

The Chaddesley Clinic

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?

Good 

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? – Good

We carried out an announced comprehensive inspection at The Chaddesley Clinic as part of our inspection programme. The Chaddesley Clinic provides consultations, examinations, and treatments to adults, in cosmetic medicine and treatment of skin lesions. This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The Chaddesley Clinic provides a range of non-surgical cosmetic interventions, for example the use of Botox for cosmetic purposes, which are not within the CQC scope of registration. Therefore, we did not inspect or report on this service.

Our key findings were:

- Staff had the skills, knowledge, and experience to carry out their roles. The clinical team consisted of three surgeons with extensive experience in plastic surgery.
- There were systems to assess, monitor and manage risks to patient safety. We saw that assessments and treatment was completed in line with relevant and current evidence based guidance and standards.
- There was evidence to demonstrate that staff worked together with other organisations to deliver effective care and treatment. The clinic had direct access to specialist care teams including the skin specialist multidisciplinary team at the University Hospitals Birmingham NHS Foundation Trust.
- There was evidence of quality improvement activity in place.
- The clinic obtained consent to care and treatment in line with legislation and guidance.
- Patient feedback was positive about clinical care as well as timeliness of services. Feedback from staff was positive about the culture and working at the clinic.

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. The team included a CQC specialist adviser.

Background to The Chaddesley Clinic

The Chaddesley Clinic provides consultations, examinations and treatments in cosmetic medicine and treatment of skin lesions. Minor surgical procedures are carried out at The Chaddesley Clinic, including the excision of minor skin lesions, mini face lifts, and surgical repair, correction or reconstruction of the eyelids, ears, and earlobes. These procedures are carried out under local anesthetic. All services at the clinic are available to adults only, aged 18 and over. There is no registered patient list at the clinic and the team carries out approximately one surgical procedure per week.

The service is registered with CQC to deliver the Regulated Activities of: Treatment of disease, disorder or injury and surgical procedures.

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The provider, Mr Demetrius Evriviades, 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.

The clinical team consists of three surgeons, one of which is the provider and registered manager. The three surgeons are also NHS consultant surgeons with extensive experience in plastic surgery. The clinical team is supported by an experienced clinic manager who supports with running the service, scheduling appointments, finance, secretarial and administrative functions.

Appointments can be booked over the phone and phone lines are operational Monday to Friday, 9am to 5pm. The clinic is open for appointments between 9am and 1pm on a Wednesday.

How we inspected this service

Before the inspection we reviewed the information submitted by the provider about the services available at the clinic. During the inspection we spoke with members of the clinic team and viewed a range of information and documents, including medical records.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good because:

Systems and processes were effectively operated to ensure safe care.

Safety systems and processes

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

- Staff spoken with were aware of safeguarding policies, they knew who the clinics' safeguarding lead was and how to report any concerns. Staff received up-to-date safeguarding training appropriate to their role. There was evidence to demonstrate that clinicians engaged with other health care services to support and safeguard patients where appropriate.
- Staff who acted as chaperones were trained for the role and all staff at the service had received a Disclosure and Barring Service (DBS) check. 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.
- We saw evidence to confirm that recruitment checks were carried out in accordance with regulations. In addition, we saw that staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.

Risks to patients

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

- There were systems for safely managing healthcare waste. We observed the clinic to be visibly clean during our inspection. Infection prevention and control audits took place on an annual basis, and we saw previous examples of actions taken to mitigate risks where identified. For instance, damaged and worn chairs were removed from the clinic following an audit in January 2023 and they were replaced with new chairs for improved infection prevention and control.
- The clinic was situated on the first floor of a purpose-built health centre, the ground floor was occupied by an NHS general practice; this was a separately managed entity and also separately registered with the CQC. Formal risk assessments associated with the premises were coordinated by the practice on the ground floor, this was a formal arrangement between the practice and the clinic. As part of our inspection, the provider shared records to assure us that a risk assessment for the management, testing and investigation of legionella had been completed by the practice situated on the ground floor of the premises. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections and staff were suitably trained in emergency procedures.
- An emergency anaphylaxis pack was available in the treatment room at the clinic, this was adequately stocked, accessible to the clinics staff and supported by effective monitoring systems. In addition, emergency medicines and resuscitation equipment was situated in the practice on the ground floor of the shared premises. There was an agreement in place for the clinic to access these in the event of a medical emergency, they were accessible to the clinics staff, and we saw evidence of monitoring systems in place which were facilitated by the practice on the ground floor of the premises.

