

Purple Medical Clinic

Inspection report

Bridge Street
Garstang
Preston
PR3 1YB
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Purple Medical Clinic. This was the location's first inspection since it was first registered on 26 March 2021.

The service is registered to provide the following regulated activities:

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

The organisation offers consultations regarding cosmetic surgery, skin, cancers, skin lesions, cysts, lipomas, cosmetic mole removal, medical aesthetics, medical skincare, and medico-legal reporting.

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

The lead nurse Lindsay McKirdy 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:

- The service was offered on a private, fee-paying basis only and was accessible to people who chose to use it.
- Information for people who used the service was comprehensive and accessible to people. Information was available in paper or electronic format and could be made suitable for people with individual accessibility issues. The service website detailed the services on offer and the associated costs. Price lists and leaflets were available on site.
- The two staff members that undertook consultations, procedures and regulated treatments were registered healthcare professionals. They had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.

Overall summary

- The provider had relevant staff recruitment records to ensure they complied with the regulations.
- There were effective systems and processes to assess the risk of, prevent, detect and control the spread of infection and to mitigate the potential risks from COVID-19.
- The provider monitored feedback from people who used their service. Evidence was available which showed people commented positively about the service they received.
- Procedures were safely managed and a system that offered post treatment support to people was in place, should this be required.
- Appropriate informed consent, assessment of expectations, psychological factors and cooling off periods were in place.
- The client recording system comprehensively recorded all relevant client information including written consent to treatment, procedure notes, follow up instructions and background information. Patient records were stored securely to prevent unauthorised access.
- Procedures were in place to ensure those seeking treatment who were under the age of 18 were identified and treatment declined.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector and supported by another inspector, with access to advice from a specialist advisor.

Background to Purple Medical Clinic

Purple Medical Clinic is located at Bridge Street, Garstang, PR3 1YB. It is registered with the Care Quality Commission (CQC) as an independent health service provider. The provider Purple Plastic Surgery Limited employs two staff to consult on and offers consultations regarding cosmetic surgery, skin, cancers, skin lesions, cysts, lipomas, cosmetic mole removal, medical aesthetics, medical skincare, and medico-legal reporting. The clinic's opening times are by appointment only.

The website for the service is <https://www.stuartmckirdy.com/>

How we inspected this service

As part of the inspection we requested some information, policies, procedures and other documentation which was reviewed prior to the inspection. We also completed an on-site visit to Purple medical clinic at Bridge Street, Garstang, PR3 1YB on 29 September 2022. We spoke to staff face to face or by video conferencing remotely, we inspected the environment, made observations and reviewed policies, documents and patient's records.

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

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

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

Are services safe?

We rated safe as Good because:

The provider had developed safeguarding policies and procedures which provided appropriate guidance to staff. There were systems to assess, monitor and manage risks to patient safety. Staff had the information they needed to deliver safe care and treatment to patients. The service had systems in place to learn and make improvements should things go wrong.

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. They outlined clearly who to go to for further guidance. The service had systems to safeguard children and vulnerable adults from abuse.
- The provider only had two staff members who were also the joint directors and business owners. These were the registered manager and the medical director who both had checks at the time of recruitment and on an ongoing basis as appropriate. Both had Disclosure and Barring Service (DBS) checks undertaken as 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).
- 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.
- Staff had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The lead nurse acted as chaperone and was suitably trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. Cleaning and monitoring schedules were in place and all cleaning was carried out by staff with appropriate training. Auditing of infection control was last undertaken in August 2022 following which the audit percentage score was 96%. Any areas requiring attention had been clearly highlighted for action and progress was routinely monitored.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. The provider had carried out appropriate environmental risk assessments, such as building risk assessments, fire and health and safety. These were followed up with action plans which were signed off when actions completed. Legionella (a bacterium which can contaminate water systems in buildings) assessments had been carried out and met requirements.
- The provider had carried out fire safety risk assessments. The provider had also completed outstanding actions and had installed signage as advised. There was appropriate fire-safety equipment located within the service such as fire extinguishers which had been regularly serviced and maintained.
- There were systems for safely managing healthcare waste, including sharp items. We saw that clinical waste disposal was available in clinical rooms and the clinic had a contract with a company for the disposal of clinical waste.
- There were sufficient stocks of personal protective equipment, including aprons and gloves.
- We were informed that the provider did not offer treatment to patients under 18 years of age. There was a policy in place which dictated that where there was doubt, staff asked patients to confirm they were 18 years of age or over.
- Appropriate minor surgical procedures were performed in the clinical rooms on site, for which they used single-use, disposable items. Equipment which was reused such as the hyfrecator used single use attachments and was cleaned between each use in accordance with manufacturer's instructions and in line with appropriate infection prevention and control precautions.

Risks to patients

Are services safe?

