

Woodford Medical Limited

Inspection report

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

Ratings

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

Overall summary

This service is rated as Requires improvement overall. (Not previously inspected)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Woodford Medical Limited as part of our inspection programme.

Woodford Medical Limited is an independent health service which specialises in aesthetic medicine. Most of the procedures the service carries out are not regulated activities and so do not require registration with the Care Quality Commission, with the exception of thread lifts which are surgical procedures.

Our key findings were:

- The service was providing generally safe care however measures in place to manage risks were not comprehensive. For example measures around emergency medicines and equipment and infection control did not ensure the associated risks were safely managed.
- The service was providing effective care. The effectiveness and appropriateness of the care provided was reviewed. There was evidence of quality improvement activity.
- The service was providing caring services. Staff treated patients with compassion, kindness, dignity and respect. Feedback from people who used the service was positive.
- The service was providing responsive care in accordance with the relevant regulations. People were supported to access the service when they wanted to. There were systems and processes in place to manage feedback.
- Leaders had the capacity and skills to deliver high-quality, sustainable care. They demonstrated a vision to deliver high quality care and promote good outcomes for patients. However governance arrangements and processes for managing risks, issues and performance were not always effective.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.

The areas where the provider **should** make improvements are:

- Ensure that staff are aware of how to access service policies as and when required.
- Ensure that it maintains a comprehensive set of policies, for example there was no Duty of Candour Policy at the time of the inspection.

Overall summary

(Please see the specific details on action required at the end of this report).

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 Woodford Medical Limited

Woodford Medical Limited is an independent health service specialising in aesthetic medicine.

The service is located in central London at 8 Upper Wimpole Street W1G 6LH. The area is both residential and commercial, including several other private medical and health services. The service is one of four other branches of Woodford Medical with the other branches located in Cambridge and Essex. These other branches were not visited as part of this inspection. Patients could be seen at the branch of their choice, although disabled access was limited at their London branch.

Services were provided by two registered doctors who specialise in the practice of aesthetic medicine. They were supported by three therapists, a team of treatment advisers and a clinic manager. Treatments were offered to patients aged over 18 only and included aesthetic treatments for leg veins, wrinkles, excessive hair and skin tightening among others which do not require registration with the Care Quality Commission. The exception to this is thread lifts which are surgical procedures.

The service was open on Tuesdays, Wednesdays and Thursdays from 9am to 5pm.

How we inspected this service

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

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

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

Are services safe?

Our findings

We rated safe as Requires improvement because:

We found concerns around the management of safety policies, risk management and infection control procedures.

Safety systems and processes

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

- The provider had policies in place and conducted safety risk assessments including those around fire safety, infection control and health and safety. They told us they had safety policies; however these were not compiled in an organised manner to make them easily accessible to all staff.
- Other safety measures and checks included electrical installation report dated 10/2/22, gas safety record dated 8/3/22, lift safety inspection dated 25/2/22 and an asbestos survey taken on 26/06/12. Portable appliance testing was carried out in December 2021. Fire drills were carried out annually and the fire safety system was tested weekly. Fire equipment was maintained by an external company.
- The service had systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. The service did not see patients aged under 18, however the doctors had completed child safeguarding training to level 3 and therapists to level 1, as well as adult safeguarding training. Staff knew how to identify and report concerns.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. It was the provider's policy for all staff to undergo Disclosure and Barring Service (DBS) checks. (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 system to manage infection prevention and control was not effective. We were provided with an infection control policy following the inspection. This referred to the need for infection control risk assessments to be carried out. The service had not done this at the time of the inspection but submitted newly produced versions following the inspection visit. However, the provider told us they had not carried out any infection control audits recently. The provider undertook to arrange this following the inspection.
- We saw legionella risk assessments were carried out by the landlord, most recently on 29/7/21 with a review date of July 2023. The outcome of that risk assessment was "medium" with a number of issues identified. The provider told us these concerns were the responsibility of the landlord to resolve. We have told the provider they must assure themselves the issues identified by the risk assessment were addressed by the landlord. All staff had undergone recent infection control training.
- The provider ensured equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- 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. All staff had undergone basic life support training within the previous year.

Are services safe?

- The service stocked some suitable medicines to deal with medical emergencies, for example anaphylaxis, which were stored appropriately and checked regularly. The service did not keep a defibrillator or emergency oxygen on site. The service had not carried out a risk assessment setting out the basis for the range of emergency medicines and equipment it was keeping. However, they told us they were mainly an aesthetics service and did not see medically unwell people. The provider told us they saw a relatively low number of people per day (12 to 16 on average) the vast majority of those were for aesthetic procedures. Therefore they were very unlikely to experience a medical emergency. They told us the only likely medical emergency would be anaphylaxis (a severe allergic reaction) in which case they held EpiPens (medical devices used to inject a measured dose or dose of epinephrine (used to treat several conditions, including anaphylaxis, cardiac arrest, asthma and superficial bleeding)). The provider told us in the event of a medical emergency they would call the emergency services or could seek assistance from a medical service in their vicinity, of which there were several. A more formal analysis and risk assessment was required.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place. Provider had a group scheme in place which covered all staff.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. Records were both handwritten and digital. Paper records were stored securely and digital records were stored on a central server which could be accessed by relevant staff. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff. Records included annotated diagrams of procedures undertaken as well as a narrative of the procedure or consultation.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. We saw examples where information including photographs had been shared with other services. These included ophthalmic and plastic surgery specialists. Where there was a concern about possible cancer, patients could be referred to the NHS or private specialist, depending on the patient's choice. The service followed up on all referred patients to ensure they were seen.
- 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. Paper records were retained on site for 10 years before being destroyed. Digital records were deleted after 10 years.

