

Modality Medical Services Limited

# Modality Medical Spa

## Inspection report

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## Ratings

### Overall rating for this service

Are services safe?

Are services effective?

Are services caring?

Are services responsive to people's needs?

Are services well-led?

## Overall summary

We carried out an announced comprehensive inspection on 18 September 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

# Summary of findings

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.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by a medical practitioner for minor surgical procedures. At Modality Medical Spa the aesthetic cosmetic treatments that are also provided are exempt by law from CQC regulation. Therefore, we were only able to inspect the treatment for minor surgery but not the aesthetic cosmetic services.

The service had a registered manager since August 2013. 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.

During the inspection we spoke with one patient and received 30 completed CQC comment cards. All feedback from patients was positive and included that patients felt comfortable, staff were friendly and explained aftercare well. From the comment cards received we were not able to tell which comments related to the service that we were inspecting and which related to the services that were out of scope of inspection.

## **Our key findings were:**

- The service had effective systems and processes to keep patients safe. Policies were accessible to staff and well embedded. However, we found the service did not check the identity of private patients before carrying out a procedure. Following the inspection, the provider informed us they would be implementing a policy with immediate effect to confirm the identity of all private patients.
- The service monitored post-operative complications in NHS patients and collected patient feedback to monitor how effective the service was.
- From data provided, we saw patient feedback was positive and patients were likely to recommend the service.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The lead clinician was experienced in Dermatology and minor surgery and continued to access clinical support and supervision as needed.
- Data we viewed showed patients were satisfied with the choice of appointment offered and the service was meeting its own targets for treatment times.
- The service had a clear leadership structure and staff were aware of their own roles and responsibilities.

There were areas where the provider could make improvements and should:

- Consider including private patients in the monitoring of post-operative complications to understand how effective services are and to make further improvements.

# Modality Medical Spa

## Detailed findings

### Background to this inspection

Modality Medical Services Limited is the registered provider of Modality Medical Spa. The Spa is an independent healthcare provider located in Birmingham. The service operates from first floor accommodation based at 251 Soho Road, Handsworth, Birmingham, B21 9RY.

The service provides cosmetic dermatological minor surgery to NHS and private fee-paying patients. The service provides treatment to children and adults. The service also provides aesthetic treatments that are out of scope of regulation, we did not look at these during the inspection.

Patients can receive treatment at the Spa through the NHS if they meet certain criteria. Referrals are triaged by clinicians based at another location under the provider. Private patients can book appointments by calling the Spa, in person or through email.

During April 2017 and July 2018, the service carried out 39 private minor surgery procedures and 123 minor surgery procedures on the NHS.

Based on data the provider gave us, most of minor surgery procedures were carried out by the service on adults. Many patients accessing the service are from a South Asian or African-Caribbean ethnic background.

Parking is available behind the Spa. The service has access to a minor operations room, waiting area, lift, toilets and two other rooms used for aesthetic treatments.

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

- Diagnostic and screening procedures
- Surgical procedures
- Treatment of disease, disorder or injury

The service is open Monday to Friday 9am to 5pm and 9am to 7pm two Thursdays a month. Appointments for minor surgery are available on a Wednesday between 2pm and 5pm. The provider employs one doctor (male) (one and half days per week), and two aestheticians who also cover reception. The service uses healthcare assistants employed by the provider, twice a week.

The service manager is based at the provider's head office and is the manager for all the provider's community services. Administration staff book appointments for NHS patients and are based centrally and cover all the provider's community services.

The service does not provide out of hours cover. Staff explain to people when aftercare information is given, they can call the service between 9am and 5pm or if it is an emergency they need to attend A&E or a walk-in centre.

We carried out a comprehensive inspection on 18 September 2018. The inspection was led by a CQC inspector and supported by a GP specialist advisor.

Before the inspection we reviewed any existing information we held on the service and the information the provider returned to us.

We also reviewed information we had received from Healthwatch, and found no concerns had been raised about this service

During the inspection, we spoke with one person using the service, interviewed staff, made observations and reviewed documents.

