

Dr Leah Cosmetic Skin Clinics

Inspection report

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Date of inspection visit: 30 September 2022
Date of publication: 09/11/2022

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 of the Dr Leah Cosmetic Skin Clinics (the service) on 30 September 2022, as part of our inspection programme. This was the first inspection of the service since the CQC introduced ratings for independent healthcare providers.

Dr Leah Cosmetic Skin Clinics provide private non-surgical cosmetic treatments for patients aged 18 and over from three clinics: 10 Glentworth Street, Marylebone (Baker Street Clinic); 24 Chiswell Street, London (Moorgate Clinic); and 14 York Hill, Loughton (Essex Clinic). The Baker Street Clinic is the flagship clinic and headquarters for the service; and where regulated activities are delivered from.

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. The service is registered to provide the regulated activities of Treatment of Disease, Disorder and Injury; Diagnostic and Screening; and Surgical Procedures. 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. Dr Leah Cosmetic Skin Clinics provides a range of non-surgical cosmetic interventions, for example hair loss treatments, fat reduction injections and skin hydration treatments which are not within CQC scope of registration. Therefore, we did not inspect, or report on these services.

The service has a Registered Manager. A Registered Manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- The service 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.
- The provider treated patients with kindness and respect and involved them in decisions about their care.
- Patients could access care and treatment in a timely way.
- The way the service was managed promoted the delivery of high-quality, person-centre care.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

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

Our inspection team

Our inspection team comprised of a CQC lead inspector, a second CQC inspector and a GP Specialist Adviser.

Background to Dr Leah Cosmetic Skin Clinics

Dr Leah Cosmetic Skin Clinics provide private non-surgical cosmetic treatments for patients aged 18 and over. The regulated activities of thread lifts; mole, wart and skin tag removal; and Botulinum Toxin (Botox) for the treatment of migraines and excessive sweating (hyperhidrosis) were provided from the Baker Street Clinic at 10 Glentworth Street, Marylebone.

The clinic is open at the following times: Monday 10.30-18:30 (Alternate); Tuesday 11:00-19:00; Wednesday 10:30-18:30; Thursday 11:00-21:00 (Trial period, normally 19:00); Friday 10:30-18:30; and Saturday 09:00-17:00.

The regulated activities are carried out by four GMC Registered Doctors and a Dermatologist. Dr Leah Totton is the Medical Director for the service. The service employs a clinic manager who is also the CQC Registered Manager.

Further details of the service provided can be found at the website: www.drleah.co.uk

How we inspected this service

Before the inspection we gathered and reviewed information from the provider. We also reviewed information held by the CQC on our internal systems. We carried out a site visit and spoke with the provider.

We reviewed the provider's governance policies and looked at six sets of healthcare records of patients using the 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 Good because:

- Patients were protected from avoidable harm and abuse.
- The provider ensured that facilities and equipment were safe.
- There was an effective system to manage infection prevention and control.
- There was an open culture in which safety incidents were integral to learning and improvement.

Safety systems and processes

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

- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance.
- The service had clear systems to keep people safe and safeguarded from abuse, including a designated Safeguarding Lead. Although the service did not treat patients under the age of 18, staff had undertaken both adult and child safeguarding training.
- Staff received up-to-date safeguarding and safety training appropriate to their role. They 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. Disclosure and Barring Service (DBS) checks were undertaken where required. These 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.
- Staff who acted as chaperones were trained for the role and had received a DBS check. Patients were asked if they would like a chaperone for their treatment as part of the medical questionnaire which is completed prior to any treatment. The service chaperone policy was displayed and visible in the reception area of the clinic.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- We looked at systems in place to manage infection prevention and control (IPC) risks. Recent audits had taken place and actions undertaken as necessary. Staff had received recent IPC training.
- The provider carried out appropriate environmental risk assessments. For example, periodic water sample checks and risk assessments took place regarding a bacterium called Legionella which can proliferate in building water systems.

Risks to patients

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

Are services safe?

- The provider and premises 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, all staff had received sepsis training.
- There were suitable medicines and equipment to deal with medical emergencies which were available at the premises during consultation sessions. We saw a monitoring log was in place to ensure emergency equipment and medicines were checked regularly.
- The provider did not offer a general out of hours service, however, if a patient concern following treatment occurs out of hours, the provider had a protocol in place. Patients were provided with a clinic mobile telephone number which was monitored by the Registered Manager. Following treatment, patients are given safety net advice and clear instructions on when to utilise this clinic mobile telephone number. For patients utilising this telephone number, the Registered Manager was able to obtain a medical opinion if required by the treating clinician and arrange an urgent review of the patient out of hours if needed. The Medical Director was also able to provide an emergency out of hours review if required.
- When there were changes to services the provider assessed and monitored the impact on safety.
- There were arrangements for planning and monitoring the number and mix of staff needed.
- We saw evidence the provider had appropriate professional liability indemnity in place.