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

- 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. They had received up to date mandatory training in life support.
- We reviewed arrangements within the service to respond to medical emergencies. There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.
- There was a risk assessment in place for emergency drugs to inform the rationale for any recommended drugs not being held at the clinic.
- There was no defibrillator nor oxygen available on the premises which had been risk assessed as not necessary and it was documented and signposted that the nearest defibrillators were available at a nearby veterinary practice and a supermarket a short walking distance away.
- Issues of safety and changes to best practice learned from the NHS and private healthcare settings were considered and the impact on this service were considered with changes being implemented if warranted.
- There were appropriate professional indemnity arrangements in place for clinical staff.
- The provider had in place public and employer's liability insurance policies.

Information to deliver safe care and treatment

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

- Patients attended the clinic for assessment and treatment of a variety of elective dermatological and cosmetic conditions such as mole, wart, verrucae and skin tag removals and facial thread veins. Clinical staff providing dermatological services had received specialist cosmetic and dermatological training and followed best practice guidance.
- Less minor surgery and procedures were carried out through arrangements with private healthcare providers. Staff undertaking such practice had practising privileges with those organisations and appropriate governance arrangements were in place.
- 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.
- Clinical records were stored on a secure, password-protected, electronic system. Hand-written active clinical records were stored securely in locked cabinets within a secure room.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment as and where this was appropriate for example the patient's NHS GP or the provider of private healthcare for continuing care.
- 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.

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service did 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.

Are services safe?

- When staff prescribed or administered medicines to patients, they 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. There was an understanding of the duty to raise concerns and report incidents and near misses. There was evidence of learning from incidents in other healthcare settings and these were used to inform practice and mitigate risk.
- There was a system in place for reviewing and investigating incidents and if things went wrong. The service learned and shared lessons from a range of sources and from what they learned or experienced in their other roles and used these to inform their practice in this healthcare setting.
- There was a good understanding of the principles of the duty of candour, the service was committed to being open and honest and although they had not had an incident which necessitated the formal use of the duty of candour they could articulate what they would do and could give examples from other settings. There was an understanding of notifiable incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

We rated effective as Good because:

The provider assessed needs and delivered care in line with current legislation and evidence-based guidance. The service was actively involved in quality monitoring activity. The provider obtained consent to care and treatment in line with legislation and guidance.

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)

- Clinicians employed by the service had high levels of skills, knowledge and experience to deliver the care and treatment offered by the service.
- Clinicians kept up-to-date with current evidence-based practice. Clinicians assessed needs and delivered care and treatment in line with relevant current legislation, standards and guidance.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians ensured they had enough information to make or confirm a diagnosis and to propose and undertake appropriate treatment.
- The service ensured they provided information to support patients' understanding of their treatment, including pre and post-treatment advice and support. Patients were reviewed appropriately after treatment and staff were available for advice and guidance by telephone.
- We saw no evidence of discrimination when making care and treatment decisions.
- We reviewed a sample of clinical records and found that they contained sufficient information, were legible and were stored securely.
- Histology samples were monitored and tracked effectively to ensure they were actioned in a timely manner.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service used information about care and treatment to make improvements. They monitored feedback internally through their electronic records system, through patient feedback and externally on their website and social media platforms.
- An auditing schedule was in place and this included checking people's records to ensure consent was obtained and to review the quality of the information recorded in the written record.
- The service had an annual audit plan to monitor their own performance and used this information to make improvements.
- There was clear evidence of action to resolve concerns and improve quality.

Effective staffing

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

Are services effective?

- Staff were appropriately qualified and held positions of responsibility in their other healthcare fields. This enabled them to remain up to date with current evidence and best practice and ensure their knowledge and skills were up to date.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the importance of continuous professional development and ensured they developed their own skills and experience.

Coordinating patient care and information sharing

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

- Patients who used the service received coordinated and person-centred care. Staff referred to other services where appropriate and there was a good transition between services when patients received treatment at a local private healthcare facility. The provider communicated effectively with patients GP or other healthcare professionals where and when their input was appropriate. For example, if an opinion was needed or it was believed the patient would benefit from psychological support in relation to their treatment.
- 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. We saw examples of patients being signposted to more suitable sources of treatment 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 this was appropriate to facilitate ongoing care.
- 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. There were clear and effective arrangements for following up on people who had been referred to other services.

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.

- Patients were provided with information about procedures, including the benefits and risks of treatments provided.
- The service provided pre- and post-treatment advice and support to patients, for example about wound care.
- Patients were sent an email post treatment from the service to obtain feedback on the service provided.
- Risk factors were identified, highlighted to patients to enable effective recovery. Where appropriate, staff gave people advice so they could self-care.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Wellbeing, lifestyle and alternative sources of advice and support were provided to patients who might benefit, sometimes this was recommended as an alternative to a procedure if it was deemed a better solution for the patient.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.

Are services effective?

- Staff supported patients to make decisions. Where appropriate, they understood how to assess and record a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.
- Appropriate considerations around psychological issues, the patient's realistic expectations and cooling off periods were made and recorded appropriately.
- Procedures were in place to ensure those seeking treatment who were under the age of 18 were identified and treatment declined.