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?

# Detailed findings

- 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?

## Our findings

### Safety systems and processes

- The service had a range of safety policies including adult and child safeguarding policies which were regularly reviewed and were accessible to all staff. Staff received safety information for the service as part of their induction and refresher training. Policies outlined clearly who to go to for further guidance. The clinician was the safeguarding lead for the service, all staff were aware of this and had received appropriate safeguarding training.
- During the inspection, we found the service did not check the identity of patients before carrying out a procedure. Following the inspection, the provider informed us they would be implementing a policy with immediate effect where private patients would be expected to produce identification.
- The provider carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. We saw the clinician had been revalidated. The service recruitment policy requested staff to carry out Disclosure and Barring Service checks (DBS). We saw that all staff including staff who acted as chaperones, had received a DBS check or a risk assessment had been carried out where DBS checks had not been undertaken. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We saw there were posters informing patients about chaperones on all clinic room doors and in the waiting area.
- The service had effective systems to manage infection prevention and control (IPC). One of the aestheticians was the lead for infection control. All staff had received appropriate IPC training in line with the providers mandatory training policy. Staff carried out monthly IPC audits. From records we viewed, we saw no issues had been identified. We observed the minor surgery room, the waiting area and toilets, all appeared to be clean and were in good overall condition. The service had systems to safely manage clinical waste.

- The service had a policy for the management, testing and investigation of legionella (Legionella is a bacterium which can contaminate water systems in buildings). We saw staff had access to an up to date risk assessment that had been carried out by an external company.
- The service provided records to show facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- The service had completed safety risk assessments including fire safety and health and safety. All staff had received fire safety training. The service carried out fire drills in line with their policy.

### Risks to patients

- The service was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- The clinician had received training in identifying and managing sepsis.
- The clinicians had suitable professional indemnity arrangements.
- The service did not provide home visits and all appointments were pre-booked.

### Information to deliver safe care and treatment

- Staff had the information they needed to deliver safe care and treatment.
- Patient records we viewed were well written and comprehensive.
- Private patients were required to complete a full health questionnaire before treatment. For NHS patients, their medical history was taken from the referral letter. The clinician informed us if the referral contained minimal information they would contact the referrer for more information.
- The service used paper and electronic notes to record patient consultations. Paper notes were stored securely. Staff had individual login details to access electronic notes to help protect patient confidentiality.

### Safe and appropriate use of medicines

# Are services safe?

- The systems for managing and storing medicines, including medical gases, and emergency medicines and equipment minimised risks. The service stocked appropriate emergency medicines and kept prescription stationery securely and monitored its use.
- Staff prescribed or administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

## **Track record on safety**

- The service met monthly as team to discuss safety issues such as incidents and complaints and any learning and improvements that needed to be made.
- The service had carried out a range of health and safety risk assessment to reduce the risk of harm to patients and staff.

## **Lessons learned and improvements made**

- 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
- When there were unexpected or unintended safety incidents, the service gave affected people reasonable support, truthful information and a verbal and written apology.
- There was a system and policy for recording and acting on significant events and incidents. We saw the policy was embedded and that safety incidents and subsequent learning was discussed as a team. For example, the service told us following an incident they had improved their process for managing medicines.
- There was a system for receiving and acting on safety alerts. The service learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

- The service had systems to keep clinicians up to date with current evidence-based practice.
- Clinicians had access to guidelines and pathways from NICE (The National Institute for Health and Care Excellence).
- All patients received a detailed consultation before treatment. Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- For NHS patients the service followed local clinical commissioning group (CCG) referral pathways and only those patients meeting certain criteria could be referred to this service.
- Private patients could self-refer to this service.
- During August 2017 and July 2018, the service treated 39 private patients and 123 NHS patients.
- Feedback from parents we spoke with during the inspection and from comments cards we viewed, was positive about information they received before and after the procedure. People commented that staff explained everything well.

