

# Beechwood Medical Ltd (T/A Freyja Medical)

## Inspection report

The Yard, Villa Farm  
Wrexham Road, Burland  
Nantwich  
CW5 8LR  
Tel:

Date of inspection visit: 2 August 2023  
Date of publication: 11/08/2023

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 Beechwood Medical Ltd (T/A Freyja Medical) as part of our inspection programme, and because they have not been inspected and rated since registration in 2021.

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. Beechwood Medical Ltd (T/A Freyja Medical) provides a range of non-surgical cosmetic interventions, which are not within CQC scope of registration. Therefore, we did not inspect nor report on these services.

One of the providers 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.

## Our key findings were:

- Patients received care that was delivered safely and effectively.
- Clinicians assessed patients according to appropriate guidance, legislation and standards and delivered care and treatment in line with current evidence-based guidance.
- There were enough staff who were suitably qualified and trained.
- Patients were treated with respect and staff were kind, caring and involved them in decisions about their care.
- Patients received detailed and clear information about their proposed treatment which enabled them to make an informed decision. This included costs, risks and benefits of treatment.
- Pre-operative and post-operative care and advice was clear.
- Patients were offered appointments and treatment in a timely manner to suit their needs.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available and easy to understand.
- There was an effective governance framework in place in order to gain feedback and to assess, monitor and improve the quality of the services provided.
- The provider was aware of the requirements of the Duty of Candour.

The area where the provider **should** make improvement is:

# Overall summary

- Implement a comprehensive infection prevention and control (IPC) audit tool and regularly carry out full IPC audits.

**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

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

## Background to Beechwood Medical Ltd (T/A Freyja Medical)

Beechwood Medical Ltd (Freyja Medical) constitutes a small chain of medical clinics (currently two clinics). It is operated by the provider Beechwood Medical Ltd and owned by two doctors, who are both retired from General Practice and work in dermatology as speciality doctors.

The location of Beechwood Medical Ltd (T/A Freyja Medical), The Yard, Villa Farm, Wrexham Road, Burland, Nantwich, CW5 8LR opened for non-regulated activities (minimally invasive aesthetic treatments) in September 2020 and subsequently registered with the Care Quality Commission to provide regulated medical services in December 2021.

The service offers general dermatology consultations and treatment, dermatological surgery and aesthetic treatments.

The service is regulated to provide services for individuals aged 18 and over.

The service operates from ground floor premises and all facilities are suitable for disabled persons, including WC and dedicated disabled parking.

The second location is situated in Wales and is regulated by the Health Inspectorate Wales (HIW). Therefore, we did not visit this site.

The service is registered with CQC under the Health and Social Care 2008 to provide the following Regulated Activities: Diagnostic and screening procedures, Surgical procedures and Treatment of disease, disorder or injury.

### How we inspected this service

Before visiting we reviewed a range of information we hold about the service and asked the service to send us a range of information. This included significant events analysed in the last 12 months and the details of staff employed to include their qualifications and proof of registration with their professional bodies. As part of the inspection, we spoke to the registered manager, nominated individual, personal assistant to the directors, a member of clinic staff and reviewed a range of documents.

To get to the heart of patients' experiences of care and treatment, we 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:**

The service provided care in a way that kept patients safe and protected them from avoidable harm.

### **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 including locums. 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 children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and 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. Disclosure and Barring Service (DBS) checks were undertaken where required. (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. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. An up-to-date Legionella risk assessment was in place and any mitigating actions needed were followed.
- Audits were undertaken of parts of the infection prevention control (IPC) policy such as hand hygiene and cleaning, however no comprehensive IPC audit was carried out at regular intervals. Following the inspection, the provider showed us an audit tool which would be implemented by the clinic nurse and carried out at regular intervals.
- 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 took into account 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.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- There were suitable medicines and equipment to deal with medical emergencies appropriate to the client population. These were stored appropriately and checked regularly. There was an appropriate risk assessment to inform the decision not to hold certain medicines.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place including professional indemnity for clinicians.

### **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. Information was shared with the person's own GP after each consultation 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 ceased 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.

- The systems and arrangements for managing medicines minimised risks.
- The service carried out regular medicines stock audits and to ensure any medicines prescribing and dispensed was in line with best practice guidelines.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff supplied a small number of medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.

