

Dr Frances Prenna Jones Limited Liability Partnership

Dr Frances Prenna Jones LLP

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 24 May 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The provider Dr Frances Prenna Jones Limited Liability Partnership has one location registered as Dr Frances Prenna Jones LLP located in Mayfair in London. It is a private aesthetic cosmetic clinic providing mainly anti-ageing treatments to adults. such as skin peels and Botox which are not required to be regulated by the Care Quality Commission (CQC).

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines. Our inspection focused solely on the procedures of mole removal, skin tags and prescribing. However, the most recent skin tag procedure taken place at the clinic was in November 2016 and they issue approximately one prescription a week.

The doctor is the 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.

Summary of findings

Twenty-one patients provided feedback about the service. Most of the comments we received were positive about the service, for example describing the doctor as caring and professional.

Our key findings were:

- The provider had some systems in place to protect people from avoidable harm and abuse.
- The provider had systems in place to record, analyse or share learning from significant events.
- The service did not have appropriate arrangements in place to respond to medical emergencies.
- There were arrangements in place for the management of medicines.
- There was a vision to provide a personalised, quality service.
- The patient feedback we received in the course of the inspection indicated that patients were mostly satisfied with the service they received.
- Information about how to complain was available. The provider had not received any complaints about the service in the last year.

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

- Review systems and processes for quality improvement cycles such as completed clinical audits.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations at the time of our inspection. However, following the inspection we received evidence to confirm our concerns had been addressed by the provider and they are now providing safe care.

The impact of our concerns was minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right.

- The service did not have appropriate arrangements in place to respond to medical emergencies. There was no emergency oxygen or defibrillator on site and the provider had not carried out a risk assessment to determine what they would do in an emergency. Following the inspection the provider purchased both a defibrillator and oxygen.
- The provider had not ensured that all staff had completed basic life support and infection control training. Following the inspection all staff completed the training.
- The service had systems, processes and policies in place to safeguard people from abuse.
- The service had a system in place for reporting and recording significant events or other incidents.
- The service was clean and monitored infection prevention and control. There were cleaning schedules in place.
- There were appropriate arrangements in place for the management of medicines.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

- The doctor had the skills, knowledge and experience to deliver effective care and treatment.
- The doctor provided evidence that they maintained their skills and were externally appraised and underwent revalidation in line with requirements.
- The provider did not have any systems and processes for quality improvement cycles such as completed clinical audits.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- CQC comment cards mostly indicated patients were treated with care, dignity and respect. However, some comments stated patients felt rushed on occasions.
- The staff were polite, helpful and aware of the need to maintain patient privacy and confidentiality.
- The service involved patients in decisions about their care and provided clear information including about the likely costs, prior to the start of treatment.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- The service was responsive to patient needs for example, arranging appointments on request and at a time convenient to the patient.

Summary of findings

- Information about how to complain was available. The provider had not received any complaints about the doctor's consultation service in the past year.
 - The service could arrange translation services when required.
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Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- There was a clear leadership structure, vision and strategy for the service.
 - The service had a comprehensive range of policies and procedures in place to identify and manage risks and to support good governance.
 - The doctor attended regular learning and clinical update sessions.
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Dr Frances Prenna Jones LLP

Detailed findings

Background to this inspection

Dr Frances Prenna Jones is a private aesthetic cosmetic clinic providing anti-ageing treatments to adults. Not all of these treatments, such as skin peels and Botox, are required to be regulated by the Care Quality Commission (CQC). However, the service also carries out the removal of skin tags and prescribes medicines.

The service offers appointments Monday to Friday 9am – 7pm.

The clinic only treats adults and appointments are booked in advance by telephone, email or in person. They see approximately 60 patients per week.

Patient facilities are provided on the ground and first floor. There is no lift and no entrance ramp facilitating physical access. However this is made clear both on the website and when patients make appointments. The staff team include a lead doctor, two therapists and three administrative staff.

We carried out this inspection on 15 May 2018. The inspection team comprised of a CQC inspector, GP specialist advisor and a second inspector.

Before visiting, we reviewed a range of information we hold about the service and asked the clinic to send us some information about the service which we also reviewed.

During our visit we:

- Spoke with the doctor and the practice manager.
- Reviewed comment cards where patients had shared their views and experiences of the service in the days running up to the inspection.
- Reviewed documentary evidence relating to the service and inspected the facilities, equipment and security arrangements.
- We reviewed a number of patient records alongside the doctor. We needed to do this to understand how the service assessed and documented patients' needs, consent and any treatment required.

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 formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

We found that this service was not providing safe care in accordance with the relevant regulations at the time of our inspection. However, following the inspection we received evidence to confirm our concerns had been addressed by the provider and they are now providing safe care.

