

# ReWonder Ltd

## Inspection report

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Date of inspection visit: 21 June 2022  
Date of publication: 22/07/2022

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

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Overall summary

## **This service is rated as good overall.**

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 ReWonder Ltd on 21 June 2022. This was the first inspection of this provider since their registration with the Care Quality Commission (CQC).

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.

ReWonder Ltd provides a range of non-surgical cosmetic interventions which are not within the CQC scope of registration. Therefore, we did not inspect or report on these services. The services provided which require CQC registration included surgical thread lifts, treatment of hyperhidrosis (excessive sweating), IV vitamin infusions, prescription medicines for weight management and the treatment of skin conditions.

The service does not treat people under the age of 18 years for the services which are regulated.

The clinician for the service, who is a registered nurse, is the registered manager. A registered manager is a person who is registered with the CQC 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 had systems and processes in place to keep people safe and safeguarded from abuse.
- There were systems in place to manage the safety of the premises.
- The premises were clean and tidy and there was an effective system in place to manage infection prevention and control (IPC).
- The service assessed needs and delivered care in line with relevant and current evidence-based guidance and standards.
- The clinician kept up to date in their specialist field and had undertaken appropriate training.
- Feedback from patients about the service was positive.
- People had access to the complaints process.

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

# Overall summary

- Implement prescribing and clinical audits to drive quality improvement.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a member of the Care Quality Commission (CQC) medicines team.

## Background to ReWonder Ltd

ReWonder Ltd is based on the ground floor of a two-storey building in the village of Almondbury, which is two miles south-east of Huddersfield town centre in West Yorkshire. The property is a late 16th century building converted for commercial use and rented by the provider. The clinic has one treatment room, a waiting room, a toilet and storage rooms. There is step-free access.

ReWonder Ltd registered with the Care Quality Commission (CQC) on 25 November 2020. The service provides a range of non-surgical cosmetic interventions which are not within CQC scope of registration and some treatments that require CQC registration. These include surgical thread lifts, treatment of hyperhidrosis (excessive sweating) with Botulinum toxin, IV vitamin infusions, prescription medicines for weight management and treatment of skin conditions, such as acne and eczema.

The service is registered with CQC to provide the following regulated activities:

- Surgical procedures
- Treatment of disease, disorder or injury

The service is open on Monday, Tuesday and Friday from 10am to 5pm, on Wednesday from 10am to 6pm, on Thursday from 10 to 7pm and on Saturday from 10am to 3pm.

### How we inspected this service

Before the inspection, we asked the provider to send us information about the service. This was reviewed prior to the site visit.

We also reviewed information held by CQC on our internal systems.

During the inspection we spoke with the provider, reviewed documentation and records including clinical records.

We made observations of the premises, facilities and the services provided.

The provider described people using the service as “patients” so from here on in this is how they will be referred to in the report.

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:

### Safety systems and processes

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

- The service had systems and processes in place to safeguard children and vulnerable adults from abuse. The registered manager, who was the only clinician at the service, was the safeguarding lead. There were safeguarding children and adult policies in place, which included local safeguarding contact numbers. Policies were available electronically and in paper format. We saw that the clinical lead had undertaken safeguarding children and adult training.
- The service only offered treatment to those aged over 18 years of age. Patients were asked to confirm their age in respect of certain treatments at the time of booking. The service carried out identification checks if a patient appeared to be under the age of 18 years and recorded those checks within the clinical record.
- The service required that children did not attend appointments with patients and information relating to this was provided at the initial telephone call.
- The service's clinician was a registered nurse and an independent prescriber, and we saw evidence of their inclusion on the Nursing and Midwifery Council (NMC) register. There were appropriate indemnity arrangements in place, and we saw that an enhanced Disclosure and Barring Service (DBS) check had been undertaken. (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).
- On the day of the inspection we observed the premises to be clean and tidy. There was an effective system to manage infection prevention and control (IPC) and appropriate IPC policies were in place. An IPC audit had been carried out in February 2022. Bodily fluid spillage kits were available. The clinician had undertaken infection prevention and control training.
- The clinical room used for treatments had access to hand washing facilities, hand sanitising gel and paper towels. Personal protective equipment (PPE) was available including gloves, aprons, masks and visors.
- We saw there was signage on display within the service which invited patients to have a chaperone present during their treatment.
- The service had systems in place to manage health and safety risks within the premises, such as control of substances hazardous to health (COSHH) and legionella. (Legionella is a particular bacterium which can contaminate water systems in buildings). Testing of water samples was undertaken at suitable intervals to mitigate the risk of legionella.
- We saw that a fire risk assessment had been undertaken by an external contractor in February 2022. There was appropriate fire-fighting equipment located within the premises which was regularly serviced and maintained. We noted that fire alarm testing was carried out weekly by the provider. The clinician had undertaken fire awareness training.
- The service ensured that equipment was safe and maintained according to manufacturers' instructions. We saw evidence that portable appliance testing (PAT) and calibration of medical equipment had been undertaken.
- The service performed minor surgical procedures for which they used single-use, disposable items.
- There were systems for safely managing healthcare waste, including sharp items. We saw that clinical waste disposal was available in the clinical room. Bins used to dispose of sharps items were signed, dated and not over-filled. There were suitable arrangements in place for the collection of healthcare waste by a waste management company.