Are services safe?

- There were effective arrangements for planning and monitoring the number and mix of staff needed. With a team of three consultant surgeons available at the clinic which was open for consultations and appointments on Wednesday mornings, staff advised that there had been no major staffing resource issues to date. There were arrangements in place for one of the clinicians to deputise for the clinic manager if required, such as during annual leave. In addition, the clinical team had access to NHS nurse support which was sourced through an agency if this was ever needed.

Information to deliver safe care and treatment

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

- There was a system in place for verifying a patient's identity upon arrival and during face to face consultations.
- 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.
- There were systems for sharing information with the patient's registered GP and other agencies when required to enable them to deliver safe care and treatment.
- There were adequate arrangements in place for laboratory tests as well as for the storage of samples. During our inspection we noted appropriate clinical oversight of test results and that results were managed in a timely manner. Specimens sent for histological examination were sent the same day and results were provided within a week.
- We saw that the service operated effective failsafe systems to ensure results were received for every specimen sent for examination.
- Urgent results, such as the histology of an abnormal skin lesion, were forwarded directly to the skin specialist multidisciplinary team at the University Hospitals Birmingham NHS Foundation Trust; in which the three consultants at the clinic had direct links to through their external NHS roles.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals. For example, any abnormal results for skin lesions were reviewed as part of the skin specialist multidisciplinary team at the University Hospitals Birmingham NHS Foundation Trust. Clinicians we spoke with at the clinic during our inspection explained that this team met on a weekly basis and meetings involved decision making regarding appropriate follow up and any ongoing treatment requirements with regards to abnormal results. We saw evidence to support that the consultants attended and engaged in these meetings.

Safe and appropriate use of medicines

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

- There were no medicines issued directly at the clinic, with the exception of the emergency medicines for use in a medical emergency. The clinic utilised an electronic prescribing system via an external organisation, this service was used to prescribe items such as antibiotic drops, ointments, and dressings.
- Minor surgery was performed using a local anesthetic. We saw that local anesthetic in addition to medicines used for injection, were appropriately stored, and monitored to ensure they remained safe and effective.

Track record on safety and incidents

The service had a good safety record.

Are services safe?

- The clinic was situated on the first floor of a purpose-built health centre, the ground floor was occupied by an NHS general practice. Formal risk assessments which covered health, safety and fire risk were coordinated by the practice on the ground floor. We saw records to reflect this arrangement during our inspection. In addition to evidence of completed risk assessments, we saw records to confirm that weekly fire alarm tests took place as well as annual fire drills for the premises.
- As part of our inspection, the provider shared local policies which covered health, safety, and fire.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. Instruments used in minor surgery procedures were single use and recyclable to support the providers zero carbon footprint philosophy.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. No incidents were reported at the clinic during the last 12 months, but staff were able to tell us how the service would learn and share lessons, identify themes, and take appropriate action to improve safety in the service should an incident occur.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty, staff we spoke with said that they were encouraged to report significant events, incidents, and concerns if ever they occurred.
- The service had systems in place for knowing about notifiable safety incidents and the clinical team were signed up to receive alerts. Conversations with staff during our inspection highlighted that most alerts were not applicable to the service provided in their clinic, during the last 12 months they had not had to make any changes following alerts.

Are services effective?

We rated effective as Good because:

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

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice.

- There was evidence in place to support that the service carried out assessments and treatment in line with relevant and current evidence based guidance and standards.
- There was evidence of clear clinical care pathways and protocols in place.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

There was evidence of quality improvement activity in place.

There was evidence of regular monitoring of care provided as well assessment of improved outcomes following care and treatment. For example,

- To mitigate the risk of post operative infections the provider purchased a specific ventilation system which reduces infection rates by producing a consistent flow of clean, filtered air. No post-operative patient infections had occurred since using this ventilation system in the clinic over the course 12 months.
- In addition, we saw a formal clinical audit focusing on infection rates following skin lesion excisions between August 2022 and April 2023, this record highlighted that no infections had occurred across 14 patients that had this procedure. We noted that a repeated audit was due in six months' time.
- The clinic monitored the complete removal rates of their skin lesion excision procedures, records showed that their excision rate was at 100%.