Safety systems and processes

The service had considered relevant health and safety and fire safety legislation and had carried out relevant risk assessments covering the premises. In addition to clinic policies and protocols which were regularly reviewed. Any changes in safety procedures were communicated to patients if relevant.

The service had systems, processes and clinics in place to keep people safe and safeguarded from abuse:

- The doctor was the designated safeguarding lead for the clinic. The service had safeguarding policies which included details for the local statutory safeguarding team. Staff had ready access to information outlining who to contact for further guidance if they had concerns about a patient's welfare. Staff understood their responsibilities and had received adult and children safeguarding training relevant to their role.
- Information informing patients about the use of chaperones was on display in the clinic. Clinic policy was to use the administrative staff as chaperones whenever needed. All staff had been DBS checked.
- We looked at personnel records and found appropriate information including, proof of identification, qualifications, registration with the appropriate professional body. We also saw evidence of appropriate indemnity insurance and DBS checks. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The doctor was professionally registered and we saw evidence of their revalidation.
- The service maintained appropriate standards of cleanliness and hygiene. The provider was responsible for cleaning the premises and we saw cleaning schedules and monitoring systems were in place. There were infection prevention and control protocols which were implemented and reviewed. They also carried out

an annual infection control audit. The inspection control lead had received infection control training and provided regular updates to other staff. The provider disposed of clinical waste appropriately.

- The premises were suitable for the service provided. The clinic was located on the ground and first floor but did not have a ramped access from the street. All patients were made aware of this when booking appointments.
- There was a range of health and safety and environmental policies in place. The service displayed a health and safety poster with contact details of health and safety representatives that staff could contact if they had any concerns. Health and safety risk assessments for the premises had been carried out including a legionella risk assessment. Fire safety equipment was regularly tested and the provider carried out fire drills periodically.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

Risks to patients

The service did not have appropriate arrangements in place to respond to emergencies and major incidents:

- Staff had not received basic life support training. However, the provider told us they would book this as soon as possible. Following the inspection we received evidence to confirm all staff had now completed the training.
- There was no emergency oxygen or defibrillator on site and the provider had not carried out a risk assessment to determine what they would do in an emergency. Following the inspection we received evidence to confirm both had been purchased.
- The clinic kept a small stock of emergency medicines to treat patients in an emergency for example adrenaline auto injectors, aspirin and medicines used to treat allergies.

Information to deliver safe care and treatment

On booking an appointment and at each consultation the doctor had access to the patient's previous records. Patients making an appointment for the first time were asked to complete a new patient registration form with their contact details, date of birth medical and family

Are services safe?

history and any current treatment or health conditions and details of their NHS GP (if they had one). The doctors sought patients' consent to share information about care and treatment provided by them with their NHS GP.

Safe and appropriate use of medicines

The provider had arrangements for managing medicines (including obtaining, prescribing, recording, handling, storing and security).

- Although the provider did not routinely prescribe medicine they had protocols for prescribing.
- The doctor told us they would not prescribe a medicine if this was contraindicated or otherwise inappropriate in their clinical judgement. The provider did not prescribe any unlicensed medicine.
- No medicines were kept on site except for emergency ones mentioned above.
- The doctor routinely reviewed updates to national guidelines and medicines safety alerts to ensure safe prescribing.

Track record on safety

The service maintained a log of serious incidents, accidents and complaints. The clinic had not experienced any serious incidents involving significant harm to patients or staff. National safety alerts were logged and assessed for relevance.

The provider had paper patient's records which were kept in locked cupboards.

Lessons learned and improvements made

There were systems in place for identifying, investigating and learning from safety incidents. The clinic had a clear definition of a 'serious incident' which staff were required to report. It had also encouraged staff to report less serious incidents which might lead to improvement. Staff told us they would inform the lead doctor of incidents and complete an incident form. Action and learning arising from incidents was also reviewed annually.

The provider was aware of and complied with the requirements of the Duty of Candour. The service had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records in patient's notes of verbal interactions as well as written correspondence.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was providing effective services in accordance with the relevant regulations.

Effective needs assessment, care and treatment

The doctor we interviewed provided evidence that they assessed needs and delivered care in line with relevant and current evidence based guidance and standards. Updates to guidelines were assessed for relevance, discussed and shared across the team.

The clinic had developed links with some specialists to facilitate appropriate referrals such as mole clinics and ophthalmologists.

Monitoring care and treatment

The service did not have any systems in place to monitor the quality of care and treatment such as processes for quality improvement cycles, for example completed clinical audits. However, the provider told us they carried out audits in relation to record keeping and consent forms.

Effective staffing

The doctor had the skills, knowledge and experience to deliver effective care and treatment. They told us they had opportunities to keep up to date in their specialism. and could provide evidence of this.

Staff were up to date with their safeguarding and fire safety awareness. However, all staff had not completed basic life support and infection control training.

