

London Aesthetic Medicine

Inspection report

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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?

Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at London Aesthetic Medicine as part of our inspection programme of a new provider registration for the service. This was a first rated inspection for the service that was registered with the Care Quality Commission (CQC) in November 2021. During this inspection we inspected the safe, effective, caring, responsive and well-led key questions.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. 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.

London Aesthetic Medicine provides a range of non-surgical cosmetic interventions, for example dermal fillers, lip fillers and Botox injections which are not within the CQC scope of registration. Therefore, we did not inspect or report on these services.

The Clinic Coordinator 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.

Our key findings were:

- The premises were clean and well maintained. There were effective systems in place to reduce the risk and spread of infection.
- There was evidence that safety risks were assessed and well-managed; the service had established an effective system of health and safety checks.
- The service had developed comprehensive policies which staff had reviewed to ensure the information was up to date and relevant.
- There were safe procedures for managing medical emergencies including access to emergency medicines and equipment.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines.
- There was evidence of activity which aimed to improve the quality of clinical procedures provided.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

Overall summary

- There was evidence of systems to support good governance and management.

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

- Make access information available for patients on the service website.
- Continue to implement a rolling programme of clinical audit to monitor quality and identify areas for improvement.

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

Our inspection team

The inspection was led by a CQC inspector. The inspection team included a specialist advisor.

Background to London Aesthetic Medicine

London Aesthetic Medicine (LAM) is a private doctor and consultation service. Dr Uliana Gout provides consultation, examination and treatments in aesthetic medicine and treatment of skin diseases and disorders to adults and children aged 13-17 at 4 Harley Street, London W1G 9PB. The provider informed us that the service does not treat young people under the age of 16. The service provides a broad range of aesthetic services that are not regulated by the Care Quality Commission (CQC), but some services that are, including diagnosis and treatment of skin conditions.

The service is located on the first floor and has two treatment rooms. Services are available to any fee-paying patient. The service is open between 9am and 7pm Monday to Wednesday and between 9am and 5pm Thursday and Friday. The service is not open at the weekend. Services are available to people on a pre-bookable appointment basis. The service director is a registered doctor. An aesthetic therapist works at the service. Support with the management of the service is provided by a clinic coordinator and a service manager and one front of house receptionist, who oversee appointments and administration for service users.

The location is registered with the CQC to provide the following regulated activities; treatment of disease, disorder or injury and diagnostic and screening procedures, minor surgery and diagnosis and screening procedures. At this inspection, the service was not providing any minor surgery but planned to contract a private dermatologist in 2023, to undertake minor surgery procedures, under a practising privileges arrangement.

The service website is <https://www.london-aesthetic-medicine.com>.

How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

We carried out an announced comprehensive inspection at London Aesthetic Medicine on 12 December 2022. Our inspection team was led by a CQC Lead Inspector. At the time of our inspection the provider was ill and not well enough to attend on site. Our GP Specialist Advisor did not attend on site but had a remote interview with the doctor on 23 December 2022. Before visiting, we looked at a range of information that we hold about the service. We reviewed information submitted by the service in response to our provider information request. During our visit we interviewed staff, observed practice 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?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good because:

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

Safety systems and processes

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

- The service conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. 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 had systems in place to assure that an adult accompanying a child had parental authority.
- 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 service 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). We reviewed three staff personnel files and found that appropriate recruitment checks had been undertaken prior to employment.
- 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. An infection prevention and control (IPC) audit had been undertaken in the previous 12 months. An IPC lead with appropriate training had been identified. The service had a policy for the control and prevention of COVID-19. All staff undertook weekly lateral flow tests for COVID-19. Staff completed a monthly risk assessment to minimise the risk of transmission. Records showed a risk assessment process for Legionella with appropriate monitoring processes in place to prevent contamination.
- The service 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 service 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 effective systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- 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. Staff were suitably trained in emergency procedures. Annual basic life support training was undertaken by all staff.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate 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.

Information to deliver safe care and treatment

Are services safe?

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.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. All patients were required to complete a comprehensive registration form prior to their first appointment. This included the patient's personal details, past medical history, GP details and a signature.
- 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 vaccines, controlled drugs, emergency medicines and equipment minimised risks.
- There was information available to staff to inform them of the correct procedure for monitoring fridge temperatures and action to take if temperatures fell outside of the acceptable range. We viewed the temperature monitoring log and saw no incidents of temperatures falling outside the recommended range. The service kept prescription stationery securely and monitored its use.
- The service carried out monthly medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- 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. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients including children. Staff checked and verified a patient's identity prior to treatment. The provider informed us that the service does not see children and only treats young people over the age of 16.

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 it 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 and this was implemented with a structured, team approach and staff monitored outcomes.

Are services safe?

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- 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 including sessional and agency staff.

Are services effective?