Effective staffing

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

- The provider had an induction programme for all newly appointed staff and staff had ongoing access to appraisals, one to ones, coaching and mentoring.
- The provider understood the learning needs of staff and provided protected time and training to meet them. For example, the clinic manager was supported to attend twice yearly medical secretary learning and engagement events.
- The three surgeons were also NHS consultant surgeons with extensive experience in plastic surgery. They participated in peer review, revalidation, and formal appraisals in line with NHS England requirements. In addition, they participated in continuing professional development relevant to their roles and areas of expertise.
- The three consultant surgeons were registered as doctors on the specialist register for plastic surgery, with the General Medical Council (GMC). Collectively their membership spans across the British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS), the British Association of Aesthetic Plastic Surgeons (BAAPS) at the Royal College of Surgeons of England, and the Royal College of Surgeons in Plastic Surgery (FRCS Plast).

Coordinating patient care and information sharing

Are services effective?

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Before commencing treatment, the clinic team ensured they had adequate knowledge of the patient's health, any relevant test results, and their medicines history.
- Patients were asked for consent to share details of their consultation, proposed treatment, likely outcome, risks, and side effects with their registered GP. We saw examples of evidence demonstrating this during our inspection.
- If alternative care or treatment was required then patients were referred to other health experts, both privately and through the NHS. The provider also offered a range of additional services at three independent hospital locations situated in Hereford, Worcestershire, and Birmingham. These were comprehensive plastic and cosmetic surgical procedures which were carried out under general anaesthetic. These hospitals are separately registered with CQC.

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.

- On booking an appointment via the clinic manager, patients were offered two consultations with a team of two of the consultant surgeons at the clinic. The initial consultation appointment ensured that patients were provided with information about procedures including the benefits, risks and cost of services provided. The second appointment took place after a two week cooling off period. Treatment options, risks and benefits were revisited during this appointment in addition to any further questions from the patient.

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. Records viewed as part of our inspection were reflective of comprehensive health assessments and consent records which took into account any patient concerns and expectations. This included a two stage screening system for conditions such as body dysmorphic disorder, in addition to mental capacity assessments.
- There was evidence demonstrating occasions when clinicians concluded that treatment was inappropriate and therefore not commenced with the patient. This was in line with the patients' best interests and the clinics ethos around patient centred care.
- On the day of our inspection, we saw that there was information on services on display in the clinic, the clinics website also contained detailed information about services, treatment options and cost.

Are services caring?

We rated caring as Good because:

There was evidence to demonstrate that patient needs were respected, and clinicians involved them in decisions about their treatment options.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The clinic gathered feedback on the quality of clinical care patients received through online reviews and testimonials sought through the clinic website, as well as through verbal feedback when consulting with patients post care and treatment.
- We saw a range of positive testimonials captured on the clinic website and the service had achieved 5 stars on all 30 of their online reviews (this was captured through Google Reviews). We also observed three thank you cards describing positive care and experiences from patients who had used the service.
- Patients were provided with timely support and information. Staff understood patients' personal, cultural, social, and religious needs. They displayed an understanding and non-judgmental attitude to all patients. Interpretation services were available for patients who did not have English as a first language.
- During our inspection we observed that members of staff were courteous and helpful. Staff we spoke with were passionate about their work and demonstrated a patient centred ethos.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

Patient feedback we observed as part of our inspection showed that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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. We saw that confidentiality training was included in the services induction.

Are services responsive to people's needs?

We rated responsive as Good because:

The clinic was responsive to patients' needs and services were delivered in a safe and responsive way.

