

Rejuvence Clinic

Inspection report

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London
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Date of inspection visit: 23 January 2023
Date of publication: 17/02/2023

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

Ratings

Overall rating for this location		Good	
Are services safe?	Requires Improvement		
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? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection of Rejuvence Clinic on 23 January 2023. This was the first CQC inspection of this location under the current CQC inspection methodology.

The registered manager is one of the doctors at the company. 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.

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. Rejuvence Clinic provides a range of surgical and non-surgical cosmetic interventions, for example laser hair removal which is not within CQC scope of registration. Therefore, we did not inspect or report on these services.

Our key findings were:

- The provider was still in the process of implementing safety measures to comply with legionella and fire safety risk assessments.
- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The service organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The way the service was led and managed promoted the delivery of high-quality, person-centre care.

Although we did not find any breaches of regulations, the provider **should**:

- Take steps to address and implement all measures required to manage legionella and fire safety risks.
- Implement an audit or log for staff training.
- Take steps to record staff feedback and resulting action taken.

Overall summary

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC Inspection specialist adviser.

Background to Rejuvence Clinic

Rejuvence Clinic is an independent provider of medical services. The service provides a broad range of minor surgery, circumcision and aesthetic services. Some of these are not regulated by the Care Quality Commission (CQC), but some services that are, including thread lifting, circumcision, minor surgery, removal of skin abnormalities. This report references only those services that are regulated by CQC.

Rejuvence Clinic is based at 797 Commercial Rd, London E14 7HG. The service is for private fee-paying patients only, the service does not see NHS patients. The provider is registered with the CQC to deliver the regulated activity of surgical procedures, diagnostic and screening procedures and treatment of disease, disorder or injury. The provider primarily provides services to patients throughout London.

The clinic has 3 consultation rooms that can also be used to perform minor surgery. There are 4 doctors, 1 nurse, 1 health care assistant, 2 beauty therapists, a managing director and 1 administrator.

The service operates on Monday to Saturday:

Monday: 10am – 6pm (Administrative Work Only)

Tuesday: 9am – 5pm (Clinical)

Wednesday: 10am – 7pm (Clinical)

Thursday: 10am – 8pm (Clinical)

Friday: 10am – 7pm (Clinical)

Saturday: 10am – 8pm (Clinical)

The service does not formally provide a service outside of these hours. The service employs a receptionist who oversees appointments and administration for all patients.

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?

We rated safe as Requires improvement because:

- The provider was still in the process of implementing safety measures to comply with legionella and fire safety risk assessments.

Safety systems and processes

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

- The provider had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. One safeguarding incident had happened in the past year which had been acted upon appropriately to ensure the local authority were aware and the patient was safeguarded.
- The service had systems in place to assure that an adult accompanying a child had parental authority, and we saw that it was clearly documented in the patient records.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Not all staff had recorded evidence of up-to-date safeguarding and safety training appropriate to their role on the day of the inspection. One clinician did not have evidence of completed safeguarding training. Immediately after the inspection the service ensured that this clinician had completed the necessary training and provided evidence of this. Staff knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check. Staff at the service who were not DBS checked (specifically those not involved in CQC regulated activity) did not chaperone.
- There was an effective system to manage infection prevention and control.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them. However, following externally written risk assessments for legionella and fire safety in 2022 and 2018, the provider had failed to address concerns and areas of risk raised. For example, there was no record of water temperature checks for legionella. There were also risks regarding fire safety in that the door in the basement was not compliant with fire safety regulations. There was also no evidence of fire alarm tests or drills being completed. Immediately following the inspection, the service initiated actions to address and resolve these risks.
- The provider ensured that equipment was safe and maintained according to manufacturers' instructions. We saw calibration and safety testing dated October 2022 and February 2022. There were systems for safely managing healthcare waste.

Risks to patients

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

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- There were appropriate indemnity arrangements in place for clinicians.

Are services safe?

- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

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. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had 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.

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 vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service.

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 service used information about care and treatment to make improvements, and clinicians regularly attended training events and conferences in order to ensure that they were up to date.
- We saw no evidence of discrimination when making care and treatment decisions.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Patients and parents of those using the service had an initial consultation where a medical history was taken. Parents of patients and others who used the service were able to access information regarding the process and the different procedures which were delivered by the clinic. This was both to reduce concern and anxiety from the parents and to prevent them unnecessarily attending other primary or secondary care services. Following the surgery, further information was provided in a leaflet detailing post-operative care and under what circumstances to contact the clinician along with a detailed information sheet for any clinician should the patient have to attend urgent care.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The provider had multiple audit cycles in place to review quality and implement improvements. For example, 1 audit considered all complications in circumcisions such as bleeding or infection. The audit resulted in a detailed aftercare sheet being created to inform parents and most importantly, urgent care centres about the procedure and treatment.
- Patient records were continually reviewed and detailed to ensure the service could monitor the outcomes and results of minor surgeries.

Effective staffing

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

- Some records of staff training were not available on the day of the inspection. Immediately following the inspection the provider was able to show evidence that all staff were appropriately qualified.
- Relevant professionals were registered with the General Medical Council 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. However, the records of staff training were not well organised or logged. This meant that the provider could not easily demonstrate staff training had been completed or that it was being monitored.

Coordinating patient care and information sharing

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

Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, clinicians at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP.
- The service monitored the process for seeking consent appropriately.

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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.

Consent to care and treatment

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

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

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

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.
- Patients medical records were securely stored electronically.

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 waiting area was large enough to accommodate patients attending the service.
- The website for the service was very clear and easy to understand. In addition, it contained clear information about the procedures offered.
- The facilities and premises were appropriate for the services delivered.

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 and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service had a complaint policy and procedures in place. There had been 6 complaints in the last year. All of these had been responded to appropriately. There was evidence of action taken as a result of complaints for example the provider ensured all patients were given as much information as possible about procedures in order to manage their expectations.

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.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- 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. However, there had not been any surveys or records of staff feedback completed or recorded to enable improvements or changes to be made. No staff raised any concerns or issues with us during the inspection.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. 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 had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audits of their treatments. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients.
- 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.
- 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 patients and acted on them to shape services and culture. In order to improve communication, the provider implemented a new QR code system which enabled all patients to contact the service via whatsapp on a phone which is monitored 24 hours by 4 clinicians.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints.