

Renovatio Clinics (Cheshire) Limited

Inspection report

Cherry Tree Farm
Cherry Tree Lane
Altrincham
WA14 3RZ
Tel: 01257000000

Date of inspection visit: 6 December 2021
Date of publication: 07/01/2022

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 service has not been inspected before).

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 Renovatio Clinics (Cheshire) Limited on 6 December 2021 as part of our inspection programme and to provide a rating for the service.

At this inspection we found:

- The premises were used for pre-treatment consultations with patients and post-treatment follow up reviews. All treatment and consultations were carried out by the provider. A small number of surgical procedures were undertaken on the premises we inspected.
- The premises were clean and hygienic and infection prevention and control was well managed with appropriate cleaning processes in place.
- There were good systems in place at these premises to manage risks so that safety incidents were less likely to happen. There had been one minor incident in March 2020 which was documented. Other than that, there were no patient related safety incidents at the time of the inspection. We saw there were satisfactory policies and procedures to follow in the event of an incident happening.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff at the service involved people in their care and treatment and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- There was a strong focus on continuous learning and improvement throughout the service.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector.

Background to Renovatio Clinics (Cheshire) Limited

Renovatio Clinics (Cheshire) Limited is an aesthetics clinic located in Altrincham, Cheshire. Renovatio is a brand of medical and cosmetic clinics focusing on non-surgical and minimally invasive medical and cosmetic procedures. The service also provides a full range of cosmetic surgical procedures, undertaken at a separate hospital premises to that which was inspected on 6 December 2021 and slimming clinic services. Treatments offered on-site are low-risk.

The clinic is led by the CQC registered provider Mr Sofiane Rimouche. The service also offers non-surgical, medical aesthetic treatments and cosmetic procedures covering all areas of the face and body.

The provider is registered at:

Cherry Tree Farm

Cherry Tree Lane

Altrincham

WA14 3RZ

Renovatio Clinics (Cheshire) Limited is registered with the Care Quality Commission (CQC) to provide the following regulated activities:

- Diagnostic and screening procedures
- Surgical procedures
- Treatment of disease, disorder or injury.
- Services in slimming Clinic

The provider also delivers regulated activities at other private locations. Those locations were not visited as part of this inspection. They are inspected separately under hospital regulated activities.

Are services safe?

We rated the service as good for providing safe services.

Safety systems and processes

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

- The provider conducted safety risk assessments. There were safety policies in place including control of substances hazardous to health (COSHH) and health and safety. The policies related to the premises inspected and were available to all staff working at the location.
- There was a safeguarding policy in place and the provider and all other members of staff had been trained in safeguarding to the appropriate levels for their roles. During discussion with the provider and another member of staff, they described their knowledge of safeguarding and how they would work with other agencies if necessary to protect patients from harm or abuse. At the time of the inspection there had been only one minor incident reported.
- We saw that there were recruitment processes in place. At the time of the inspection the provider was the person running the service and undertaking care and treatment under their General Medical Council (GMC) registration which included appraisal and revalidation. There was another clinician employed who dealt solely with the slimming clinic side of the business. Other staff recruited were therapists who undertook the non-regulated treatment.
- All employed staff had advanced disclosure and barring service (DBS) checks in place and the employed therapists working at the service would undertake chaperone duties.
- We had site of all equipment used and we reviewed all rooms on the day of the inspection. There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. The premises were used for consultation purposes, a small number of minor surgical procedures, prescribed weight management, laser procedures and non-regulated aesthetic treatments. At time of the inspection the provider, another clinician and two therapists were employed. The service was currently in the process of recruiting for a service manager.
- The provider and other members of staff we spoke with 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 in line with guidance. The provider demonstrated their knowledge about identifying emergency care, when to tell patients to seek further help and what patients should do if their condition got worse.
- Any changes to the service were assessed and their impact monitored for safety. For example, when a new piece of equipment was considered, assessment was undertaken to check its safety before being used.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems to share information with staff and other agencies, when necessary, to enable them to deliver safe care and treatment.

