Solihull Medical Cosmetic Clinic Limited

Solihull Medical Cosmetic Clinic

Inspection report

20 Chelmsley Lane
Marston Green
Solihull
B37 7BG
Tel:0845 603 6150
Website: www.solihullmedicalcosmeticclinic.co.uk

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Ratings

Overall summary

We carried out an announced comprehensive inspection on 29 November 2017 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Summary of findings

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The provider which is Solihull Medical Cosmetic Clinic is registered with the Care Quality Commission to provide surgical and non-surgical cosmetic procedures to people from all over the UK and abroad. The clinic is situated above a general practitioners practice in 20 Chelmsley Lane, Marston Green, Solihull, B37 7BG.

The Doctor 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.

The clinic is situated within the GP practice, in a converted house in Marston Green and consists of a waiting area, a small administration office, two first floor consulting rooms and a ground floor level consulting room. The clinic space is shared with the GP practice. It is close to Marston Green railway station, and local bus stops. Parking at the clinic is very limited but there is on street parking in the surrounding streets. The ground floor clinic room is wheelchair accessible.

The clinic carries out a number of cosmetic treatments including;

- Chemical Peels
- Laser Treatments
- Microdermabrasion
- Intense Pulse Light Therapy
- Acne and Rosacea Treatments
- Bodytite (Liposuction) Procedures

Patients are referred into this service by their registered GP by a GP referral letter. The clinic is staffed by a doctor, a receptionist and an anaesthesician (a person qualified to carry out cosmetic treatments including laser and light treatments and chemical peels). The receptionist and anasthesician work part time from home on the days the clinic is not open to take calls and booking of appointments. The doctor works at the GP practice as the senior partner on non clinic days. Procedures are carried out by the doctor with a specialist interest in cosmetic surgery and the anasthesician with a focus on acne and rosacea. The clinic provides appointments on Wednesday and Fridays between 1pm and 7pm with occasional appointments available on Tuesday evenings and Saturday mornings if required.

The provider is not required to offer an out of hours service. However, patients are provided with the doctors mobile number for use in an emergency, a cosmetic surgeon covers times when the doctor is not available. Also, patients who need emergency medical assistance out of corporate operating hours have the option to seek assistance from alternative services such as the NHS 111 telephone service or accident and emergency. This is detailed on the Solihull Medical Cosmetic Clinic website and its patient information leaflet.

As part of our inspection, we asked for CQC comment cards to be completed by patients prior to our inspection. All of the 26 patient comment cards we received were positive about the service experienced. Patients said they felt the Solihull Medical Cosmetic Clinic offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect and the care they received exceeded their expectations. Patients stated they felt all the staff took an interest in them as a person, the doctor was focussed on providing the right treatment for each individual and the overall impression was one of wanting to help patients.

The service is open on Wednesdays and Fridays between 1pm and 7pm and occasionally on Saturday mornings. Patients can book appointments via the service mobile number when the service is closed, they will be put through to staff who have secure external access to the appointment system.

Our key findings were:

- People who use the service were given appropriate information and support regarding their care or treatment.
- General leaflets about the service and the procedures carried out at the clinic were available. The patient guide folder provided details on the consultation process, staff and service policies.
- People expressed their views and were involved in making decisions about their care and treatment.

Summary of findings

- Patient records contained a chronology of the discussions between each individual and the doctor. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.
- The doctor was knowledgeable about their role and responsibilities in familiarising, themselves with people's medical details and needs, and the actions required to meet and record the provision of those needs.
- People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

There were areas where the provider could make improvements and should:

- Review the recording of significant or 'near miss' events.
- Review mandatory training for staff to ensure that it is completed and updated according to guidelines.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations. However, we found areas where improvements should be made relating to the safe provision of treatment.