- The clinic understood the learning needs of the staff that provided regulated activities and provided protected time and training to meet them.

- The clinic provided staff with ongoing support. This included an induction process and appraisals.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

The service shared information to plan and co-ordinate patient care effectively.

- From the sample of documented examples we reviewed we found that the service shared relevant information with other services in a timely way.
- Information was shared between services with patients' consent. Patients were actively encouraged to allow the clinic to share information, when necessary, about their treatment with their NHS GP where applicable.

Supporting patients to live healthier lives

The doctor told us they would provide information and advice about healthy living, on an ad-hoc basis to patients, for example in relation to diet.

Consent to care and treatment

The doctors sought patients' consent to care and treatment in line with legislation and guidance. They understood the relevant consent and decision-making requirements of legislation and guidance relating to adults including the Mental Capacity Act 2005. The doctor sought written consent from patients in relation to certain procedures and to share information with their NHS GP when necessary.

Are services caring?

Our findings

We found that this service was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

The doctor told us they prided themselves on providing a caring service. The clinic's mission statement was to understand and exceed the expectation of our patients.

We received twenty-one CQC comment cards from patients which were mainly positive about the service. Patients commented that the service was excellent and described the doctor as friendly and professional. However there were also comments referring to high turnover of staff and feeling rushed during consultations and treatments. We noted these comments were also contained in the providers own questionnaires and they informed us they had been discussed with the team. taken these comments on board.

Involvement in decisions about care and treatment

The service ensured that patients were provided with information, including costs, to make decisions about their treatment.

The clinic provided facilities to help involve patients in decisions about their care:

- Patients who did not speak English or have someone suitable to interpret could request an interpreter or translation service.
- Information leaflets were available explaining the services available.

Privacy and Dignity

Screens were provided in the consulting room to maintain patients' privacy and dignity during examinations, investigations and treatments. The provider displayed information informing patients that chaperones were available. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. The doctor was aware of the importance of protecting patient confidentiality and had undertaken training on information governance.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing responsive services in accordance with the relevant regulations.

Responding to and meeting people's needs

The clinic organised and delivered services to meet patients' needs. It took account of patient needs and preferences. They understood the needs of its patient population and tailored services in response to those needs.

Timely access to the service

Appointments could be made over the telephone or by email. The clinic was open from Monday to Friday 9am – 7pm.

Patients had to pre-book appointments. Waiting times, delays and cancellations were minimal and managed appropriately.

Listening and learning from concerns and complaints

The clinic 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 from reception, in the clinic leaflet and via the website.

The complaint policy and procedures were in line with recognised guidance. The clinic had not received any complaints in the last year.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We found that this service was providing well-led services in accordance with the relevant regulations.

Leadership capacity and capability;

The clinic was led by one doctor who had capacity and skills to deliver high quality, sustainable care.

They understood the challenges facing the sector and the service and had developed a strategy to address these.

Vision and strategy

The provider had a clear vision about the scope of the service and the needs of patients who used the service. The aims and objectives were set out in the mission statement for the service. They aimed to provide personalised, high-quality treatment and maintain the highest professional and ethical standards. They had an awareness of health values and ensured policies and procedures were in place.

Culture

There was a positive and professional working culture at the clinic. The support staff in the clinic stated they felt respected, supported and valued. They told us they were able to raise any concerns and were encouraged to do so with the doctor.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour with patients.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. The structures, policies, processes and systems were clearly set out, accessible and the doctor had systems in place to assure these were operating as intended.

The doctors were appraised by an external appraiser on an annual basis.

Managing risks, issues and performance

There were clear and effective processes for managing risks. There was a process to identify, understand, monitor and address current and future risks including risks to patient safety.

A range of daily, weekly and monthly checks were in place to monitor the environment and the health and safety of the service.

The doctor had oversight and a documented process in place for relevant safety alerts and complaints. There was clear evidence of action to change practice to improve quality.

The clinic was in the process of drafting a business continuity plan including contact details for key contractors and utilities should there be a major environmental issue.

Appropriate and accurate information

The provider had systems in place to ensure patient records were stored securely and treated confidentially. The patient records included an accurate and complete record of the consultation and the provider told us they would return all records to patients in the event of them ceasing to trade.

Engagement with patients, the public, staff and external partners

The provider told us they encouraged and valued feedback from patients, the public and staff. They carried out an annual patient survey and the most recent one demonstrated that patients were mainly happy with the service, however they were some comments in relation to feeling rushed during consultations and high staff turnover. The doctor told us they had taken these comments on board and would now check with patients during consultations whether they understood the treatment that was being proposed or needed more time to discuss the plan. Further, they said the current staff team had been in place for the last six months.

Continuous improvement and innovation

The lead doctor had a focus on continuous learning; they said they attended regular learning and clinical update sessions.