### Monitoring care and treatment

- The service audited patient records yearly to understand how effective their service was and identify any areas for improvement. We saw they audited 25 NHS patients records each year during January and June in 2016 and 2017. The audits showed that there were no post-operative complications. The clinician informed us by comparing these audits with audits done in previous years, they had seen an improvement in the number of post-operative complications in NHS patients.
- The service did not audit records for private patients. The number of private patients using the service was considerably less than NHS patients. The clinician informed us he used the audit of the NHS patients as a measure of how well the service was performing overall.

- The service did not offer an out of hours service. All patients were told to call the Spa during their opening hours if they had any concerns post operatively. If their concerns were urgent patients were advised to attend A&E or their nearest walk in centre.

### Effective staffing

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The service provided staff with ongoing support. This included an induction process, appraisals, and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- The clinician was experienced in dermatology and minor surgical procedures and continued to receive clinical support from a consultant dermatologist at a local NHS trust. The clinician also attended monthly meetings with his peers to discuss complex patients.
- The clinician told us because of the specialist nature of the service, there was limited cover for the clinician's absence. This meant patients may need to wait longer than expected for an appointment. However, the service did have access to another clinician employed by the provider to provide cover if necessary.
- The service had also recently used a Consultant Ophthalmologist on one occasion to provide cover. The service told us they were monitoring referrals and would book the consultant when needed.

### Coordinating patient care and information sharing

- The service had a protocol for processing pathology results and kept patients informed of results.
- The service sought consent from patients before referring them onto other services such as secondary care or writing back to their own GP.
- For NHS patients, the administration team would send a letter to the patient's GP based on information recorded on the electronic system.
- For private patients, if the patient gave consent, the clinician provided a hand-written letter to the patient, and asked the patient to give it to their GP.

# Are services effective?

(for example, treatment is effective)

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

- The clinician gave patients tailored advice to meet their individual needs. For example, where appropriate patients were given information about keeping hydrated and protection from the sun.

## **Consent to care and treatment**

- The clinician understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. For example, the consent form was available in alternative languages such as Urdu and Polish.
- Where appropriate, the clinician assessed and recorded a patient's mental capacity to make a decision.

# Are services caring?

## Our findings

### Kindness, respect and compassion

- Patients commented that staff treated them with kindness, respect and compassion.
- The service carried out a patient survey and results for March 2017 to March 2018 showed 36 out of 40 patients felt the customer service they had received from reception was very good, four people commented it was good.
- 36 out of 40 patients felt the approach and friendliness of staff was very good. Four patients commented it was good.

### Involvement in decisions about care and treatment

- Staff told us all patients received 30 minute appointments, to allow time to explain the procedure

and answer any questions. We saw during the inspection; the service was flexible with appointment times and some patients' appointments were longer than this.

- From comment cards we viewed patients commented they felt listened to.
- From the service's own survey in July 2018 11 out of 13 patients felt their involvement in decisions about their treatment was very good, one patient thought it was good, and one patient thought it was very poor.

### Privacy and Dignity

- Clinic room doors were shut during consultations. Conversations could not be overheard from the waiting area.
- The reception desk was placed away from the waiting area and displayed a poster asking patients to stand back to allow patients' privacy. The poster was in English, Urdu and Polish.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The registered manager for the service told us when the service was initially set up in 2013, it was set up in this area of Birmingham, particularly because of the population groups living in the surrounding area. This service was set up as a specialist service for people with South Asian and African-Caribbean skin.

The population group surrounding the Spa has changed since 2013 but the service continues to service high numbers of patients from African-Caribbean and South Asian ethnic population groups.

- The facilities and premises were appropriate for the service. The service had a lift for those patients unable to use the stairs.
- There was parking behind the Spa which included disabled parking spaces.
- The service had produced written information in alternative languages for example the consent forms and notices in reception.
- The service had access to interpreters as well as staff being able to speak multiple languages.
- The service's own survey showed between March 2017 and 2018, 36 out of 40 patients felt the location of the Spa was very good.

