

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## THMG Wimbledon Clinic

The Courtyard, 7 Francis Grove, Wimbledon,  
SW19 4DW

Tel: 02072919700

Date of Inspection: 19 November 2013

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2014

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Aesthetic and Cosmetic Surgery Limited
Registered Manager	Mrs. Deborah Korto Mulbah-Cummings
Overview of the service	THMG Wimbledon Clinic provides consultation services for cosmetic procedures for men and women which includes laser hair removal. The clinic is located in Wimbledon.
Type of service	Doctors consultation service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 19 November 2013, talked with people who use the service and talked with staff.

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### What people told us and what we found

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People expressed their views and were involved in making decisions about their care and treatment. There were appropriate leaflets available. There was a website with information about treatments.

People's needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan. We looked at people's treatment plans and saw that relevant clinical notes were made. We spoke to two people who used the service and they told us they were happy with the service they had received. They told us the service valued their privacy and that the treatments provided were in line with what they wanted.

People who used the service were protected from the risk of abuse. There was a policy and procedure that outlined how they would deal with and respond to safeguarding concerns.

Appropriate checks were undertaken before staff began work and staff were registered with their relevant governing bodies.

There were arrangements in place to monitor and assess the quality of the service. Audits were carried out to ensure the quality of the service was maintained. Satisfaction surveys were completed and the outcomes fed into service improvements.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care

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### Reasons for our judgement

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People expressed their views and were involved in making decisions about their care and treatment. The service had two information packs about the service and treatment options available. One was for surgical procedures and the other was for non-surgical procedures. There was a website that provided information on specific treatments, for example laser treatment and tummy tucks. Details of how to check the registration of the staff and a step by step guide detailing pre and post procedure care was provided by the service, so that people could make informed decisions.

We spoke with two people who used the service. One person told us that the nurse "Explained the procedure from start to finish" and outlined the treatment options available to them advising of the benefits and consequences of each option. We saw feedback forms people were given to comment on the service. The registered manager told us that everyone who used the service was issued with the form. One person we spoke to told us that the staff member that carried out their initial consultation also met them for a follow up appointment post procedure to answer any questions they had.

We observed that when people arrived they were greeted by a member of staff who directed them to a private consultation room showing that people were treated with dignity. The registered manager of the service told us that discussions about treatment did not take place until people were in the consulting rooms to respect their privacy.

The service was based on the second floor of the building. There was step free access to the building and a lift that took people directly into the reception area of the service.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan. We spoke with two people who had used the service. Both of the people we spoke with stated they had been advised of the potential treatment options available to them. They confirmed that treatment plans were designed in line with their individual requirements. One of the people we spoke with said "The nurse was fantastic, she went through all treatment options available to me, and was very detailed."

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The service required people to complete a medical history form before their consultation. The form required people to provide details of existing medical conditions, known allergies and provide details of medications that they were taking. Treatments were planned after taking account of any issues identified in the form. People were involved in planning the treatment in consultation with staff. This was done during consultation interviews between people and staff.

There were arrangements in place to deal with foreseeable emergencies. The manager explained the fire evacuation procedure for the service. We read health and safety records and the procedure the manager explained was in line with this. There were emergency procedures and policies to keep people safe and risk assessments. Risk assessments had been carried out for a number of identified risks including fire and what to do if a client had a cardiac arrest. The risk assessments included action measures to mitigate the risks identified. For example all clinical staff were trained in Cardiopulmonary Resuscitation (CPR) on an annual basis and were given training on what to do in the event of a person having a cardiac arrest. The service had a 24 hour emergency phone line facilities that people could call if they had any problems following treatment.

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### **Reasons for our judgement**

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People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. There was a policy and procedure that outlined how staff would deal with and respond to safeguarding concerns. The policy defined what constituted abuse, the registered manager's responsibility for dealing with abuse and the procedures for dealing with abuse. There was also a policy for safeguarding children. We saw and read both policies. The registered manager told us all staff received safeguarding training that was refreshed annually. Staff confirmed they had received safeguarding training when we spoke to them.

We spoke with staff and they were able to describe abuse and explain what they would do and how they would report it if they felt someone was at risk. There was a new member of staff and there were arrangements in place to provide training for them as part of their induction.

The registered manager told us there had not been any safeguarding concerns raised in the service.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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Appropriate checks were undertaken before staff began work. We were told that staff were interviewed prior to taking up their positions and the registered manager was involved in the interview process. Staff were required to undergo a Disclosure and Barring Service (DBS) check, confirm their identity and provide proof of evidence to work in the UK before commencing work in the service. References were also required. Clinical staff were required to provide evidence of their registration with their relevant governing bodies, for example the Midwifery and Nursing Council (NMC).

We read two staff files and saw this procedure had been followed for them because all relevant documents were on their file.

There were effective recruitment and selection processes in place which ensured staff were supported in their roles. A member of staff had been in post two days on the day of our visit. We read emails and a training schedule that evidenced a robust plan to induct the member of staff into their role. This included details of training and shadowing. Staff files contained evidence that staff were appraised on a regular basis.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. People were given satisfaction questionnaires at every visit. People were asked to rate the service on various aspects including their initial contact enquiring about the service, the quality of their consultation and aftercare. We reviewed a summary of recent feedback collated about the service from people who had used the service. The majority of people rated the service on the highest possible outcome. We spoke with two people on the day of our visit. They confirmed they had been asked for their views on the service. The registered manager told us that feedback was used to make improvements to the service and to inform training.

The registered manager told us that audits were carried to ensure the quality of the service was maintained. This included audits related to infection control, quality of files and medical history forms. Audits were conducted on a monthly and quarterly basis. For example the registered manager told us a sample of treatment forms were checked monthly to ensure they were completed accurately. We read records that confirmed the audits the registered manager told us about had been carried out.

The provider took account of complaints and comments to improve the service. Comments from feedback forms were collated by the provider's central office. The information from the forms was used as a service improvement tool, and to monitor overall customers satisfaction levels with the service. We spoke with two people who use the service and they confirmed they had been given feedback form. We saw an example of a complaint that had been received. We saw evidence that it had been dealt with in accordance with their policies. We saw a system in place to report and investigate incidents and accidents. This included an incident logging book and health and safety file with evidence that the service analysed incidents and accidents and learnt from them.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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