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, including emergency medicines minimised risks. The service very rarely prescribed any medicines. A small number of prescription forms were held at the service. They were kept securely in a locked cupboard.
- The provider told us they did not need to prescribe medicines due to the nature of the procedures they carried out. Therefore they did not carry out prescribing audits. They told us they administered anaesthetic prior to carrying out the procedures and did not prescribe any medicines for patients to take at home, following the procedure.
- We saw anaesthetic medicines were stored safely in a fridge which was regularly checked to ensure its temperature remained within the safe range.
- Staff administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

Are services safe?

- The service did not prescribe any controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).

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.

- The service had not experienced any significant events. Staff understood what significant events were and described occurrences which would be treated as significant events.
- The provider told us they belonged to a group of other aesthetics medicine providers which met regularly to discuss and share safety matters and events. For example the group had discussed a delayed reaction which could occur, associated with a particular type of filler and how to manage it.
- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong.
- The provider was aware of the requirements of the Duty of Candour although we did not see a written policy underpinning its approach. The provider subsequently confirmed it had put in place a written policy. The provider encouraged a culture of openness and honesty.
- The service learned from external safety events as well as patient and medicine safety alerts. There was an effective mechanism in place to disseminate alerts to relevant members of the team. Safety alerts were received by the service manager who shared them with relevant staff.

Are services effective?

We rated effective as Good because:

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 told us they maintained up to date knowledge and practice in aesthetics and in thread lifts, specifically. They had originally trained in London and undergone specialist training abroad in East Asian countries such as South Korea which were the international leaders in these procedures. The provider maintained regular contact with manufacturers of the equipment used in thread lift procedures abroad who kept them updated with any new techniques and equipment. The provider was a trainer of other doctors for a company which specialised in thread lifts, based in South Korea. The provider regularly read around their subject area and discussed the latest techniques and treatments with their peer group.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. As part of gathering patient information, patients were asked about what they wanted to achieve through the procedure sought and their reasons. This was to ensure patients' expectations were managed and to ascertain if there were any signs indicating possible mental ill-health such as Body dysmorphic disorder (BDD) (a mental health condition where a person spends a lot of time worrying about flaws in their appearance). The provider could decline to provide the procedure where it was deemed inappropriate or potentially harmful to the patient or where treatment was unlikely to be effective. The service was not able to provide evidence that the doctors' training had adequately covered their responsibilities in relation to the Mental Capacity Act.
- We saw no evidence of discrimination when making care and treatment decisions.
- We were told due to the nature of the service, specifically in the case of thread lifts, problematic repeat patients were unlikely. The procedure was not permanent and would require repeating within variable periods of time.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- At the time of this inspection the provider had only been carrying out thread lift procedures for six months and had only treated four patients. The provider reviewed each thread lift procedure they carried out to ascertain how successfully it had been carried out, identify any side effects and any improvements which could have been made.
- They also reviewed consultations as part of the patient follow up process where they contacted patients at regular intervals after their procedure to ensure the outcome was satisfactory.
- The provider carried out monthly audits of clinical notes audits which reviewed the content of handwritten and digital clinical notes and checked if they were appropriately signed.

Effective staffing

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

- All staff were appropriately qualified. Only one of the two doctors carried out thread lift procedures. They were assisted by one of two therapists who were trained and familiar with the procedure.

Are services effective?

- The provider had an induction programme for all newly appointed staff. New staff were initially based at a different branch where they underwent training.
- Relevant 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.

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. For example where doctors were concerned about possible cancers, patients were referred to the NHS or to a private cancer specialist.
- 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. On initial registration patients were asked questions including details of their medical history and any medicines they took. Patients were asked to submit photographs of the areas of concern in advance of their appointment. This was done so doctors could ascertain if the patient was likely to be suitable for treatment or not.
- The service did not routinely share details of patients' consultation with their registered GP as they did not carry out any high risk procedures or any requiring ongoing monitoring. The only exception was where there was a concern about possible cancer, in which case information was shared with patients' consent.
- Patient information was shared appropriately 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.

