

# Dr Alexandra Chambers Medical and Aesthetic Practice

## 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 of the Dr Alexandra Chambers Medical Aesthetic Practice (the service) on 29 November 2022, as part of our inspection programme. This was the first inspection of the service since the CQC introduced ratings for independent healthcare providers.

Dr Alexandra Chambers Medical Aesthetic Practice provide private surgical and non-surgical cosmetic treatments for patients aged 18 and over from 21 Welbeck Street, London, W1G 8EE.

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. The service is registered to provide the regulated activities of Treatment of Disease, Disorder and Injury; and Diagnostic and Screening procedures. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Dr Alexandra Chambers Medical Aesthetic Practice provides a range of cosmetic interventions, for example gynecomastia surgery, liposuction and hair loss treatments which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The service has a Registered Manager. A Registered Manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are ‘registered persons.’ Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

## **Our key findings were:**

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- The provider treated patients with kindness and respect and involved them in decisions about their care.
- Patients could access care and treatment in a timely way.
- The way the service was managed promoted the delivery of high-quality, person-centre 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

Our inspection team comprised of a CQC Lead inspector and a GP Specialist Adviser.

## Background to Dr Alexandra Chambers Medical and Aesthetic Practice

Dr Alexandra Chambers Medical & Aesthetic Practice provides private, elective non-surgical cosmetic treatments for patients aged 18 and over. The regulated activities of thread lifts; mole, wart and skin tag removal; and Botulinum Toxin (Botox) for the treatment of migraines and excessive sweating (hyperhidrosis), and consultations and follow-ups for cosmetic surgery, were provided from the Practice based at 21 Welbeck Street, Marylebone, London.

The clinic is open at the following times: Monday - Friday 10.00-18:00 and Saturday 10:00-13:00.

The regulated activities are carried out by Dr Alexandra Chambers who is a GMC Registered Doctor and is the Registered Manager for the service. The service employs a Nurse and an Administrator who is also trained to provide phlebotomy and Health Care Assistant services.

Further details of the service provided can be found at the website: - [www.dralexchambers.co.uk](http://www.dralexchambers.co.uk)

### How we inspected this service

Before the inspection we gathered and reviewed information from the provider. We also reviewed information held by the CQC on our internal systems. We carried out a site visit and spoke with the provider.

We reviewed the provider's governance policies and looked at 10 sets of healthcare records of patients using 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?

## We rated Safe as Good because:

- Patients were protected from avoidable harm and abuse.
- The provider ensured that facilities and equipment were safe.
- There was an effective system to manage infection prevention and control.
- There was an open culture in which safety incidents were integral to learning and improvement.

## Safety systems and processes

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

- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- 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.
- The service had clear systems to keep people safe and safeguarded from abuse, including a safeguarding policy and a designated Safeguarding Lead. Although the service did not treat patients under the age of 18, staff had undertaken both adult and child safeguarding training. As part of safeguarding training, all staff were instructed how to recognise signs of modern slavery and child sexual exploitation.
- Although the service had not experienced any incidents of safeguarding, staff knew how to report a concern and make a referral to social services if necessary.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken annually for all staff. These 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.
- Clinical staff who acted as chaperones were trained for the role and had received a DBS check. Non-clinical staff did not provide a chaperoning service. All consultations and treatments were conducted in the presence of another clinical staff member unless a patient declined the presence of another staff member. However, staff told us in such circumstances, a clinician may decline to provide treatment.
- 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.
- We looked at systems in place to manage infection prevention and control (IPC) risks. An annual infection control audit had taken place and actions undertaken as necessary. Staff received annual IPC training.
- The provider carried out appropriate environmental risk assessments. For example, we saw that monthly water sample checks were undertaken and annual risk assessments regarding a bacterium called Legionella which can proliferate in building water systems.

## Risks to patients

# Are services safe?

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

- The provider and staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Clinical protocols were in place to deal with medical emergencies. Staff knew how to identify and manage patients with severe infections; for example, all staff had received online sepsis training and annual face to face sepsis training.
- There were suitable medicines and equipment to deal with medical emergencies which were available at the premises during consultation sessions. We saw a monitoring log was in place to ensure emergency equipment and medicines were checked regularly.
- The provider did not offer a general out of hours service, however, if a patient concern following treatment occurred out of hours, the provider had a protocol in place. Patients were provided with a clinic mobile telephone number which was monitored by the Nurse. Following treatment, patients are given safety netting advice and clear instructions on when to utilise the clinic mobile telephone number. For patients utilising this telephone number, the Nurse was able to obtain a medical opinion if required from Dr Alexandra Chambers as the treating clinician and arrange an urgent review of the patient out of hours if needed.
- When there were changes to services the provider assessed and monitored the impact on safety.
- There were arrangements for planning and monitoring the number and mix of staff needed. Staff explained they were able to plan patient flow effectively in accordance with staffing levels.
- The provider had appropriate professional liability indemnity in place.

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

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

- The provider was registered with the Information Commissioners Office.
- The provider had a Medical Records policy in place and individual patient consultation records were written and managed in a way that kept patients safe. The IT software used to create paperless medical records was secure and encrypted.
- The provider had a system in place to retain medical records in line with Department of Health and Social Care guidance in the event that they ceased providing regulated activities.
- The provider had systems for sharing information with other agencies to enable them to deliver safe care and treatment.

## **Safe and appropriate use of medicines**

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

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks.

# Are services safe?

- The service prescribed controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence) for patients who had undergone cosmetic surgery and experienced post-operative pain after being discharged from secondary care. The provider prescribed this medicine to patients with advice in line with legal requirements and current national guidance.

## Track record on safety and incidents

### The provider had a good safety record.

- There were risk assessments in relation to safety issues.
- The provider monitored and reviewed activity, helping to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

### The provider 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. The service had a comprehensive incident reporting policy in place and staff undertook annual training on incident reporting, whistle blowing and the Duty of Candour.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. All staff were encouraged to contribute to the root cause analysis and lessons learned processes following an incident.
- There had been three incidents recorded within the last 12 months. One incident related to a patient being sick on the premises without informing staff after leaving the practice. Staff rectified the situation and utilised their bio-hazard spillage kit. Learning from this incident was to ensure staff undertook a check of the premises after a patient leaves the treatment room.
- The provider was aware of and complied with the requirements of the Duty of Candour and had a 'Being Open and Duty of Candour' policy. Dr Alexandra Chambers encouraged an open culture and supported staff to speak openly and truthfully if things went wrong or mistakes were made in the service. It was service policy to notify a patient immediately or within 12 hours in the event of an incident being identified. Following an investigation, patients would be offered a face to face meeting and apology along with a written explanation of what had happened.
- The service had systems in place for knowing about notifiable safety incidents. The service was registered to receive safety alerts via email which were reviewed by Dr Alexandra Chambers for relevance to the scope of practice of the service, and actioned where necessary.
- As part of their GMC registration and revalidation process, clinicians were required maintain their professional development and were subject to regular appraisal.

# Are services effective?

## We rated Effective as Good because:

- Patients had good outcomes because they received effective care and treatment that met their needs.
- Patients care and treatment was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation.

## Effective needs assessment, care and treatment

**The provider had systems to keep up to date with current evidence-based practice. We saw that they assessed needs and delivered care and treatment in line with current legislation, standards and guidance relevant to their service.**

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as The World Health Organisation (WHO) protocols for safer surgery, The British Association of Dermatologists (BAD) guidelines, and the National Institute for Health and Care Excellence (NICE) guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical well being. For patients with the most complex needs, the service offered extended appointment times and patients' vulnerability was assessed on regular basis for example by undertaking Body Dysmorphic Disorder (BDD) screening. Body Dysmorphic Disorder is a mental health condition where a person spends a lot of time worrying about flaws in their appearance. These flaws are often unnoticeable to others.
- The provider had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.