- This was because the provider did not have a record of significant or 'near miss' events although risk assessments and actions had been carried out where an incident had occurred.
- Formal chaperone training had not been undertaken by those staff performing those duties, although staff we spoke to had a clear understanding and were able to explain their responsibilities in relation to the role. This was rectified immediately after the inspection and the doctor sent documentary evidence to show that the staff were now trained for the role.

The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low as it was corrected immediately following the inspection.

- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. The lead clinician was trained to Safeguarding level 3.
- There were effective recruitment processes in place and all members of staff had received a Disclosure and Barring Service check (DBS check). (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 provider had a comprehensive business continuity plan in place which ensured staff knew how to deal with events that affected the service.
- There were processes in place to ensure that the medicines were safe to administer to patients.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- All members of staff were suitably trained to carry out their roles.
- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the British Association of Cosmetic Doctors and has developed specific best practice guidelines.
- All patients who attended for cosmetic treatments received a pre-treatment assessment by the doctor. A clinical questionnaire was completed including medical history and known allergies, to determine patient symptoms prior to a treatment plan being developed.
- All patients were seen and assessed by the doctor to discuss treatment options available to them.

Are services caring?

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

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Staff had received training in Confidentiality and the Mental Capacity Act.
- Curtains were provided in the treatment rooms to maintain patients' privacy and dignity during procedures.
- All patients were greeted by a member of the team and their pre-treatment assessment was carried out in a private room to discuss their needs.

Summary of findings

- Patients told us that the clinic was excellent, always clean and that staff were informative, supportive and flexible to their needs.

Are services responsive to people's needs?

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

- The clinic had good facilities and was well equipped to treat patients and meet their needs.
- The provider ensured all patients received a pre-treatment assessment with the doctor to ensure patients were fully informed and aware of their treatment options.
- The service was demand led and clinics were held twice each week on Wednesdays and Fridays between 1pm and 7pm. In addition the provider would see patients on Tuesday evenings and Saturday mornings if demand required.
- Face to face translation services were available for patients whose first language was not English. Sign language interpreter services were also available.
- The clinic had a ground floor treatment that was wheelchair accessible. In addition, the clinic had a disability policy so that all staff were aware of potential needs of people with disabilities.

Are services well-led?

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

- The provider had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- Solihull Medical Cosmetic Clinic proactively sought patient feedback and results were posted on the website.
- Staff at the clinic had appropriate arrangements in place to ensure good governance. Audits were conducted and the findings were used to drive improvement. Any learning was shared with all staff.

Solihull Medical Cosmetic Clinic

Detailed findings

Background to this inspection

We carried out a full comprehensive inspection of Solihull Medical Cosmetics on 29 November 2017. The inspection was led by a CQC inspector supported by a specialist advisor.

Prior to this inspection, we gathered information from the provider, and from patient comment cards. Whilst on inspection, we interviewed staff and patients and also reviewed:

- policies and procedure documents
- care and treatment 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.

The clinic was staffed by the doctor an anasthesician (a person qualified to carry out cosmetic treatments including laser and light treatments and chemical peels and a receptionist. Appropriate professional development was in place. We spoke with the doctor at the service who told us they were registered and licensed with the General Medical Council (GMC). The doctor also worked as a general practitioner and was a member of the British Association of Cosmetic Surgeons.

Are services safe?

Our findings

Safety systems and processes

We checked the doctor's registration details with the GMC and found they were registered with a licence to practise at the time of our visit. We also checked their membership of the British Association of Cosmetic Surgeons and found they were a member at the time of our visit.

The doctor updated his professional development continually, including attendance at conferences on subjects such as acne and rosacea and liposuction, and reading journals such as the British Medical Journal (BMJ).

The clinic took place in the consulting rooms used by the GP practice and all buildings maintenance was undertaken by the practice including Legionella testing.

