The Wynyard Clinic

Inspection report

1 Wynyard Park Business Village
Wynyard
Billingham
TS22 5FG
Tel: 01740645584
www.thewynyardclinic.co.uk

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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	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?	Outstanding

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? – Outstanding

This is the first time we have inspected this service. We carried out an announced comprehensive inspection at The Wynyard Clinic as part of our inspection programme.

The service is a cosmetic and dermatology service. They provide a range of minor surgical procedures under local anaesthetic such as removal of cysts, moles and warts, earlobe reconstruction and eyelid surgery.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services they provide. 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. The Wynyard Clinic provides a range of non-surgical cosmetic interventions, for example, aesthetic skin injections and laser hair removal, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

Our key findings were:

- There were systems and processes in place to ensure that care was delivered safely.
- The provider reviewed and monitored care and treatment to ensure they provided effective services. They carried out audits to assess and improve quality. Staff received training appropriate to their roles.
- Staff at the service displayed an understanding and non-judgmental attitude to all patients and the service had received continually positive feedback from patients about the care they had received.
- The provider understood the needs of their patients and improved services in response to those needs. Access to care was timely and we saw that complaints were taken seriously.
- There were proactive and well-established monitoring processes in place to support accountable governance processes. Leaders were proactive in identifying and tackling challenges to provision of good quality care. We found quality improvement was at the heart of how the service operated, with accountability for delivery clearly set out and any areas for improvement resolutely followed up to ensure progress was made.

We saw the following outstanding practice:

- Feedback from patients was continually positive about the way staff treat people. The provider placed a high importance on seeking and acting upon the views of people who used the service and endeavoured to provide the best quality of care.

Overall summary

- The service had implemented a peer to peer review process, to support the continual development of staff, promote good working relationships and staff ownership of personal and professional development.

Dr Rosie Benneyworth BM BS BMedSci MRCGP
Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

Background to The Wynyard Clinic

KL Aesthetics Ltd is registered with the Care Quality Commission to provide the regulated activities of Treatment of disease, disorder or injury; surgical procedures; and, Diagnostic and screening procedures from one registered location, at the following address:

The Wynyard Clinic
1 Wynyard Park Business Village,
Wynyard, Billingham
TS22 5FG

We visited this location as part of our inspection.

The Wynyard Clinic provides aesthetic services such as medical treatments to remove ingrown toenails, cysts, moles, warts, xanthelasma and seborrheic keratosis as well as earlobe reconstruction, upper eyelid surgery and labiaplasty.

The service provides face-to-face appointments. The core opening hours are:

Tuesday to Friday 9:30am to 5:30pm, with late opening on a Thursday evening until 7:30pm. They are also open alternate Saturdays from 9am to 4pm.

The service consists of a consultant plastic surgeon, three advanced nurse practitioners (of which one is registered as the registered manager). They are also supported by a team of receptionists and aesthetic and beauty therapists.

More information about the service can be found on the locations website at www.thewynyardclinic.co.uk.

How we inspected this service

Prior to visiting this service, we reviewed information from stakeholders (for example, online reviews, CQC notifications) and data submitted by the provider. We interviewed staff, and undertook observations and a review of documents both remotely and during a site visit

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.

Good

Are services safe?

We rated safe as Good because:

There were systems and processes in place to ensure that care was delivered safely.

Safety systems and processes

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

- The provider conducted safety risk assessments. They had appropriate safety policies, which were regularly reviewed and communicated to staff. 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.
- 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- 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.
- 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.

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.
- There was an effective induction system for staff tailored to their role.
- 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.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate professional indemnity arrangements in place.
- 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. This had not been formally documented prior to the inspection, but the registered manager provided us with this the day following the inspection site visit.

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.

Good

Are services safe?

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- 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.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

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 and equipment, minimised risks.
- The service did not prescribe any 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.

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 them 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. For example, when there was an incident where a delivery of medicine was not identified within the packaging and nearly disposed of; a new policy was put in place to reduce the risk of this happening again.
- 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.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.
- The service actively monitored research and periodical information about the medicines they most commonly used to ensure they were following best practice and were aware of any emerging risks at the earliest opportunity.

Good

Are services effective?

We rated effective as Good because:

The provider reviewed and monitored care and treatment to ensure they provided effective services. They carried out audits to assess and improve quality, including those on completeness of clinical records. Staff received training appropriate to their roles.

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 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.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, they monitored infection rates following minor surgery. The audit identified no confirmed cases of infection, confirming arrangements worked well in protecting people who used 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.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) or Nursing and Midwifery 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. 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.

Good

Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, the service wrote to the patients GP to inform them of any treatment provided.
- 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. We spoke with staff about 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 told us they did not provide any minor surgical treatment, where the patient did not give their consent to share information with their GP, or they were not registered with a GP. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services), 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.
- 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. For example, where as part of the initial assessment there was likely evidence of skin cancer which was best managed by NHS health care providers.
- 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.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Good

Are services caring?