Are services safe?

- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance, when necessary.

Appropriate and safe use of medicines

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

- The service stored minimal medications and we saw the arrangements for managing medicines kept patients safe, they were stored safely and checked to ensure they did not pass their expiry date.
- The service did not hold any stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- The fridge temperature was appropriately monitored and recorded on a daily basis.
- We discussed weight management prescribing with the clinician who managed that service. We were assured that any prescriptions in relation to weight management were documented and managed appropriately.

Track record on safety

The service was newly registered and inspected, and had no history to review.

- We saw 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 had a process to learn and improve if things went wrong. However, there had been no incidents recorded at the time of the inspection.

- There was a system for recording and acting on significant events and incidents. The provider and other staff at the service understood their duty to raise concerns and report incidents and near misses. There was a process to review and investigate if things went wrong. At the time of the inspection there was one minor incident reported which did not result in any additional required learning.

Are services effective?

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

The provider kept up to date with current evidence based practice. Patients' needs were assessed and care was delivered in line with current legislation, standards and guidance.

- The service offered consultations to all prospective patients and did not discriminate against any client group. However, we were told that the service was on occasions selective who they were able to offer a service to based on certain criteria in the best interest of the patient. For example, if a treatment would not be compatible with the patient's skin or body type, we were assured the provider would reject treatment.
- A full explanation was given if the service deemed they were unable to perform the procedure or if they thought the procedure was unsuitable for the patient.
- Patients had a minimum of one consultation prior to any procedure being performed which included a needs assessment. This ensured the patient had adequate time to reflect on the procedure and ask any questions to ensure they fully understood the procedure. There was also a "cooling off" period and patients were able to change their minds.
- Patients were given a verbal explanation of the procedure and were involved in the decision making process. We saw documented consultations supporting this. In addition patients were given a fact sheet detailing the procedure and written post procedure instructions.
- Audits were undertaken regularly to monitor the quality of service being delivered.

Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- The service collected and monitored information on patients' care and treatment outcomes to help make improvements to the service delivery.
- We saw completed audits of minor surgery, patients records and consent forms, patient satisfaction survey and reviews, medicines management, appraisals, complaints and incident protocols, infection control protocols and training of staff. At the time of the inspection there had been no complaints.

Effective staffing

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

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. The provider confirmed that all staff (including those undertaking non-regulated activities) received the same training and adhered to the same protocols as those expected for regulated activities.
- The provider and one other clinician who undertook all regulated activities were registered with the General Medical Council (GMC) and appropriately qualified to undertake the scope of their work. They had received appraisal and revalidation and were up to date with the necessary and required mandatory training.

Coordinating care and treatment

Are services effective?

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

- Before providing treatment the clinical staff ensured they had adequate knowledge of the patient's health and their complete past medical history.
- The information needed to deliver care and treatment was available to relevant staff in a timely and accessible way through the clinical record system. This included the pre-procedure assessment and details of any previous procedures undertaken by the service.
- The provider was in the process of transferring from a joint paper and electronic system to a completely electronic clinical record system.
- The service shared relevant information with other services in a timely way if appropriate and if the patient consented. We saw evidence of this.

Helping 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.

- The service offered advice and support appropriate to the condition treated, including healthy lifestyle advice where relevant.
- There was written information for patients for care post procedure to help aid recovery and achieve the best results.

Consent to care and treatment

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

- We spoke with the provider and another clinician about patients' consent to care and treatment and found this was sought in line with legislation and guidance.
- We saw formal written consent was obtained for each procedure provided and included discussion around benefits, risks and any possible complications before any procedures were undertaken. Patients were asked if they consented to information, if appropriate, being shared with their GP and this was documented.
- The provider understood the principles of the Mental Capacity Act 2005 (MCA) and had undertaken MCA training.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service carried out its own survey by giving patients a feedback form to complete. The feedback forms asked questions about the quality of care received. The results were then reviewed.
- Feedback from patients was positive about the way staff treat people which we saw from surveys. The provider had not considered the option of feedback on their website.
- The provider understood patients' personal, cultural, social and religious needs and displayed an understanding and non-judgmental attitude to all patients.
- Timely support and information was offered and the provider and other staff we spoke to, appeared courteous, knowledgeable and helpful.