Information to deliver safe care and treatment

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

- Individual patient consultation records were written and managed in a way that kept patients safe. The provider had recently migrated from using hard copy paper records to a digital record keeping system which had improved the quality of patient information recorded.
- The provider had a system in place to retain medical records in line with Department of Health and Social Care guidance in the event that they ceased providing regulated activities.
- The provider had systems for sharing information with other agencies to enable them to deliver safe care and treatment.
- The provider made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The provider had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks.

Are services safe?

- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs. Medicines prescribed by the service were limited to Botulinum Toxin (Botox) for the treatment of migraines and excessive sweating (hyperhidrosis). The provider prescribed and administered this medicine to patients and gave advice in line with legal requirements and current national guidance.

Track record on safety and incidents

The provider had a good safety record.

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

Lessons learned and improvements made

The provider 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. There had been three incidents recorded within the last 12 months. One incident related to a staff needle stick injury and as a result of this incident, a sharps injury course was provided for staff and learning was discussed in the monthly staff meeting and quarterly governance meeting.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- As part of their GMC registration and revalidation process, clinicians were required maintain their professional development and were subject to regular appraisal.

Are services effective?

We rated effective as Good because:

- Patients had good outcomes because they received effective care and treatment that met their needs.
- Patients care and treatment was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation.

Effective needs assessment, care and treatment

The provider had systems to keep up to date with current evidence-based practice. We saw that they assessed needs and delivered care and treatment in line with current legislation, standards and guidance relevant to their service.

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards, such as the British College of Aesthetic Medicines (BCAM) guidelines.
- All clinicians were members of The Aesthetic Complications Expert Group World which supports medical practitioners in the management of non-surgical aesthetic complications by providing advice via telephone, email and an ACE Group World forum as well as workshops, conferences and online education.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The provider had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The provider was actively involved in quality improvement activity.

- The provider used information about care and treatment to make improvements, for example by carrying out clinical audits and having a programme of daily, monthly, quarterly, six monthly and annual audits. As a result of one second-cycle audit, themes were identified in relation to inconsistencies in the quality of record keeping and the service subsequently migrated from handwritten notes to a digital record keeping system to address this issue.
- In addition, the provider kept themselves appraised of developments in clinical practice and methodology to improve the quality of the service.

Effective Staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff which varied depending on their assigned role.
- Medical professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.

Are services effective?

- 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.
- Annual appraisals, personal development plans and supervised practice arrangements were in place to support staff and identify individual training needs.

Coordinating patient care and information sharing

The provider worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Patients were referred to more suitable sources of treatment where necessary.
- Staff referred to, and communicated effectively with, other services when appropriate.
- Before offering treatment, the provider ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were requested to complete a medical questionnaire and a psychological wellbeing questionnaire to assess their mental well-being prior to any treatment. The psychological questionnaire is assessed by the treating clinician who may determine at their discretion that a treatment may not be suitable for a patient. Where there are any concerns identified regarding a patient, clinicians may refuse to provide a treatment or ask to write to the patients GP with their consent.

Supporting patients to live healthier lives

- Where appropriate, the provider gave patients advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their GP for additional support. For example, verbal counselling was provided for patients in relation to sun exposure and smoking.
- Where patients' clinical needs could not be met, they were redirected to the appropriate services.

Consent to care and treatment

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

- The provider understood the requirements of legislation and guidance when considering consent and decision making.
- The provider supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Staff had received Mental Capacity Act training.

Are services effective?

- Written consent forms were used for all procedures. The service also used a psychological wellbeing questionnaire to screen patients for body dysmorphia (a mental health condition where a person spends a lot of time worrying about flaws in their appearance. These flaws are often unnoticeable to others).

Are services caring?

We rated caring as Good because:

- Feedback from patients was positive about the way staff treated them.
- Patients were supported, treated with dignity and respect and involved as partners in their care.

Kindness, respect and compassion

The provider treated patients with kindness, respect and compassion.

- The provider routinely sought feedback on the quality of clinical care patients received. The feedback from patients, both directly to the provider and on two verifiable websites was very positive about the way patients were treated.
- The provider evaluated patient feedback to ensure it provided a caring service. Patients were requested to provide feedback on the service they received and for any ratings of four or below out of five, the Registered Manager contacted the patient to ascertain how their experience could be improved.
- The provider gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Clinical staff had received communication skills training.
- Information was available to help patients be involved in decisions about their care. Interpretation services could be arranged for patients whose first language was not English.
- The patient feedback we saw confirmed they felt listened to, supported, and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- We saw evidence within patient records of patients' written consent to treatment obtained where appropriate.

Privacy and Dignity

The service respected patients' privacy and dignity

- Staff recognised the importance of people's dignity and respect and undertook annual privacy, dignity and respect training.
- All staff had had signed confidentiality agreements.
- 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:

- The provider understood the needs of their patients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.

Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs, taking account of patients' needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. For example, the service endeavoured to meet the needs of patients through pre-screening by call centre and reception staff to identify needs prior to their clinic visit.
- Clinical staff offered patients 30-minute consultation times so patients did not feel rushed at their appointment.
- The provider had introduced a call-back system for patients receiving regulated activity treatments. Patient details are added to the diary management system to ensure they receive a follow-up well-being telephone call the day after their treatment.
- The facilities and premises were appropriate for the services delivered. The premises front door was at street level and the Doctor's consulting room was on the ground floor, however, due to the layout of the building, the service was unable to provide wheelchair access at the Baker Street clinic. To accommodate the needs of patients, the service offered patients with mobility issues appointments at the Moorgate clinic which had a disabled bathroom and a lift.

Timely access to the service

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

- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals to other services were undertaken in a timely way.
- The service had introduced later opening times on a Thursday evening to accommodate patients and reduce waiting times.
- Patients had timely access to histology test results which were monitored weekly by the service manager.

Listening and learning from concerns and complaints

- The service had a complaint policy and procedure in place. The procedure included a means of escalating the complaint if the patient was not satisfied with the initial investigation.

Are services responsive to people's needs?

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- We reviewed two out of six complaints received within the last 12 months and found they had been handled satisfactorily and resolved.
- The service learned lessons from individual concerns, complaints and from analysis of trends. For example, as a result of one complaint received, the service has now introduced an assistant staff member to accompany the clinician in order to better support patients in the treatment room. In response to one dermatology complaint, the service changed their process to ensure that dermatologists cross-cover the histology test results so there is no delay in patients receiving their results as a result of any staff absences.
- Staff also told us that in response to patient feedback, the advised recovery time following a thread lift treatment had been changed from 3-5 days to 7-10 days within the patient before and aftercare information.

Are services well-led?

We rated well-led as Good because:

- The leadership, governance and culture promoted the delivery of high-quality person-centred care.
- There was an effective process in place to identify, understand, monitor, and address current and future risks.

Leadership capacity and capability

The provider 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. For example, the service had recently migrated to a digital record keeping system.
- Leaders at all levels were visible and approachable and encouraged an 'open door' policy for staff.
- The provider had effective processes to develop leadership capacity, including investing in staff to continuously develop their skills.

Vision and strategy

The service had a clear vision to deliver high quality aesthetic services.

- There was a clear vision to provide safe, effective, ethical treatments and knowledge-based expert care.
- The Medical Director of the service had the experience, capacity and capability to ensure that this vision was delivered.
- Staff were aware of and understood the vision and values of the service; and their role in striving to deliver a 'gold-star' service.

Culture

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

- The service focused on the needs of patients.
- Systems were in place to ensure openness, honesty and transparency were demonstrated when responding to incidents. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. For example, where treatments did not meet patients' expectations, the service offered patients suitable apologies, an explanation and, where appropriate, a further complementary treatment.
- Staff felt respected, supported and valued. They were proud to work for the service. The service had developed an 'Employee of the Month' award programme to recognise staff for their achievements.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Are services well-led?

- There were processes for providing all staff with the development they need. This included protected time for training, and appraisal and career development conversations.
- There was a strong emphasis on the safety and well-being of all staff.

Governance arrangements

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

- Structures, processes and systems to support good governance were clearly set out, understood and effective.
- The service held quarterly clinical governance meetings which facilitated governance discussions and reflective learning for any complex cases.
- Monthly staff meetings were in place which ensured prompt implementation of any required changes in response to events or learning points from the previous month.
- The provider had established service-specific policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Staff were clear on their roles and accountabilities. In addition to the wider staff meetings, staff were provided with regular one-to-one meetings with their manager.

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.
- Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients.
- The service used performance information, which was monitored, and staff were held to account.
- The provider had plans in place for business continuity and to manage major incidents.

Appropriate and accurate information

The provider 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.

Are services well-led?

- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The provider submitted data or notifications to external organisations as required.

Engagement with patients and external partners

The provider involved patients to support high-quality sustainable services.

- The provider encouraged and heard views and concerns from patients acted on them to shape services and culture.
- The service routinely undertook patient surveys and considered survey findings.
- In addition to completing service feedback surveys, patients were able to review the provider on 'Google,' 'Realself,' 'Trustpilot,' and 'Facebook.' These reviews were also monitored by the provider for learning and improvement.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- The service had systems in place to undertake clinical auditing and internal reviews of incidents and complaints to support improvement and ensure learning was shared.
- All patient feedback was collated and discussed in monthly and quarterly meetings.
- Clinical staff attended conferences and provided training in cosmetic procedures.
- Clinical staff engaged with the British College of Aesthetic Medicine (BCAM) and the Medical Director was involved in clinical trials for thread lift procedures.
- The service had recently migrated to a paperless records management system which had improved the quality and security of note keeping and enabled a more efficient workflow.
- A new digital tracker system had also been introduced for the management of complaints to improve the identification of any trends and subsequent staff training needs.