
- Staff were clear on their roles and accountabilities.

## Managing risks, issues and performance

### There was no clarity around processes for managing risks.

- The service had some safety risk assessments in place. For example, a fire risk assessment and we saw evidence where actions had been taken as a result. However, there was no health and safety risk assessment of the environment, although some actions were being taken to mitigate risk, for example, cleaning schedules, it was not clear if these were appropriate in the absence of a risk assessment.
- Leaders had oversight of medicines safety alerts but were not signed up to the central alerting system to receive other alerts, for example, with regard to equipment or stock. They had an incident management policy though we were told about two incidents that had been used to improve services, that had not been recorded so could not be used to identify themes and trends.
- The provider was not following its own quality assurance policy which stated clinical audits, risk assessments and complaint monitoring would be done as part of their internal assurance framework.
- The provider had not carried out any clinical audits though had a plan to address this.
- 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.

- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- The service listened to patient feedback to improve the service.

# Are services well-led?

## 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. For example, the provider had made positive links with the community menopause café.
- There were systems to support improvement and innovation work. For example, the provider sponsored a local cricket club and was trying to make links with the local community, for example, Rotherham Carers.
- The provider had forged links with other local aesthetic clinics to share best practice and develop a support network. This group met quarterly. We saw minutes of these meetings.
- All patients received an automatic feedback form through the electronic booking system. There had been 185 feedback reviews. All were extremely positive about the service. The provider had a suggestion box in reception.
- The provider had an on-line social media account which was used to engage with patients, offering information on services and updates.

## Continuous improvement and innovation

**There were evidence of systems and processes for learning, continuous improvement and innovation.**

- There was a focus on continuous learning and improvement. The provider was up to date with all the relevant training and followed best practice guidelines to provide a safe clinical service.
- Although the service did not document reviews of incidents and complaints we observed learning was used to make improvements.

## 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
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p><b>How the regulation was not being met</b></p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none"><li>• Policies were generic and did not reflect procedures in place.</li><li>• There was no evidence of clinical audit.</li><li>• There was limited risk assessments in place. There was no health and safety risk assessment of the environment and no risk assessment of emergency medicines or a lone working risk assessment.</li><li>• Incidents had not been recorded as specified in the incident management policy.</li><li>• The complaints policy did not identify the stages a patient should take if they were not satisfied with the practice's response.</li></ul> <p><b>Regulation 17(1)</b></p>