### Risks to patients

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

# Are services safe?

- At the time of the inspection the clinician worked independently. They told us they were in the process of recruiting a therapist. We saw recruitment paperwork, in line with guidance, had been collected and induction processes were in place.
- The service did not use agency or locum staff.
- The service had public and employer's liability insurance policies in place.
- The service was equipped to respond to medical emergencies (including suspected sepsis) and the clinician was suitably trained in emergency procedures. We saw that basic life support training had been undertaken in August 2021.
- There was oxygen and a defibrillator on site and systems in place to ensure these were regularly checked and fit for use.
- The service had a policy in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- The clinician had undertaken General Data Protection Regulation (GDPR) and information governance training.
- The provider was registered as a data controller with the Information Commissioner's Office (ICO).
- The service had a first aid kit in place which was appropriately stocked, and its contents were regularly checked.
- The provider gave patients using the service information and guidance relating to their treatment and after care. The advice included possible side effects and the action to take as well as a 24-hour emergency telephone number.

## Information to deliver safe care and treatment

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

- We saw that individual care records were written and managed in a way that kept patients safe. Patient records were stored securely using a web-based patient management system. We saw this was password protected. There were no paper records.
- The service had systems in place for seeking consent to share information with a patient's NHS GP, if applicable.

## 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.
- Access to the electronic prescribing system was secure. Prescriptions were sent electronically to a pharmacy and the medicines were delivered directly to the clinic. Paper prescriptions were kept securely and had a serial number to provide an audit trail.
- Medicines administered to patients at the service were managed safely. The manufacturer and batch number were recorded in the patient's notes. The provider received and acted upon medicine safety alerts.
- At the time of our inspection, patient numbers had been too small for the service to conduct any prescribing audits, but they had scheduled to do this.
- We saw that the clinician prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. For example, for the treatment of hyperhidrosis (excessive sweating) using Botulinum toxin, the provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- The provider prescribed topical preparations for rosacea and acne, including retinoids (tretinoin cream) safely. Retinoid creams must not be used in pregnancy and when breast feeding. This information was provided verbally and in written form to patients.
- National guidelines were followed when prescribing a medicine for weight loss and patients' health and well-being were monitored.

# Are services safe?

- Medicines were stored securely in a locked cupboard in the consulting room.
- Medicines requiring refrigeration were stored in a refrigerator which was monitored to ensure it maintained the correct temperature range for safe storage. All temperatures recorded had been within the range for safe storage.
- The provider did not store or 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 risk assessments in place in relation to safety issues, for example health and safety and fire.
- There were systems in place to record and act on significant events, incidents and complaints.
- There was a system for receiving and acting on patient safety alerts.

## **Lessons learned and improvements made**

### **The service learned and made improvements when things went wrong.**

- The service had not recorded any incidents at the time of our inspection. However, they understood their duty to raise concerns and report incidents and near misses.
- The clinician was aware of the requirements of the Duty of Candour.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service kept a record of alerts received and any action taken.

