

The French Cosmetic Medical Company Limited

French Cosmetic Medical -

Wimpole Street

Inspection report

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Date of inspection visit: 8 November 2017
Date of publication: 27/12/2017

Overall summary

We carried out an announced comprehensive inspection on 8 November 2017 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Our inspection team was led by a CQC lead inspector who was supported by a practice nurse specialist adviser.

The French Cosmetic Medical Company provides private non-invasive cosmetic treatments including but not exclusive to Botox and fillers to the public.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards which were all positive about the standard of care received. Many comments included excellent care and friendly helpful staff members.

Our key findings were:

- The service had clear systems to manage risk so that safety incidents were less likely to happen. There was also a system in place to assist learning from incidents.

Summary of findings

- The service routinely reviewed the effectiveness and appropriateness of the care it provided by carrying out audits into the procedures they carried out. Care and treatment was delivered according to evidence based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found it easy to use the appointment system and were able to get appointments at a time suitable to them.
- The service carried out an annual patient survey to obtain patient satisfaction with services received.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

- The service had systems for reporting and recording significant events.
- There were adequate arrangements to respond to emergencies and major incidents.
- The service had a range of risk assessments and action plans to minimise risks to patients and staff members.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

- Staff were aware of relevant evidence based guidance.
- There was evidence of appraisals and personal development plans for all staff members.
- Staff had the skills and knowledge to deliver effective care and treatment. All staff members had completed mandatory training such as basic life support.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- All 45 CQC patient comment cards were positive about the standard of care received.
- Information for patients about the services available was easily accessible.
- We saw staff treated patients with kindness and respect and maintained patient confidentiality.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- Waiting times, delays and cancellations were minimal and well managed.
- Information about how to complain was easy to understand and easily accessible.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.
- The service proactively sought feedback from patients by way of an annual patient survey.

French Cosmetic Medical – Wimpole Street

Detailed findings

Background to this inspection

The French Cosmetic Medical Company was formed in 1998 to provide private non-invasive cosmetic treatments including but not exclusive to Botox and fillers to the public. It is located in central London in a converted four story house, which it shares with other private health services as well as residential apartments.

There have been over 20,000 patients seen at the clinic since it first opened in 1998 all of whom are aged over 18 years. The owner of the clinic, Dr Sebahg 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 of the Health and Social Care Act 2008 and associated regulations about how the service is run.

The French Cosmetic Medical Company undertakes regulated activities from one location and is registered with the Care Quality Commission to provide treatment of disease, disorder or injury and diagnostic and screening procedures.

The company has one Dr owner who owns the service and three Drs who are self-employed; they work a combined total of 160 hours per week. There is a beautician who is currently on long term sick leave, a manager and three reception staff members.

The French Cosmetic Company is open four days a week; appointments are available between 9am and 5pm and are by appointment only. Telephone calls are answered during opening hours and there is an emergency telephone line that is manned 24 hours a day.

Why we carried out this inspection

We carried out this inspection as a part of our comprehensive inspection programme of independent health providers.

How we carried out this inspection

The inspection was carried out on 8 November 2017. During the visit we:

- Spoke with a range of staff including Drs, a manager and reception staff members.
- Reviewed the personal care treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.

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?

Our findings

Safety systems and processes

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

- The service conducted safety risk assessments. It had a suite of safety policies which were reviewed annually. Paper copies of policies were available to all staff members and outlined who to go to for further guidance. The service had systems to safeguard children and vulnerable adults from abuse and there was a policy not to see or treat anyone aged less than 18 years of age.
- The service carried out (DBS
- All clinical staff received up-to-date safeguarding and safety training appropriate to their role. Non-clinical staff members received informal training and when questioned they demonstrated that they knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a CRB check, however due to the nature of the service it was reported that there were no incidences where a chaperone was requested.
- There was a system to manage infection prevention and control, there was an infection control audit carried out three times a year and there was a cleaning schedule that was monitored.
- The service 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 systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.

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.
- Referral letters to dermatologists and other cosmetic Drs included all of the necessary information.

Safe and appropriate use of medicines

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

- The systems for managing emergency medicines and equipment minimised risks.
- Staff sometimes prescribed antibiotics to patients and gave advice on this medicine in line with legal requirements and current national guidance. One of the two Drs we spoke with told us they had audited antimicrobial prescribing.
- Patients were offered follow up appointments where required and all patients were given a 24 hour contact telephone number that they could use for any questions or concerns they had post treatment.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues, these were reviewed and updated annually.
- 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 had a system to enable learning when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. We were told that there had been no significant events in the preceding three years.