### Timely access to the service

- Appointments for minor surgery were available on a Wednesday between 2pm and 5pm.

- NHS appointments were made by the central administration team. Private patients could book appointments by calling the Spa, in person or through email.
- The service provided data that showed during August 2017 and July 2018 the service had met its target of seeing patients within four weeks, with patients mostly being seen within two weeks of referral.
- The service was aware that when the clinician was absent this would increase waiting times. The service's own survey March 2017 to March 2018 showed all 40 patients were offered an appointment that suited their needs. We did not receive any comment cards that raised appointment times as a concern.
- The service did have access to another clinician within the wider organisation who could provide cover for the lead clinician and the service had used a consultant ophthalmologist to provide additional cover for eye surgery appointments. However, this was not a permanent employee, the service told us they were monitoring referrals and would book the consultant as demand dictated.

### 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. During October 2017 and September 2018, they had received two complaints from patients and one complaint from a staff member. Complaints and subsequent learning was shared with all staff.

# Are services well-led?

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

## Our findings

### Leadership capacity and capability;

- The service had a clear leadership structure in place. The service manager and lead clinician had the experience, capability and integrity to deliver and address risks to the service.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The clinical lead had over 15 years experience of working as a specialist in dermatology and had lectured Nationally and Internationally on all aspects of skin problems.

### Vision and strategy

- This service was part of Modality Medical Services Limited, an organisation that operates nationally. They have GP practices in Birmingham, Sandwell, Walsall, Hull, Airedale, Wharfedale, Craven and East Surrey. The provider had overall responsibility for ensuring the service was operating in line with their policies and strategy.  
The service followed the provider values of conscience, accountability, responsibility and excellence. Staff we spoke with felt they met these values and we saw staff working to these values during the inspection.

### Culture

- The service told us they encouraged staff to be open and honest. Staff told us they felt supported by management and they would be listened to if they raised concerns.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- 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.

- The clinical lead recognised the importance of reporting and learning from incidents and complaints. We saw learning was shared with all staff within the service.

### Governance arrangements

- There was a clear staff structure and staff knew their individual roles and responsibilities.
- The service used the provider's policies and processes, and had developed service specific processes where appropriate. For example, obtaining consent.
- The service had a lead member of staff for managing complaints and significant events. Staff told us they had monthly team meetings where performance and any safety issues such as incidents and complaints were discussed.
- Systems were in place to monitor the quality of the service and make improvements.

### Managing risks, issues and performance

- The service had completed appropriate health and safety risk assessments.
- All staff were up to date with training.
- All staff were kept informed of any safety issues, any subsequent learning and changes to the service.
- The service maintained a dashboard to monitor activity and performance. For example, waiting times and how many patient surveys they had received. The dashboard was monitored closely by the clinical lead and community services manager.
- There was clear evidence of the service acting to change practice to improve quality. For example, the service informed us after the inspection they would be implementing a policy with immediate effect to confirm identity in all private patients.

### Appropriate and accurate information

- 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.
- The lead clinician audited 25 patient records each year between January and June to monitor the quality of care and identify if any improvements were needed. The

# Are services well-led?

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

clinician told us over the years he had noticed the number of post-operative complications had reduced. In 2016 and 2017 no post-operative complications had been reported for NHS patients.

## **Engagement with patients, the public, staff and external partners**

- The service engaged with staff through daily conversations, emails and monthly team meetings.
- The service engaged with patients and asked for their feedback following each consultation. We saw from data provided, during March 2017 and March 2018, 40 patients completed the patient survey. This was a response rate of 25%.
- Feedback from patients was positive and patients were likely to recommend the service to friends or family.

## **Continuous improvement and innovation**

- The service had systems and processes to support improvement and innovation.
- The service used feedback from patients and staff and learnt from safety incidents and complaints to make improvements to the service. For example, they had recently improved their security arrangements and management of medicines.
- The lead clinician received ongoing training and peer review in the specialties of dermatology and minor surgery.
- The lead clinician provided training to other professionals nationally and internationally.