# Are services effective?

**We rated effective as good because:**

## **Effective needs assessment, care and treatment**

**The service had systems to keep 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).**

- We saw evidence that the service assessed needs and delivered care in line with relevant and current evidence-based guidance and standards. For example, the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- We saw that the clinician was a member of the British Association of Cosmetic Nurses (BACN) which facilitated attendance at conferences and enabled networking and peer discussions.
- The service was registered with Save Face, a national register of accredited practitioners who provide non-surgical cosmetic treatments.
- We saw that there were clear policies and protocols in place for all treatments provided at the service written in line with evidence-based guidance and manufacturers guidelines.
- We saw that the clinician kept up to date with current evidence-based practice and training for all regulated services undertaken. For example, we saw that training had been undertaken for thread lifts.
- We saw that the clinician prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. For example, for the treatment of hyperhidrosis (excessive sweating) using Botulinum toxin, topical preparations for rosacea and acne, including retinoids (tretinoin cream) safely and medicines for weight management.
- Individual care records were written and managed in a way that kept patients safe. We saw that clear, accurate and contemporaneous patient records were kept and that treatment planning and information was fully documented.
- The service ensured they provided information to support patients' understanding of their treatment, including pre- and post-treatment advice. We saw from reviews on the service's website that patients had given five-star reviews for being happy with the aftercare advice and follow-up.
- We saw no evidence of discrimination when making care and treatment decisions.
- The clinician assessed and managed patients' pain where appropriate. Local anaesthetic was used prior to some procedures, where appropriate.

## **Monitoring care and treatment**

**Although the service was involved in some quality improvement activity, they had not undertaken any formal prescribing or clinical audits.**

- The service used information about care and treatment from incidents, patient feedback, and complaints to make improvements. We saw that the service had reflected on the outcome of a complaint and reviewed their pre-consultation process.
- The service had undertaken monthly audits of emergency medicines and medical supplies and equipment. The clinician had undertaken an infection prevention and control (IPC) audit.
- The service had not undertaken any formal prescribing or clinical audits as patient numbers had not been sufficient to undertake an effective audit. The service told us it planned to undertake these.

## **Effective staffing**

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



# Are services effective?

- We saw the clinician was registered with the Nursing and Midwifery Council (NMC) and was up to date with revalidation. Revalidation is the process by which nurses demonstrate they are fit to practice and renew their registration.
- The clinician was appropriately qualified for the services provided. We saw that up to date records of qualifications and training were maintained.
- The clinician had attended specialised training to ensure they kept up to date with the procedures carried out at the service.
- We saw that the service's core training schedule included safeguarding children and adults, infection prevention and control, basic life support, information governance and fire safety awareness.
- At the time of our inspection the clinician worked independently but was in the process of recruiting a therapist. We saw that an induction programme was in place as part of this recruitment process.

## **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, and communicated effectively with, other services where appropriate.
- Our review of care records confirmed that before providing treatment, the clinician ensured they had adequate knowledge of the patient's health, previous medical and medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed, with their registered GP, when they registered with the service.

## **Supporting patients to live healthier lives**

### **The service was 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.
- Where patients' needs could not be met by the service, they were redirected to the appropriate service for their needs.
- Where appropriate, patients were given advice so they could self-care.

## **Consent to care and treatment**

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

- The service understood the requirements of legislation and guidance when considering consent and decision making.
- Patients were supported to make decisions.
- There was a documented consent policy. Patient records we reviewed clearly documented the consent process and discussions between the clinician and patient.

# Are services caring?

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

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

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

- The service actively sought feedback on the quality of care patients received through their website and on their social media accounts.
- Feedback from patients was positive about the way they were treated. We saw from reviews on the service's website that patients had given five-star reviews for feeling that staff were courteous and respectful.
- We reviewed 80 reviews received between July 2020 and June 2021 and found they had all given a five-star rating. These reviews were for all services provided at the clinic, including non-regulated activities.
- Patients emotional needs were seen as being as important as their physical needs. This was demonstrated through a detailed initial medical assessment and aftercare of people who had treatments undertaken. Treatments were discussed at length with patients who were nervous. There was a 'cooling off' period for patients if they decided not to go ahead with the treatment.
- Information regarding the fees for services was discussed with patients at the time of booking to ensure they were aware of the full cost of any treatment or procedure.
- Interpretation services were available for patients who did not have English as a first language.
- Information leaflets were available to help patients be involved in decisions about their treatment. Information leaflets were available in larger print if required. Information about all treatments and procedures was available on the service's website.

### **Involvement in decisions about care and treatment**

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

- The service ensured that patients were provided with all the information they required to make decisions about their treatment prior to treatment commencing.

### **Privacy and Dignity**

#### **The service respected patients' privacy and dignity.**

- The clinician recognised the importance of patients' dignity and respect. Consultations and treatments took place behind closed doors and conversations could not be overheard.
- We saw from reviews on the service's website that patients had given five-star reviews for feeling their privacy and dignity were respected.

# 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 client needs and preferences.**

- The facilities and premises were well maintained and were appropriate for the services and treatments delivered.
- The provider understood the needs of their patients and improved services in response to those needs.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, there was an induction hearing loop and translation support services were available.

## **Timely access to the service**

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

- The service operated on Monday, Tuesday and Friday from 10am to 5pm, on Wednesday from 10am to 6pm, on Thursday from 10am to 7pm and on Saturday from 10am to 3pm. Details of opening times and how to book was available on the service's website.
- The service used a central contact and booking service which enabled patients to book appointments and make enquiries outside the service's normal opening times.
- Patients were able to register their interest in booking an appointment via the service's website.
- Waiting times, delays and cancellations were minimal and managed appropriately.

## **Listening and learning from concerns and complaints**

**The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.**

- The service had a complaints policy in place. Information about how to make a complaint or raise concerns was available for patients to read in the waiting area.
- The service had received one complaint within the previous 12 months, but this was received from a patient who had undergone a non-regulated aesthetic treatment and not services which fell within the scope of CQC registration.

# Are services well-led?

**We rated well-led as good because:**

## **Leadership capacity and capability**

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

- The clinician was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them. They had taken appropriate steps during the COVID-19 pandemic to ensure safety to patients.
- Although the clinician worked independently, they attended frequent conferences and training which enabled networking and peer support within the aesthetic industry. In addition, the clinician had a close working relationship with an aesthetic doctor and nurse at separately registered clinics which facilitated clinical discussion, when required.
- The service submitted data or notifications to external organisations as required.

## **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, 'to maintain the highest standards and offer a safe, personalised service that is delivered by a highly trained healthcare professional in a nurse-led clinic environment.' We saw this was underpinned by the service's values.

## **Culture**

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

- The clinician told us the service focused on the needs of patients and that they delivered the service in line with their vision and values. We saw that the service's mission statement was displayed in the waiting area.
- There had been no incidents in the past 12 months relating to the regulated activities carried out by the service. The clinician was aware of and had systems in place to ensure compliance with the requirements of the duty of candour

## **Governance arrangements**

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

- Systems and processes were in place to support good governance.
- The clinician had established appropriate policies and procedures. We saw there were standard operating protocols in place for all treatments provided at the service.

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

**There were clear and effective processes for managing risks, issues and performance.**

- The clinician had oversight of systems and processes to management incidents, safety alerts and complaints.
- The service was involved in some quality improvement activity but had not undertaken any formal prescribing or clinical audits.

# Are services well-led?

## **Appropriate and accurate information**

### **The service acted on appropriate and accurate information.**

- The service used feedback from patients to drive improvement.
- Individual care records were written and managed in a way that kept patients safe.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable information, records and data management systems.

## **Engagement with patients**

### **The service involved patients to support high-quality sustainable services.**

- The service encouraged and heard views and concerns from patients. The feedback was overwhelmingly positive. Patients commented that they were very happy with their treatments.

## **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 clinician attended regular conferences in their field of expertise and kept their training up to date.
- The service used patient feedback, incidents and complaints to drive improvement in the services provided.