Are services safe?

- There was a system for reviewing and investigating when things went wrong. The service had no examples of when this system needed to be used.
- There was a system for receiving and acting on safety alerts. The service learned from external safety events as

well as patient and medicine safety alerts. We reviewed with service safety alerts from the last 12 months and found none of these were relevant to the services provided.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The service had systems to keep Drs up to date with current evidence-based practice. We saw that Drs assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

We saw that Drs attended regular clinical conferences and also delivered training and teaching sessions at conferences where they updated Drs in their field about changes in guidelines and new ways of delivering treatment. We were shown emails and text messages between the Drs where new guidelines and processes were shared, discussed and agreed.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. We saw examples of where patients were refused treatment due to concerns with their mental wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if they experienced side effects from their treatment, and they were given a telephone number that they could contact 24 hours a day if they had any concerns.

Monitoring care and treatment

The service had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example a random sample of each Drs clinical notes was audited on a quarterly basis to ensure that it met the minimum data set required quality standard.

- The service was actively involved in quality improvement activity. For example the service carried out annual audits looking at the effectiveness and side effects of Botox and hyaluronic acid filler. The most recent audit found that of 8308 procedures carried out all 100% was effective. The audit also found that nine (0.1%) patients had the slight drooping of the eyelid side effect, which was corrected by treating with lodipine drops; this number overall was not clinically significant and was discussed by the Drs.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included injecting fillers had received specific training and could demonstrate how they stayed up to date.

- Drs had the responsibility for ensuring that their remained current and up to date. Up to date records of skills, qualifications and training were kept on the premises. We were told staff were encouraged and given opportunities to develop.
- The service provided staff with
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other cosmetic surgery and dermatology professionals to deliver effective care and treatment.

- Patients received coordinated and person-centred care. This included when they were referred to other services.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- Staff encouraged patients to live healthier lifestyles and discussed the benefits of stopping smoking and reducing alcohol and the effect it has on their treatment.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Drs understood the requirements of legislation and guidance when considering consent and decision making.
- Drs supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal and social needs.
- The service gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The service had private waiting rooms available for patient privacy.
- There was a makeup room for patients to make themselves presentable post treatment.
- Staff answered the telephone by stating the service address and not the service name to ensure patient privacy.
- All of the 45 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results from the service's patient survey where 59 out of 66 patients said the clinic had exceeded their expectations and the remaining seven patients stated that the clinic met their expectations.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them.
- Comprehensive information leaflets were available for all procedures and post treatment leaflets were given to all patients after they were treated.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The service complied with the Data Protection Act 1998.
- All appointments were pre-booked and there was buzzer and intercom entry to the premises to aide privacy.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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 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 acceptable timescale for their needs.

- Patients had timely access to initial assessment and treatment.
- Waiting times, delays and cancellations were minimal and were managed appropriately.

- The appointment system was not electronic and easy to use.

Listening and learning from concerns and complaints

The service had a complaints policy and displayed information about how to complain in the patient waiting area.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff told us they would treat patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. No complaints were received in the last year.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the services' strategy and address risks to it.
- They 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.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients using the latest technologies, procedures and techniques.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision with staff members.
- 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 stated they felt respected, supported and valued. They were proud to work in the clinic.
- The manager told us she would act on behaviour and performance inconsistent with the vision and values.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to 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. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Drs completed professional development training and evaluation of their clinical work in their own time.
- There were positive relationships between all staff members who worked in the clinic.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of joint working arrangements promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- The manager had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

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 employed clinical staff could be demonstrated through audit of their patient notes. There was clinical oversight of MHRA alerts.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The service had plans in place and had trained staff for major incidents. Fire drills were carried out twice a year.

Appropriate and accurate information

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

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 by relevant staff members.
- The service gathered performance information which was reported and monitored and changes were made where necessary.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- 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.

Engagement with patients, the public, staff and external partners

The service carried out an annual patient survey to seek patients view regarding the services they offered.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the clinic. Drs regularly attended and spoke at conferences and lectures.
- Staff knew about and discussed improvement methods and had the skills to use them.
- The service carried out quarterly patient records audits to ensure that patient notes were of a good quality and contained the minimum data set.