## Monitoring care and treatment

**The provider was actively involved in quality improvement activity.**

- The provider used information about care and treatment to make improvements, for example by carrying out clinical audits and having a programme of audits. We reviewed the outcomes of two second-cycle audits. As a result of one these audits relating to Peri-operative antibiotic prophylaxis, the service identified that they previously would routinely prescribe antibiotic for patients who had to travel a far distance to the service, however, the audit compared cases of patients with those who lived close to the service and had not been routinely prescribed antibiotics, and no significant difference to patient outcomes was found. The service subsequently decided to only prescribe antibiotics based on patient risk rather than the distance patients lived in relation to the service.
- In addition, the provider kept themselves apprised of developments in clinical practice and methodology to improve the quality of the service such as the British Association of Body Sculpting (BABS) and the British College of Aesthetic Medicine (BCAM).

## Effective Staffing

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

# Are services effective?

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff which varied depending on their assigned role. Mandatory training for staff included infection prevention and control, basic life support, consent, complaints handling, information governance, health and safety, fire protection, Control of Substances Hazardous to Health, safeguarding, and manual handling.
- Medical professionals were registered with the General Medical Council (GMC) 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. The administrator had been encouraged to undertake a phlebotomy course and Health Care Assistant training.
- Bi-annual appraisals, personal development plans and supervised practice arrangements were in place to support staff and identify individual training needs. Dr Alexandra Chambers had an annual appraisal as part of the GMC revalidation requirements.

## Coordinating patient care and information sharing

### The provider worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Patients were referred to more suitable sources of treatment where necessary.
- Staff referred to, and communicated effectively with, other services when appropriate.
- Before offering treatment, the provider ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- We saw multiple examples to evidence that at each consultation, patients were asked if they wanted the service to share their treatment information with their GP. There was an 'opt-in' process for the sharing of treatment information with a patient's GP as part of the service patient questionnaire form.

## Supporting patients to live healthier lives

- Where appropriate, the provider gave patients advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their GP for additional support. For example, verbal counselling was provided for patients in relation to sun protection, smoking cessation, weight reduction and cholesterol dietary advice.
- Where patients' clinical needs could not be met, they were redirected to the appropriate services.

## Consent to care and treatment

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



# Are services effective?

- The provider understood the requirements of legislation and guidance when considering consent and decision making.
- The provider supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Staff had received Mental Capacity Act training.
- Written consent forms were used for all procedures. Patients signed their consent electronically on the clinic iPad which was then uploaded onto the patients notes digitally.
- Patients were provided with information regarding all treatment costs prior to commencing treatment.
- Staff told us managing patient expectation exercises were regularly undertaken. This included assessing consultations and clinical counselling skills.

# Are services caring?

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

- The vast majority of feedback from patients was positive about the way staff treated them.
- Patients were supported, treated with dignity and respect and involved as partners in their care.

## **Kindness, respect and compassion**

### **The provider treated patients with kindness, respect and compassion.**

- The provider routinely sought feedback on the quality of clinical care patients received. Patients were encouraged to provide feedback via a clinic feedback form, by email or by leaving a review of the service online. There was also a suggestions box at reception for patients to access. The feedback from patients, both directly to the provider and on two verifiable websites was positive about the way patients were treated. Online, at the time of our inspection, the service was rated 4.7 out of 5 on 'Real Self' reviews and 4.6 out of 5 on 'Google.'
- The provider evaluated patient feedback to ensure it provided a caring service. For any negative feedback received, staff told us Dr Alexandra Chambers would contact patients directly to ascertain how their experience could be improved.
- The provider gave patients timely support and information.