Risks to patients

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We spoke with the doctor who was knowledgeable about forms of abuse, how to identify abuse and in the requirements of the Mental Capacity Act (2005). The doctor was the lead member of staff for safeguarding and had received formal safeguarding training and had a good understanding of the responsibilities to notify the safeguarding team at the local authority, the Care Quality Commission (CQC) and the police if necessary of any allegations of abuse or incidents of suspected abuse. We saw all other staff had completed safeguarding vulnerable adults and children training. The doctor also said they would ask for a person's permission to contact their GP and/or to make a referral for psychological counselling in certain circumstances. Relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. We were also given an example of where the doctor had taken the appropriate action when identifying a vulnerable person.

Notices in the waiting and reception area advised patients that chaperones were available if required. All staff who acted as chaperones had a clear understanding and were able to explain their responsibilities in relation to the role however they had not undertaken formal training. This was rectified immediately after the inspection and the doctor sent documentary evidence to show that the staff were now trained for the role. All staff had received a Disclosure and Barring Service (DBS) check. (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 the emergency medicines we checked were in date and fit for use and there was an automatic external defibrillator (AED). An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electric shock to attempt to restore a normal heart rhythm in an emergency.

The GP practice had overall responsibility for infection prevention control (IPC) and the service maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We found equipment was visibly clean throughout the service, and staff had a good understanding of responsibilities in relation to cleaning and infection prevention and control. For example, we saw all specific clinic equipment was cleaned between each use with a 20 point cleaning regime that was recommended by the manufacturer. During the inspection we saw the service implemented a daily, weekly and monthly monitoring system to formally monitor cleanliness. We saw evidence that infection control audits occurred twice a year. The last audit also included an IPC risk assessment to monitor any potential risks.

Information to deliver safe care and treatment

People expressed their views and were involved in making decisions about their care and treatment. Patient records contained a chronology of the discussions between each individual and the doctor. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare

The people who use the service were given all the information relevant to their consultation and/or procedure. During their appointments the doctor had also provided information for them including a full explanation and advice on their care and treatment and any risks, benefits and fees involved including a 'cooling off' period. People were asked for their medical histories when

attending the service for the first time. This included details on allergies and current medications. During their appointments the doctor reviewed the information with them.

Safe and appropriate use of medicines

During our inspection we looked at the systems in place for managing medicines. We observed medicines were stored appropriately. There were processes in place to ensure that the medicines were safe to administer to patients. There was a process in place through the GP practice in relation to the receipt of national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA).

We saw examples of MHRA alerts received and reviewed during our inspection. We were informed that although this process was in place, there had been no medicines incidents reported in relation to this cosmetic procedure clinic.

All medicines used or prescribed were done so following local and national guidelines. This included local anaesthetics used in procedures and antibiotics prescribed post treatment. Allergies were recorded in patients notes. There were no controlled medicines on the premises.

Track record on safety

There was a system in place for reporting significant events although none had been recorded since 2015. Staff we spoke knew how to report significant events. Risk assessments had been carried out on two occasions; once where there had been an issue with the door and once with the stairs. We saw evidence of completed assessments and action plans in place which had been completed. We advised the service to record any significant or 'near miss' events in future.

Lessons learned and improvements made

Staff were able to describe the rationale and process of duty of candour, Regulation 20 of the Health and Social Care Act 2008. This relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

Each patient was initially seen by the doctor. This meeting established a detailed medical history and to confirm that the treatment was appropriate and suitable for the patient. All the medical records seen confirmed that a detailed medical history was taken for each patient. Additional notes were added following further consultations either with the doctor or the anasthesician.

We noted that consultation appointments were of a suitable length of time. In addition, patients told us that the consultations were very thorough and professional. Patients were asked to complete their GP information, provide proof of identification and give consent for the clinic to contact them, although the majority of patients did not consent to their GP being contacted.

The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the British Association of Cosmetic Doctors and has developed specific best practice guidelines.

People who use the service were given appropriate information and support regarding their care or treatment. Before our visit we looked at the service's website which gave a comprehensive introduction to the service. During the inspection we looked at a variety of leaflets and information sheets available in the clinic. These included a patient guide folder which included information about the consultation process, service and the procedures available and leaflets specific to each procedure including details of any risks, benefits and side effects involved.