We rated effective as Good because:

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

Effective needs assessment, care and treatment

The service 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 service 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.
- The provider is a member of the British College of Aesthetic Medicine (BCAM) and was also the president of the British College of Aesthetic Medicine. BCAM is a membership body which provides information, guidance and advice on aesthetic medicine and promotes safe and ethical practice.
- 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. We saw staff had completed several audits to monitor quality and to make improvements. At the time of our inspection, the service had started a programme of clinical audits and had a plan to undertake more clinical audits. We saw evidence of clinical audits monitoring outcomes for patients, for example, a monthly antimicrobial audit which showed antibiotic prescribing has reduced.
- The service was actively involved in quality improvement activity. For example, the service carried out patient surveys to identify areas for improvement.
- The service carried out monthly patient records audit which included checking whether a clear patient history was recorded and a review of whether the treatment carried out was appropriate and was there appropriate follow up for treatments given.

Effective staffing

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

- All staff were appropriately qualified. The service had an induction programme for all newly appointed staff. There was also role specific induction training which ensured staff were competent for the role to which they had been appointed.
- The provider was registered with the General Medical Council (GMC) and records completed by the provider confirmed they were up to date with revalidation. (Revalidation is the process by which all licensed doctors are required to demonstrate on a regular basis that they are up-to-date and fit to practise in their chosen field and able to provide a good level of care).

Are services effective?

- The provider understood the learning needs of staff and provided protected time and training to meet them. There was comprehensive oversight of staff training. Staff had access to and made use of e-learning training modules, in-house training and external training.
- 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.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- 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 saw 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. Patients were asked on the consent form for permission to release information about their treatment to their GP. Staff told us that should a patient withhold their consent, a copy of their treatment record would be given to them with the advice that the information should be passed to their GP.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma.
- 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.

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.
- 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.

Are services effective?

- The service monitored the process for seeking consent appropriately. The service had a consent policy and procedure in place, which covered gaining consent face to face or remotely when providing treatment to adults and young people. For example, formal consents from parents and guardians as well as the young person. Best practice was followed in line with guidelines from the GMC. This meant that people were involved in the decision making and consent process, prior to receiving treatment and procedures.

Are services caring?

We rated caring as Good because:

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

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 positive about the way staff treat people.
- 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 patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language. Staff told us translation services were rarely required as patients usually attended with an English-speaking relative or friend. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available, to help patients be involved in decisions about their care.
- The service ensured patients had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Privacy and Dignity

The service respected 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.

Are services responsive to people's needs?

We rated responsive as Good because:

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

Responding to and meeting people's needs

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

- The service understood the needs of their patients and improved services in response to those needs. The service used electronic enquiry management software to capture patient scores and comments. We saw evidence from minutes that patient feedback was discussed weekly at the team meetings.
- The facilities and premises were appropriate for the services delivered. The premises were not easily accessible for patients with mobility issues. The service was on the first floor and wheelchairs did not fit into the lift. A toilet was available for the patients on the first floor. However, it was not accessible for patients with mobility issues. The service was situated in a listed building and it was not feasible to make structural changes in the premises. The patients were signposted to other similar services with disabled toilet access. However, this information was not available on the service's website.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The service's registration process identified any potential access needs of a new patient.
- There was a hearing induction loop and large print information available.
- The service's website contained a range of patient information relating to treatments and the consultation experience and answers to general questions.

Timely access to the service

Patients were able to 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.
- Referrals and transfers to other services were undertaken in a timely way.

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 complaint policy and procedures in place. We saw a copy of the Complaint Resolution Procedure which reflected the principles of the ISCAS Code of Practice.

Are services responsive to people's needs?

- The service learned lessons from individual concerns, complaints and from analysis of trends. Staff shared examples of responses made to complaints they had received. Team meetings were used to inform staff of incidents and to discuss complaints and ensure lessons were learnt. The service acted as a result to improve the quality of care. For example, a verbal complaint received by the service resulted in changes being made to the appointment process to improve the booking procedure for patients.

Are services well-led?

Our findings

We rated well-led as Good because:

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

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 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 and external partners (where relevant).
- 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 were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance consistent 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.
- 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.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It 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 teams.

Are services well-led?

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- 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 had comprehensive policies and procedures to make sure it operated safely. The provider regularly reviewed policies to ensure guidance and information was up to date and relevant.
- We reviewed team meeting minutes and saw that quality and sustainability were discussed with relevant staff.
- 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.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- 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.
- 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.

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 service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- 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.

Are services well-led?

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The provider had implemented a weekly team training slot for staff to undertake training. For example, training on effective communication and managing complaints. Staff told us they had the opportunity to observe treatments and procedures as part of their induction.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- There were systems to support improvement and innovation work. The provider had initiated a programme to integrate digital technology into the business, to improve service delivery. The provider had written books on aesthetic medicine and given lectures and is also a professional appraiser and has 20 appraisees.