## **Involvement in decisions about care and treatment**

### **The provider helped patients to be involved in decisions about care and treatment.**

- Clinical staff had received communication skills training.
- Information was available to help patients be involved in decisions about their care. Interpretation services could be arranged for patients whose first language was not English and sign language interpretation services for patients with hearing impairments. We saw evidence of an extended consultation appointment which had been scheduled for 90 minutes to accommodate the needs of a patient whose first language was not English.
- The patient feedback we saw confirmed they felt listened to, supported, and had enough time during consultations to make an informed decision about the choice of treatment available to them.
- We saw evidence within patient records of patients' written consent to treatment obtained where appropriate.

## **Privacy and Dignity**

### **The service respected patients' privacy and dignity**

- Staff recognised the importance of people's dignity and respect and undertook annual online privacy, dignity and respect training. The service also endeavoured to promote the self-esteem of patients.
- The service had a Confidentiality and a Privacy, Dignity and Respect policy in place. Confidentiality training was mandatory for all staff and all staff had had signed confidentiality agreements.

# Are services caring?

- All clinic office access was password protected and all results communications were encrypted.
- 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:

- 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.
- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.

## Responding to and meeting people's needs

### The provider organised and delivered services to meet patients' needs, taking account of patients' needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. For example, all telephone contacts for appointments were triaged by the clinic nurse who was an experienced patient coordinator. The triage process identified the best way for Dr Alexandra Chambers to consult with the patient such as via telephone, video call or in person as well as the appropriate appointment length to meet patient needs.
- The facilities and premises were appropriate for the services delivered. On contact with the clinic, patients are asked if they have any special needs or a disability prior to their appointment. There was a portable ramp available for patients with mobility impairments and consultations could be arranged for patients on the ground floor. For visually impaired patients, the service utilised guidance from the Vision Charity.
- The service assessed the needs of patients by reviewing feedback and undertaking social media searches. Staff told us undertaking this exercise last year led to the restoring of gynecomastia consultations in response to patient demand.

## Timely access to the service

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

- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals to other services were undertaken in a timely way.
- The service offered patients 30-60 minutes consultation times so patients did not feel rushed at their appointment. The service aspired to provide a range of access to the clinic by offering patients telephone, video and face to face appointments; early, late and weekend appointments on request; and online self-booked patient appointments every Tuesday.
- For patient pathology results, these were sent via an encrypted link online to Dr Alexandra Chambers who checked the results and sent these to the patient via their password protected account. In emergencies however, Dr Alexandra Chambers would contact the patient directly regarding their test results.

## Listening and learning from concerns and complaints

# Are services responsive to people's needs?

- The service had complaint policy and procedure in place. The procedure included a means of escalating the complaint if the patient was not satisfied with the initial investigation.
- We saw evidence of a 'Complaints Log' book which ensured any verbal complaints by patients were recorded and acted upon.
- Information about how to make a complaint or raise concerns was available to patients upon their registration with the clinic. Staff treated patients who made complaints compassionately.
- There had been no written complaints received in the last 12 months however we reviewed the two verbal complaints received within the last 12 months and found they had been handled satisfactorily and resolved.
- The service learned lessons from individual concerns, complaints and from analysis of trends. For example, as a result of one verbal complaint received, the service introduced a self-booking appointment system and a mobile phone appointment reminder text message service.

# Are services well-led?

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

- The leadership, governance and culture promoted the delivery of high-quality person-centred care.
- There was an effective process in place to identify, understand, monitor, and address current and future risks.

## **Leadership capacity and capability;**

### **The provider the capacity and skills to deliver high-quality, sustainable care.**

- Dr Alexandra Chambers was knowledgeable about issues and priorities relating to the quality and future of services. She understood the challenges and was addressing them. For example, balancing the rising costs of delivering quality services at a reasonable cost for patients. The service endeavoured to overcome these difficulties by undertaking regular cost analysis exercises, reviewing the range of treatments offered and networking with other clinic organisations to deliver the best care at reasonable costs for patients.
- The provider had effective processes to develop leadership capacity, including investing in staff to continuously develop their skills.

