

# Face Medical Clinic

## Inspection report

15 Hornby Street  
Heywood  
OL10 1AA  
Tel: 01706691683

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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. This location has not previously been inspected or rated.**

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 Face Medical Clinic as part of our inspection programme.

Face Medical Clinic is an independent clinic in Heywood, Rochdale which provides a range of bespoke healthcare services to adults and specialises in skin rejuvenation and anti-ageing treatments, including thread lifts. They also specialise in individualised bioidentical hormone replacement therapy and functional medicine for women.

The lead nurse practitioner 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.

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. Face Medical Clinic provides a range of non-surgical cosmetic interventions, for example, face fillers and anti-wrinkle injections which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

## **Our key findings were:**

- There was an open and transparent approach to safety and an effective system in place to report and record incidents.
- There were well established governance and monitoring systems which were effectively applied and were fully understood by staff.
- There were systems and processes in place to safeguard patients from abuse and staff were able to access relevant training to keep patients safe.
- There was an infection prevention and control policy and procedures were in place to reduce the risk and spread of infection.
- The service had specialised in individualised bioidentical hormone replacement therapy and functional medicine for women. Patients were prescribed unlicensed compounded medicines and systems were in place to ensure this was carried out safely.
- The clinicians were aware of current evidence based guidance and had the skills and knowledge to deliver effective care and treatment.
- All members of staff maintained the necessary skills and competence to support patients.

# Overall summary

- The service had arrangements in place to respond to medical emergencies.
- Information about services and how to complain was available
- There was a clear vision to provide a personalised, high quality service.
- The provider had systems in place to monitor the quality of their treatment and make improvements where necessary.
- The provider was aware of and complied with the requirements of the Duty of Candour.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

The inspection was led by a CQC inspector, who was supported by a second CQC inspector and they had access to advice from a specialist advisor.

## Background to Face Medical Clinic

Face Medical Clinic is an independent clinic in Heywood, Rochdale which provides a range of bespoke healthcare service to adults and specialises in skin rejuvenation and anti-ageing treatments, including thread lifts. They also specialise in individualised bioidentical hormone replacement therapy and functional medicine for women.

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[www.facemedical.co.uk](http://www.facemedical.co.uk)

The service registered with the Care Quality Commission in 2018 to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Diagnostic and screening
- Surgical procedures

### **How we inspected this service**

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Requesting evidence from the provider before the inspection.
- A short site visit
- Asking the provider to share details with people using the service to give feedback on care via the CQC website.

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:**

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

### **Safety systems and processes**

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard vulnerable adults from abuse.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. The service had a policy to carry out Disclosure and Barring Service (DBS) checks 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- There was an effective system to manage infection prevention and control, this included regular audits and additional measures were put in place in line with government guidance following the COVID 19 pandemic.
- An external company provided an annual report on Legionella for the service.
- 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.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them.

### **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.
- There was an effective induction system for staff tailored to their role.
- 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, for example sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- Clear risk assessments had been developed to ensure the service complied with the most up to date government guidance in relation to the COVID 19 pandemic, this included the suspension of some service such as thread lifts. The provider planned to re-establish the thread lift service after refresher training for staff later in the year.
- There were appropriate indemnity arrangements in place
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

### **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 staff and other agencies to enable them to deliver safe care and treatment.
- 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.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

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

- Face medical clinic offered bioidentical hormone replacement therapy which includes, personalised prescribing of unlicensed medicines. (Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. The Medicine and Healthcare products Regulatory Agency (MHRA) guidance states that unlicensed medicines may only be supplied against valid special clinical needs of an individual patient. The General Medical Council's prescribing guidance specifies that unlicensed medicines may be necessary where there is no suitable licensed medicine).
- The nurse practitioner prescribed functional medicines and compounded medicines. (Compounded medicines are made based on a practitioner's prescription in which individual ingredients are mixed in the exact strength and dosage form required to meet a patient's individual needs).
- The provider only used UK compounding pharmacies that were registered with the General Pharmaceutical Council in the UK. They turned powdered bioidentical hormones into medical preparations such as creams, gels, lozenges and pessaries and offered bases that were hypoallergenic and paraben free.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service had recently introduced a written consent process, in addition to verbal consent, to ensure patients understood the medicines prescribed were unlicensed and that they fully understood the risks and benefits of the medicines prescribed.
- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks.
- The service carried out medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- 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 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.
- There were adequate systems for reviewing and investigating when things went wrong. The service shared lessons learnt, identified themes and took action to improve safety in the service.