We rated caring as Good because:

Staff at the service displayed an understanding and non-judgmental attitude to all patients and the service had received continually positive feedback from patients about the care they had received.

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 continually positive about the way staff treat people. No concerns had been raised with CQC by patients. We reviewed patient feedback on internet search engines and found that patients had scored the service five out of five stars (20 reviews). Social media reviews were also positive scoring the service five out of five stars (six reviews). The provider requested feedback from patients after each treatment. The service saw approximately 11 or 12 patients per month for minor surgical procedures, which had equated to 137 over the year they had been operational. (Although for some of this period they were closed due to covid restrictions on provision of non-essential services). This equated to approximately 6% of the total clients seen (including those services which fall outside the scope of CQC registration). Since the service started operating in April 2021, they had received 100% five star reviews (based on 350 reviews). The service had received completed reviews from 16% of people who had used (the full range of) services they offered.
- 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 to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language. Information leaflets and videos were available, to help patients be involved in decisions about their care.
- We saw from publicly available reviews of the service that patients felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand, for example, communication aids were available.

Privacy and Dignity

The service respected respect 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.

Good

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. Access to care was timely and we saw that complaints were taken seriously.

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. For example, the service had responded to the coronavirus pandemic not only to protect patients' safety but their wellbeing too. For example, as the service became operational during the pandemic, they incorporated the latest government guidance and advice as part of the initial planning and delivery of the service.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. They gave us examples of how they had responded to individual requirements to meet patients' mobility and communication needs.

Timely access to the service

Patients were able 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.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- 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 informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaints policy and procedures in place. There had only been one complaint since the service started operating and this had related to the aesthetic side of the provider, which is not regulated by the Care Quality Commission.

Outstanding ☆

Are services well-led?

We rated well-led as Outstanding because:

There were proactive and well-established monitoring processes in place to support accountable governance processes. Leaders were proactive in identifying and tackling challenges to provision of good quality care. We found quality improvement was at the heart of how the service operated, with accountability for delivery clearly set out and any areas for improvement resolutely followed up to ensure progress was made.

The service had implemented a non-hierarchical peer to peer review process, to support the continual development of staff, good working relationships and ownership of personal and professional development.

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 were proactive in identifying and tackling challenges to the provision of good quality care. There were active monitoring processes in place to ensure they had the information to inform decision making and time was built in to review this information on a monthly basis as a team approach to quality improvement.
- 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.
- The service developed its vision, values and strategy jointly with staff.
- 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 told us 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.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. 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.

Outstanding ☆

Are services well-led?

- There were processes for providing all staff with the development they need. 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. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- The service had implemented a peer to peer review process, to support the continual development of staff, promote good working relationships and staff ownership of personal and professional development. This was a non-hierarchical approach, which matched staff together to have career and performance development discussions outside the line management relationship to gain a different perspective, get direct feedback and support team development. For example, additional targeted external training was identified to support two members of staff in undertaking new roles as a result of this process.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. They 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 managers.

Governance arrangements

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

- There were proactive and well-established monitoring processes in place to support accountable governance processes. A series of audits were completed and discussed as a team on a monthly basis to identify areas for improvement or any areas of risk and enabled the service to address them quickly. This included for example, a review of clinical note keeping; patient feedback; health and safety checks; medicine audits; and, benchmarking available data against other CQC registered services. We found quality improvement was at the heart of how the service operated, with accountability for delivery clearly set out and any areas for improvement resolutely followed up to ensure progress was made.
- We found governance and performance management arrangements were proactively reviewed and reflected best practice.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- 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 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.
- The service submitted data or notifications to external organisations as required.
- 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.

Outstanding ☆

Are services well-led?

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. The service proactively monitored safety studies, any recent research publications and other pertinent information for the medicines they most commonly used to ensure they were following best practice and managing any risks effectively. This had been helpful in keeping up to date and managing supply chain difficulties caused by the pandemic.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality. For example, the service commissioned a company to carry out an external audit on safety systems to ensure they protected staff and clients from harm, which identified minor improvements. The service demonstrated these were acted upon quickly. The service had sought professional advice when designing the clinical rooms at the service to ensure that they reduced the risk of infection as much as possible. The success of this was reflected in the absence of post-operative infections among clients.
- 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. These were proactively reviewed, discussed and acted upon on a monthly basis to ensure timely action on any issues identified. For example, the service purchased a settee with a higher profile seat, when they received anonymous feedback that a patient found the chairs in the waiting areas were too low.
- 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 provider placed a high importance on seeking and acting upon the views of people who used the service and endeavoured to provide the best quality of care and acted on views to shape services and culture. Every patient using the service was asked to contribute their views on the service they had received. Patient feedback was all extremely positive.
- Staff could describe to us the systems in place to give feedback. 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.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were evidence of 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. Learning was shared and used to make improvements.

Outstanding ☆

Are services well-led?

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The well-established governance processes support continual improvements.