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 clinic manager facilitated the clinics telephone appointment booking system and a member of the clinical team was able to deputise for them if needed.
- The clinical team consisted of three male consultant surgeons however a female chaperone was available if needed, through either the clinic manager or an agency nurse. Staff explained that this was discussed at the point of booking a consultation in so that arrangements could be made in advance where needed. We also noted that details of the team, in addition to services available were set out on the clinic website.
- Consultations and clinical treatments were usually carried out by two of the consultant surgeons at the clinic. Therefore, patients received a comprehensive consultation experience with two of the clinicians. In addition, medical procedures were performed as a pair at the clinic, with the two consultants assisting each other with surgical procedures when possible.
- The clinic was situated on the first floor of a purpose built health centre and was accessed through a stairway only, with no lift in place. Therefore, accessibility needs were checked by the clinic manager ahead of all appointments, this was discussed with each patient via telephone call. In the event that patients would not be able to use the stairs to access the service, a number of other more suitable locations were offered for consultation and treatments. These were situated within independent hospitals in Hereford, Worcestershire, and Birmingham; these entities are separately registered with the CQC.

Timely access to the service

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

- Appointments were booked over the phone and although the clinic was open for appointments between 9am and 1pm on a Wednesday, staff explained that clinicians would be flexible in cases where appointments ran longer, such as during longer consultations to ensure that patients were fully informed when discussing care and treatment options.
- Patients had timely access to initial assessment, test results, diagnosis, and treatment. Referrals and transfers to other services were undertaken in a timely way.
- A comprehensive package of after-care was included in the treatment package which included a 24/7 emergency contact line. In addition to two consultations prior to surgery and treatment, a post-surgery consultation was also offered to patients. This took place one week post-surgery and included a thorough review and wound check.

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.

Are services responsive to people's needs?

- The clinic had complaints policy in place. Information about how to make a complaint or raise concerns was available to patients. Policies informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- Staff we spoke with were proud to inform us that the service had not received any complaints. Staff were able to tell us however how they would act and share learning, should a complaint occur; this was reflective of the clinics complaints policy.

Are services well-led?

We rated well-led as Good because:

There were clear lines of accountability in place with clear clinical and operational oversight of systems and processes. Staff we spoke with described a well-led, open culture at the clinic.

Leadership capacity and capability

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

- The clinic team comprised of three consultant surgeons (one was the provider and registered manager) in addition to a clinic manager. Staff described an open and supportive culture, and that they all worked together as a small team at the clinic.
- There was a clear staffing structure in place with clear lines of reporting and accountability. All staff we spoke with were aware of their roles and responsibilities.

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 in place which focused on transforming patient lives and building their confidence, we noted a strong patient centred ethos when speaking with staff throughout our inspection.
- Service performance was continuously monitored and analysed across a number of areas including clinical quality, turnaround time of test results, failsafe systems for medical tests and patient satisfaction responses.
- There was evidence of strategic planning in place, plans included investing in marketing to promote the services available and consideration of expansion with the possibility of working across more geographical areas in the future.

Culture

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

- Staff said that they felt respected, supported, and valued. Staff spoken with expressed pride in working for the service.
- There were systems and processes in place to support leaders and managers in the event that they needed to manage any behaviour and performance which was inconsistent with the vision and values.
- Staff described the clinic as a safe space to share any concerns or issues, at all levels. We saw that policies were in place, including a clinic policy on whistleblowing, to reflect this.

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 clinic had clear policies, procedures, and activities to ensure safety and assured themselves that they were operating as intended.

Are services well-led?

Managing risks, issues and performance

There were processes in place 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.
- There were effective arrangements for identifying, managing, and mitigating risks. The provider had plans in place for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- 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 submitted data or notifications to external organisations as required.

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 and staff and acted on them to shape services and culture.
- There were open channels of communication between the clinic manager and three consultant surgeons at the clinic. Weekly meetings took place as a small team each Wednesday before the start of clinic to discuss any upcoming appointments and key updates as a group.
- Staff engaged with peers and other health care professionals through attending various events and meetings relevant to their areas of expertise. This included attendance at the skin specialist multidisciplinary team meetings at the University Hospitals Birmingham NHS Foundation Trust, and engagement with other independent health clinics.

Continuous improvement and innovation

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

- The provider understood the needs of their patients and improved services in response to those needs. For example, following patient feedback the clinic moved their patient waiting area to a larger room which resulted in a more functional workspace for the clinic manager.
- There were systems to support clinic improvements and staff expressed that they were encouraged to offer suggestions and improvement ideas at work. Examples of improvements made in the clinic included the growth of the clinical team, with two of the three consultants joining the team approximately 12 months ago.
- There was evidence of innovative practice within the clinic, such as the implementation of a ventilation system to mitigate the risk of surgical infection rates.