# Are services safe?

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

# Are services effective?

## **We rated effective as Good because:**

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

### **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.
- Clinicians had enough information to make or confirm a diagnosis. The service used a comprehensive assessment process, including a medical history, a full assessment of symptoms and necessary examinations, such as blood tests. Where necessary, patients were also referred for additional scans to ensure accurate information was available before a diagnosis and treatment plan was agreed.
- The outcomes of each assessment were clearly recorded.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place for patients requiring on-going treatment. For example patients receiving bio-identical hormone replacement therapy, had reviews at two months, six months, and annually. At these reviews a full assessment of the treatment prescribed was carried out, necessary additional tests recommended, and/or changes made to the medicines prescribed. Patients were also encouraged to contact the service at any time should they have any concerns or questions about their treatment.

### **Monitoring care and treatment**

#### **The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements and had access to peers and specialists in the field to review work and discussion of complex cases.
- The service made improvements through the use of completed audits. An audit of hormone prescriptions was carried out to ensure the prescribing of bio-identical hormones are both safe and effective. Results from the latest audit carried out between January and April 2021 showed at the 6-week review, of 25 new patients, a total of 21 patients had an improvement in symptoms discussed at consultation, however four patients reported increased breast tenderness. A second audit of reviews at eight weeks, showed these symptoms had resolved in all four patients.

### **Effective staffing**

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the Nursing and Midwifery Council and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

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



# Are services effective?

## **Staff worked together, and 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.
- Before providing treatment, nurses at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We were provided with examples of patients being signposted to other specialist services, or information requested from the patient's consultant, or GP where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP where appropriate.

## **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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients need could not be met by the service, staff redirected them to the appropriate service for their needs.

## **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.

The service monitored the process for seeking consent appropriately and had recently introduced a process of obtaining written consent, in addition to verbal consent for patients undergoing bioidentical hormone replacement therapy.

# Are services caring?

## **We rated caring as Good because:**

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

### **Kindness, respect and compassion**

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

- The service sought feedback on the quality of care patients received. This was via a business review website. We noted the service overall had 40 reviews, average 4.9 stars, with 10 five-star reviews in the last six months. The provider was looking to establish a specific feedback process for those services offered, which are regulated by the Care Quality Commission, such as thread lifts and bioidentical hormone replacement therapy.
- 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.**

- Interpretation services were available for patients who did not have English as a first language.
- The service gave patients clear information to help them make informed choices including information on the clinic's website. The information included a virtual tour of the clinic, details of the scope of services offered, and information on what to expect during consultations and treatments offered.
- We saw that treatment plans were personalised and patient specific which indicated patients were involved in decisions about care and treatment.
- The service did not provide a hearing induction loop, however they had access to a sign language interpreter who could be booked in advance where required.

### **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.

The service had a confidentiality policy in place and systems were in place to ensure that all patient information was stored and kept confidential.

# Are services responsive to people's needs?

## **We rated responsive as Good because:**

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

### **Responding to and meeting people's needs**

#### **The service organised and delivered/deliver 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.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.

### **Timely access to the service**

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Referrals and transfers to other services were undertaken in a timely way.

### **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.**

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- 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.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.

# Are services well-led?

## **We rated well-led as Good because:**

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

### **Leadership capacity and capability;**

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

- Leaders 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.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

### **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 service had a realistic strategy and supporting business plans to achieve priorities.
- 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 felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could 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. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. They were given time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality.
- There were positive relationships between staff and teams.

### **Governance arrangements**

# Are services well-led?

## **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 partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service used performance information, which was reported and monitored, and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- 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.

## **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 clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- 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.**

- 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 in relevant meetings where all staff had sufficient access to information.

## **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.
- Staff could describe to us the systems in place to give feedback.
- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

# Are services well-led?

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work.