We looked at four patient records. Each file contained a chronology of the discussions between each individual and the doctor. People's hopes and concerns in relation to their treatments or procedures, their decisions and a general discussion on risks and side effects were all detailed. Each individual had signed their agreement to proceed based on their understanding of the treatment or procedure and the discussions around the risks and benefits involved.

Monitoring care and treatment

We saw evidence of comprehensive pre-treatment assessments being completed which included and up to date medical history a clinical assessment of treatment plans.

Effective staffing

The clinic was staffed by the doctor, an anasthesician and a receptionist. Appropriate professional development was in place. We spoke with the doctor at the service who told us they were registered and licensed with the General Medical Council (GMC). The doctor also worked as a general practitioner and was a member of the British Association of Cosmetic Surgeons. The anasthesician had up to date qualifications in her field along with evidence procedure specific training undertaken, provided by the product manufacturers.

Meetings were held after each clinic session to discuss treatments given, next steps for patients and follow up calls or appointments where required.

Coordinating patient care and information sharing

Patients could self-refer to the service or be referred by their own GP. The service would refer patients to cosmetic surgeons where appropriate and follow up referrals regularly. We saw evidence of referrals correspondence between clinicians. If patients underwent tests the doctor would contact them with results and advise them of any follow on treatment.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. Before patients received any treatment they were asked for their written consent and the provider acted in accordance with their wishes. The provider had a comprehensive consent policy in place. We were told that patients were given information about their treatment options, procedures, risks and benefits, where appropriate which was discussed during the initial assessment and patients were required to sign a written consent form. We saw evidence of signed consent during a review of patient care records for cosmetic procedures.

Staff were able to explain the relevant consent and decision-making requirements of legislation and

guidance, including the Mental Capacity Act 2005. The GP had received training in the Mental Capacity Act (MCA) 2005 in 2016. Where a patient's mental capacity to consent to

Are services effective?

(for example, treatment is effective)

care or treatment was unclear the doctor assessed the patient's capacity and, recorded the outcome of the assessment. We were given an example where a patient had been referred to other agencies when capacity was in question.

Interpreter services were available for patients whose first language was not English as an additional method to ensure that patients understood the information provided to them prior to treatment. The doctor was also fluent in a number of languages which enabled him to discuss treatment plans and options with patients in their own language. Sign language interpreter services were also available.

Are services caring?

Our findings

Kindness, respect and compassion

All patients were greeted by a member of the team and their initial and pre-treatment assessments were carried out in a private room. All staff involved in the service had received training in confidentiality. Staff we spoke with understood the importance of confidentiality and the need for speaking with patients in private when discussing services they required.

Involvement in decisions about care and treatment

All initial consultations were undertaken by the doctor in a private room and patients were encouraged to bring a friend or relative with them, a female member of the team was always available should a chaperone be required. Patients told us that they were able to express their views and were involved in making decisions about their care and treatment. They told us they felt able to make their own informed decisions based on the advice they received from the doctor. They were given the opportunity to consider their decisions if they needed it and they had been asked to sign consent form.

Privacy and Dignity

The provider, Solihull Medical Cosmetic Clinic had a patient privacy and dignity policy in place. Curtains were provided in the treatment rooms to maintain patients' privacy and dignity during examinations, assessments and procedures.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Access to the Solihull Medical Cosmetic Clinic was on the ground floor of the GP practice via a ramp and was suitable for disabled persons. Patient toilet facilities were located on the ground floor.

The clinic had a ground floor treatment that was wheelchair accessible. In addition, the provider had a disability policy so that all staff were aware of potential needs of people with disabilities.

Face to face translation services were available for patients whose first language was not English. In addition the doctor was fluent in a number of languages. This ensured patients understood their treatment options. Sign language interpreters were also available if required. The need for an interpreter was established when the first consultation appointment was booked.