## 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. Leaders and managers supported them when they did so.
- There were 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.
- 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 and ensured those that were appropriate were acted on.

# Are services effective?

## We rated effective as Good because:

People received effective care and treatment that met their needs.

### 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)**

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines and the British Association of Dermatologists (BAD) guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The service used technology to improve patients access, treatment and support, such as a dermatology App and use of digital photographs.

### Monitoring care and treatment

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

- The service used information about care and treatment to make improvements.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients.
- Audits undertaken and seen included:

Minor operations audits

Prospective surgical audits

Hand hygiene

Clinical records and photographs

Case mix audit

Medicines

Skin cancer

### 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.

# Are services effective?

- Relevant 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.
- Clinical staff had received specific training and could demonstrate how they stayed up to date.

## Coordinating patient care and information sharing

### **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 including the local NHS Trust dermatology multi-disciplinary team and the patient's own GP.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

## 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.**

- The provider was passionate about the dermatology service they provided. They provided a mole check service and promoted healthy skin care to help protect against skin cancers. They presented at external events and gave educational speeches around skin cancers and sun damage.
- 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 needs 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.



# Are services caring?

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

People received care and treatment in a caring manner.

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

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

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people.
- 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.**

- A variety of information leaflets were available in the clinic reception to help patients be involved in decisions about their care.
- Patients told us through comment cards, 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.

The purpose-built premises included additional soundproofing in consultation and clinic rooms for privacy.

# Are services responsive to people's needs?

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

The service organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely 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 provider understood the needs of their patients. They provided a specialist dermatology service with access to investigations, consultations, advice and treatment.
- A range of different dermatology services were offered. Following assessment, the clinicians advised patients about the options for care and treatment. There was written information available for patients and the cost of services was clearly identified.
- The facilities and premises were appropriate for the services delivered and were accessible.

### **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. For example, in the case of suspected skin cancer, patients were highlighted and referred to their GP for an urgent onwards referral under suspected cancer guidelines.

### **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. There had been no complaints in respect of the dermatology service provided, however, the provider told us they would learn lessons from concerns, complaints and analysis of trends. It would act as a result to improve the quality of care.

# Are services well-led?

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

There was an effective governance framework in place that demonstrated quality assurance and improvement. The service demonstrated a culture which focused on the needs of patients and staff and a commitment to delivering the best possible care and outcomes.

### **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.
- The service developed its vision, values and strategy jointly with staff and external partners, such as NHS commissioners, where relevant.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

### **Culture**

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

- Staff told us they felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- 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 told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed. There was a whistleblowing policy and procedures in place that staff were aware of.
- 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 and 1:1 documented meeting monthly. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were given protected time for professional development and evaluation of their clinical work.
- There was an emphasis on the safety and well-being of all staff.
- 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.
- Staff were clear on their roles and accountabilities. An organisational structure was clearly defined.
- There were policies, procedures and activities to ensure safety and the provider assured themselves that they were operating as intended.

## **Managing risks, issues and performance**

### **There were clear 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.
- Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit and quality improvement was evident and had a positive impact on quality of care and outcomes for patients.
- The provider had a business continuity plan in place.

## **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.
- The service used performance information, which was reported and monitored, and management and staff were held to account.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## **Engagement with patients, the public, staff and external partners**

### **The service 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.
- They carried out internal surveys and also encouraged feedback through external systems. We saw examples of feedback and survey results which were analysed and reported on. Patients were contacted, where appropriate, to discuss feedback received.
- Feedback about the service was 100% positive from over 100 patient feedback responses. Comments included - excellent communication, feeling involved, good explanations, caring, professional and listened to.
- Staff were able to feedback through staff meetings, appraisals and 1:1 meetings.
- The service was transparent, collaborative and open with stakeholders about performance.

# Are services well-led?

## Continuous improvement and innovation

### **There was 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.
- There were systems to support improvement and innovation. For example, the provider had implemented a dermatology application (App) service using digital technology and artificial intelligence. They worked with NHS commissioners in developing and the use of telemedicine in dermatology.

The provider took part in educational events promoting awareness of skin cancer and prevention/promotion measures for healthy skin.