## **Vision and strategy**

### **The service had a clear vision to deliver high quality patient services in a friendly and safe environment.**

- There was a clear vision to provide evidence-based treatments by motivated and well-trained staff.
- Dr Alexandra Chambers had the experience, capacity and capability to ensure that this vision was delivered.
- Staff were aware of and understood the vision and values of the service; and their role in striving to deliver high quality patient services.

## **Culture**

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

- The service focused on the needs of patients.
- Systems were in place to ensure openness, honesty and transparency were demonstrated when responding to incidents. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff felt respected, supported and valued. They were proud to work for the service. Skill mix was important and valued by the service. Regular team building exercises were undertaken including social events for the team.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

# Are services well-led?

- The service was committed to the education and training of staff and there were processes for providing all staff with the development they need. This included protected time for training and supervision, and appraisal and career development conversations.
- There was a strong emphasis on the well-being of all staff. The service strived to ensure staff felt valued and excellence in practice was nurtured.

## Governance arrangements

### **There were clear systems of accountability to support good governance and management.**

- Structures, processes and systems to support good governance were clearly set out, understood and effective.
- The provider had established service-specific policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service had an effective information governance system with appropriate protocols.
- The service had a comprehensive clinical governance policy in place and held monthly clinical governance meetings which facilitated governance discussions and reflective learning.
- Staff were clear on their roles and accountabilities. In addition to monthly clinical governance meetings, ad hoc team meetings were arranged as needed and a combination of face to face or virtual participation of staff achieved good attendance.

## 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 mitigated risks by undertaking regular risk assessments and providing staff with training and updates.
- Dr Alexandra Chambers had oversight of safety alerts, incidents, and complaints; and regular monthly analyses of patient experiences were undertaken which were discussed at team meetings.
- Clinical audit had a positive impact on quality of care and outcomes for patients. Clinical audits were regularly conducted on clinical outcomes, complications, re-admissions revisions, and patient satisfaction.
- The service used performance information, which was monitored, and staff were held to account. The service measured its performance against the 'Private Healthcare Information Network' (PHIN) published data to identify areas for improvement.
- Staff told us the service performance and quality of care had improved over the last year with the introduction of the patient self-booking appointment system; a reduction in complaints and a 12 percent increase in positive patient feedback.

# Are services well-led?

- The provider had plans in place for business continuity and to manage major incidents.

## **Appropriate and accurate information**

### **The provider 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.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The provider submitted data or notifications to external organisations as required.

## **Engagement with patients and external partners**

### **The provider involved patients to support high-quality sustainable services.**

- The provider encouraged and heard views and concerns from patients acted on them to shape services and culture.
- Patients were encouraged to give feedback about their experience of the service via a service questionnaire or by utilising online and social media platforms. The service undertook a regular monthly analysis of patient feedback and this was discussed at staff meetings.

## **Continuous improvement and innovation**

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

- The service had systems in place to undertake clinical auditing and internal reviews of incidents and complaints to support improvement and ensure learning was shared.
- All patient feedback was collated and discussed in monthly meetings.
- Staff attended conferences in cosmetic procedures.
- Clinical staff engaged with the British College of Aesthetic Medicine (BCAM) and the British Association of Body Sculpting (BABS).
- The service operated a paperless records management system and staff explained this had improved the quality and security of note keeping and enabled a more efficient workflow.
- The service was proud to offer patients an interactive platform for gynecomastia consultations with case studies to help patients understand where on severity scale their condition stands and to explain treatment choices, possible side effects, risks and aftercare instructions.



## Are services well-led?

- Staff were encouraged to continually learn and develop their skills. One administrative staff member had been supported to undertake a phlebotomy course and Health Care Assistant training and had recently been accepted for nursing training at a local school of nursing.