We spoke with the doctor who was knowledgeable about his role and responsibilities in familiarising himself with people's medical details and needs, and the actions required to meet and record the provision of those needs. Both the doctor and the support staff were able to describe the criteria used for refusing treatment including, but not limited to, children and those they assessed who did not show an adequate understanding or awareness of the complexity of progressing with a cosmetic surgical procedure. The individual's psycho-social wellbeing in progressing with a cosmetic surgical procedure was also assessed if the doctor thought it necessary.

Timely access to the service

We were told that there was approximately a six to eight week waiting time for appointments but that a cancellation list was in place to fill any appointments that became available. Although the main clinic hours were Wednesday and Fridays between 1pm and 7pm the doctor would see patients for initial assessments on Tuesday evening and carry out some procedures on Saturday mornings to give patients every opportunity to receive treatment in a timely fashion.

Listening and learning from concerns and complaints

Solihull Medical Cosmetic Clinic had an effective system in place for handling complaints and concerns. There was a comprehensive complaints policy in place and information on how to complain was available in the clinic waiting area and on the website. There was a record of all complaints received which included a record of all actions taken as a result of complaints received.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

Leadership capacity and capability

The doctor and staff employed by Solihull Medical Cosmetic Clinic had the experience, capacity and capability to run the service and ensure high quality care. Staff we spoke with told us that the service was discussed in bi monthly meetings which were minuted. We saw evidence of discussions including waiting times, updating training and new products or treatments available.

Vision and strategy

All staff were aware of the vision of the doctor and there was a strategy in place which detailed the aspirations of the service to be a cosmetic centre of excellence. We saw detailed plans for the future development and expansion of the service.

Culture

Staff were able to describe the rationale and process of duty of candour, Regulation 20 of the Health and Social Care Act 2008. This relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

Governance arrangements

The provider had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- Although a small team all staff were aware of their own roles and responsibilities in relation to the service.
- Effective joint working and communication was in place between the clinic staff and other cosmetic health professionals.
- The service specific policies in place which were available to all staff. During our inspection we looked at various policies which included consent, safeguarding, infection control, hand hygiene, health and safety and incident reporting policies. All policies and procedures were available electronically which all members of staff had access to.

Managing risks, issues and performance

We saw that audits were completed in the following areas: completion of new patient and treatment forms. The audit results were analysed and a number of areas for improvement were identified especially around abbreviations used and lack of time to complete the forms thoroughly. Any issues or learning were sent to all staff by email which had to be acknowledged. We saw that the findings of audits were used to improve patient care. For example, additional administration time was factored in to each session to ensure that all forms were completed correctly and the doctor set aside time to sit with the receptionist to update patient records.

Appropriate and accurate information

Appointments were booked and stored on an electronic system which staff could access securely off site. Patient records were all in paper form and were completed accurately and securely stored in locked cabinets.

Engagement with patients, the public, staff and external partners

During our inspection we reviewed CQC comment cards which had been completed by patients prior to the inspection. All of the 26 patient comment cards we received were positive about the service experienced. Patients said they felt the Solihull Medical Cosmetic Clinic offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect and the care they received exceeded their expectations. Patients stated they felt all the staff took an interest in them as a person, the doctor was focussed on providing the right treatment for each individual and the overall impression was one of wanting to help patients.

Staff told us that they felt engaged were involved in the delivery of the service and that they were able to add value to the service by making suggestions which would always be considered.

Continuous improvement and innovation

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Audits were undertaken by the doctor and we saw evidence of an audit which reviewed infection rates post liposuction treatments which showed an improvement when a two day course of antibiotics was prescribed. The doctor and the team told us that the values and vision of the service were paramount to ensure they achieved the best possible outcome for all patients. There were plans in place to expand the service and the doctor was constantly updating his knowledge of cosmetic treatments available.