- Where appropriate, staff gave people advice so they could self-care. Patients were provided with fact sheets about thread lifts. These included information about what the procedure involved and any after-care required.
- Risk factors were identified and highlighted to patients.
- 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. Patients were asked to sign a consent form before any minor surgery procedure was carried out.
- 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:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- All patients were asked to complete a questionnaire about the quality of clinical care they had received. Patients were also contacted following the procedure to check on how they were progressing and if there was any significant bruising or swelling.
- Feedback from patients was positive about the care and treatment they received and the way they were treated by staff.
- 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

- The service did not make interpretation services available for patients who did not have English as a first language. They told us due to the nature of the service this had not been a request which had been made to them. Patients who required such assistance would be asked to bring someone with them who could interpret for 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.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. The service was flexible to meet its patients' needs. They could extend opening hours, for example see patients at 8am on request or after the regular closing time to meet the needs of working patients (normal opening times were 9am to 5pm). They could also see patients during lunchtime where required.
- The provider operated four other locations outside of London. Patients could see the same doctors at other branches if that was more convenient for them.
- The facilities and premises were appropriate for the services delivered.
- Whilst wheelchair access was not available at this location, patients could be seen at any of the other locations where wheelchair accessibility was supported.

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. The provider had access to a local histology laboratory who could return results within a week. However this service had not been used as the service did not deal with issues requiring such tests.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Appointments could be made by telephone or email and were available within two weeks. Patients had not indicated any concerns about making appointments in questionnaires.
- Referrals and transfers to other services were undertaken in a timely way. Where doctors had any concerns about possible cancers, patients could be referred to their GP or private cancer specialists.

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.

- At the time of this inspection the service had not received any complaints around thread lift procedures. The provider told us they were proactive and regularly contacted patients following their procedure to answer any questions or concerns they may have.
- Information about how to make a complaint or raise concerns was available.
- The service had complaint policy and procedures in place.

Are services well-led?

We rated well-led as Requires improvement because:

We found concerns around governance arrangements and processes for managing risks, issues and performance were not always effective.

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. Staff told us regular communications meetings were held and minutes were shared with all staff. They also had a team group on a digital messenger platform which included all staff members. This was used to keep all staff in touch and to share information and communications.
- 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. The provider told us they aimed to steadily increase the number of thread lift procedures they carried out and the number of doctors able to carry out the procedure.
- 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 felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- 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 were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.

Are services well-led?

- There were positive relationships between staff and teams.

Governance arrangements

Systems to support good governance and management were not always effective.

- During the inspection we found policies and protocols governing the general day to day operations of the service were not stored in such a way as to make them easily accessible to all staff. The provider subsequently provided up-to-date policies immediately after the inspection visit.
- Staff we spoke with on-site were unclear about the policies in the folder and did not know when and how often they were to be reviewed.
- The provider clarified the policy control and annual review process after the inspection.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- The provider reviewed each thread lift procedure they carried out to ascertain how successful it had been and to identify any side effects and any improvements which could have been made. They also reviewed consultations as part of the patient follow up process where they contacted patients at regular intervals after their procedure to ensure the outcome was satisfactory.
- The provider could not demonstrate that doctors' required training had adequately covered their roles and responsibilities in relation to the Mental Capacity Act and information governance.

Managing risks, issues and performance

Processes for managing risks, issues and performance were not always effective.

- Process to identify, understand, monitor and address current and future risks including risks to patient safety were not always effective. For example processes around infection control and emergency medicine and equipment were not comprehensive.
- Leaders had oversight of safety alerts and incidents.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients. The provider reviewed performance in each type of procedure they carried out on a quarterly basis. They reviewed the uptake of each procedure and if/how they could improve their offer. All patients were asked to complete a customer satisfaction questionnaire following their procedure and all patients were contacted following their procedure to check on their welfare and follow up on the results of their procedure.
- They also reviewed performance across all five clinics to identify patterns and trends procedure and reviewed marketing activity as part of performance management.
- The service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

Are services well-led?

- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- The service was not able to provide evidence that the doctors' training had adequately covered their responsibilities in relation to information governance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

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. All patients were asked to complete a customer satisfaction survey following their treatment. This asked about the quality of care as well as their experience of using the service. Patients were contacted following their procedure to follow up on their welfare and outcomes.
- Staff could describe to us the systems in place to give feedback. They told us they were able to give feedback during regular team meetings and at any other time. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.

Continuous improvement and innovation

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

- Whilst the lead doctor providing this procedure was experienced and knowledgeable about thread lift procedures, they had only recently started providing the procedure at the time of this inspection. Therefore they were continually reviewing their processes and procedures to ensure they could safely increase this activity.
- The provider told us at the time of this inspection they were not planning to introduce any new treatments or procedures. They were focussed on increasing the number of thread lift procedures they carried out and ensuring they provided a high quality service.
- The provider told us they were continually learning, updating their skills and researching the field of medicine and attended training by companies abroad who specialised in thread lift procedures. They also discussed new developments with members of their peer group. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• The provider could not demonstrate that a risk assessment had been carried out to ensure that an appropriate range of emergency medical equipment and emergency medicines were available on site.• The provider had not ensured infection control audits were carried out regularly.• The provider had failed to assure themselves the issues identified by the legionella risk assessment were addressed by the landlord.• The provider could not demonstrate that doctors' required training had adequately covered their responsibilities in relation to the Mental Capacity Act and information governance. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>