Are services caring?

We rated caring as Good because:

Staff helped patients to be involved in decisions about their care and treatment. Staff understood the needs of patients and respected their privacy and dignity.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service actively invited feedback on the quality of care and treatment people received.
- Feedback from patients was wholly positive about the way people were treated and the customer service received. We viewed feedback from patients collected by the service and saw patients reported a positive, efficient and friendly service.
- 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. They were available to support patients before and after treatment and patients were able to contact the service by telephone easily.

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. All literature was available in other languages should this be required. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Information about procedures and pricing was available to patients on the service's website and within the clinic. Patients were provided with individual quotations for their treatment following their first consultation.
- Staff were able to communicate with people in a way that they could understand, for example, communication could be adapted to meet the needs of the individual. The provider was able to source accessible material of required.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- The clinic provided an environment where privacy and dignity could be maintained and there was private space available if patients wanted to discuss sensitive issues or appeared distressed.
- All consultations were undertaken in a private treatment room. The client waiting area was situated away from the reception. This promoted privacy for conversations.
- Chaperones were available should a patient choose to have one.
- Staff complied with the service's information governance arrangements. Processes ensured that all confidential electronic information was stored securely on computers, which were password protected. All patient records and information kept as hard copies were stored in locked cabinets within a locked room.
- Staff operated a clear desk policy and hard copy documents were promptly locked away.

Are services responsive to people's needs?

We rated responsive as Good because:

The service organised and delivered services to meet patients' needs. Feedback was routinely sought from patients to monitor their experience and to improve the service. Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

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 service was offered on a private fee-paying basis. It was accessible to people who chose to use it and who were deemed suitable to receive procedures.
- The provider understood the needs of their patients and improved services in response to those needs. For example, the service sourced additional training on the hyfrecator device in order to expand the range of services that could be delivered from the clinic.
- The facilities and premises were appropriate for the services delivered. Although the clinic was on the ground floor there were several steps leading up to it and access for those with mobility issues and wheelchair users would be problematic. The registered manager stated that they could make adjustments to enable access if required and where this was not possible those patients could be seen at the private hospital the service worked closely with which was more accessible.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, the provider could access language translation and interpretation services, British Sign Language support and literature and letters in accessible formats to those who request it.

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.
- Patients with the most urgent needs could have their care and treatment prioritised.
- Appointments could be booked in person or by telephone at a time and date to suit the patient. Evening and weekend appointments were available.
- 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 appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated all patients and those who may complain compassionately.
- The service had a system for informing patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

Are services responsive to people's needs?

- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. The service had received no complaints, however we were satisfied that they knew what to do and that they would respond appropriately to complaints and use feedback to improve the quality of care.
- The lead nurse consulted a patient who had a background in healthcare to solicit their views and experience on aspects of their care to enhance the care and treatment delivered.

Are services well-led?

We rated well-led as Good because:

The provider had established clear responsibilities, roles and systems of accountability to support good governance. Processes were in place for monitoring and managing risks, issues and performance concerns within the service.

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.
- The two staff members worked well together and understood the responsibilities they held, they strived to build a reputable and ethic business that provided a high standard of care and treatment to their patients.
- Staff were respected and valued and held positions of responsibility in their other healthcare ventures. They brought these skills to the organisation and had high standards.

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 had developed its vision, values and strategy with patients and external partnerships in mind.
- 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 were passionate about the organisation and the service they provided. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders' behaviour and performance was consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Although they had not had an incident that called for duty of candour procedures to be used, the provider was able to demonstrate an awareness of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff were open to identify incidents and occasions where they could learn and improve the service and the quality of treatment they delivered. Although incidents and complaints in the service were rare, relevant learning, incidents and complaints were used to inform safe practice and processes at this organisation, though they might have been learned from other areas of experience and practice in healthcare.
- Staff were focussed on their own development and maintaining skills and expertise. Staff had access to appraisals and career development conversations in their other healthcare roles. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.

Are services well-led?

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.
- Confidential electronic information was stored securely on computers. All active patient information kept as hard copies was stored in locked cabinets within a locked room. Staff demonstrated a good understanding of information governance processes.
- The provider ensured document management processes were followed, which included version control, author and review dates.
- The service used performance information which was reported and monitored and used to inform future plans.
- 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 understood the necessities and circumstances where notifications to external organisations was 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 service had processes to manage current and future performance. Performance of clinical staff was subject to review via audit of their consultations and patient treatment outcomes.
- The provider had plans in place for unforeseen disruptions to their practice. Business continuity had been considered.

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.

Engagement with patients, the public, staff and external partners

Are services well-led?

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 patients and external partners and acted on them to shape services and culture.
- There were systems to support improvement and innovation work.
- The service was transparent, collaborative and open with stakeholders about performance.

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.