Involvement in decisions about care and treatment

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

- Patient information about the service and the procedures available were on the website and information was also available from the service.
- Clear information was given to patients both pre and post procedures. Written, informed consent was obtained.
- Interpretation services were not available for patients who did not have English as a first language. However, the provider could seek help from telephone services if required.
- The provider had not treated any patients with learning disabilities or complex social needs but was knowledgeable about what to look out for in respect of safeguarding and assistance.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Patients were seen in the privacy of the consulting room. Each consulting room had its own waiting room to maintain privacy and dignity during consultations or treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- A chaperone was available at all appointments.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

The service organised and delivered treatments to meet patients' needs. It took account of patient needs and preferences.

- The premises and facilities at the service were appropriate for the services delivered. The service was located in a building that had been renovated specifically to the provider's specifications and specifically for the purpose to which it was intended. The building was accessible to people with impaired mobility.
- Consultations were offered to patients who requested and paid the appropriate fee and did not discriminate against any patient group. However, the provider reserved the right to refuse treatment if they felt it was unnecessary or would cause harm to any patient.
- The information available made it clear to the patient what procedures were available to them.
- The website contained information about the qualifications and experience of all healthcare professionals who carried out all of the procedures.

Timely access to the service

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

- According to the website the service was closed on Mondays and opening hours were Tuesday 9.45am- 6pm, Wednesday 9.45am-7pm, Thursday 9.45am-7pm and Friday 9.45am-6pm. They were also open from 9.45am-4pm on Saturdays and closed on Sundays.
- Once a patient had received treatment there was a 24/7 emergency telephone number.
- Patients could send appointment requests via the website but all appointments were booked through reception.
- The service had been closed for a length of time because of COVID-19. Since re-opening all infection control procedures and requirements to safeguard against Covid-19 were introduced and maintained.

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.

- The service had a complaints policy and procedure. The policy contained appropriate timescales for dealing with a complaint.
- Patients could contact the service directly through an enquiry on the website.
- No complaints had been received at the time of the inspection.

Are services well-led?

We rated well-led as Good because:

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

- The provider and leader was knowledgeable about issues and priorities relating to the quality and future of services. They understood any challenges and addressed them.
- They were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- All members of staff were treated equally (both regulated and non-regulated) in regard to their training and knowledge requirements.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future of the service.
- All clinicians were appropriately appraised and revalidated.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- The service had a clear vision and set of values to work together to provide a high quality responsive service that put caring and patient safety at its heart.

Culture

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

- There was an open and transparent culture and we saw that staff had good relationships with each other. The culture encouraged candour, openness and honesty and there was no blame.
- The leadership was clear about the patient consultation process and the standard of care expected.
- There were processes for providing staff with the development they need. This included appraisal and career development conversations. Mandatory training requirements did not differ between regulated and non-regulated activity and all staff were treated the same.
- There was a strong emphasis on the safety and well-being of patients and staff.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of 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 information used to monitor performance and the delivery of quality care was accurate and useful.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

Are services well-led?

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. The provider had oversight of safety alerts, incidents, and complaints.
- 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.

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 valued feedback from patients, the public and staff. It proactively sought patients' feedback following the delivery of a procedure in the form of a feedback questionnaire.
- The service gathered feedback from complaints, comments and issues received. These were then analysed, and appropriate actions implemented.

Continuous improvement and innovation

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

- The staff team worked well together and worked towards continuous improvement. Discussions about opportunities to improve the service were encouraged.
- We saw that meetings were held, and we were told any issues or concerns could be raised and discussed at these meetings or at any time. Minutes were informal.