

Jacqui Mac Aesthetics

Inspection report

Rear of 41 Kirkgate
Silsden
Keighley
BD20 0AQ
Tel: 07817756360
www.jacquimac.com

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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. (Previous inspection 27 July 2022 – Inadequate)

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 Jacqui Mac Aesthetics on 22 March 2023. 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 carried out to review the quality of care provided at the location and the breach of regulations identified at the inspection on 27 July 2022.

At the previous inspection in July 2022, we rated the provider as inadequate overall and inadequate for providing safe and well-led services. We rated the provider as requires improvement for providing effective services and good for providing caring and responsive services.

Following the inspection in July 2022, we told the provider to make improvements with regard to Regulation 12, Health and Social Care Act (HSCA) (Regulated Activities) (RA) Regulations 2014 Safe care and treatment and Regulation 17, HSCA (RA) Regulations 2014 Good governance. At this inspection we found the provider had responded to our concerns and made significant improvements following our last inspection.

The provider offers services to manage weight loss, the treatment of hyperhidrosis (excessive sweating) and Polydioxanone (PDO) thread lifts (non-surgical face lift). At the time of our first inspection the service was offering treatment for the management of hay fever; this has now ceased.

This service is registered with CQC under the HSCA 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 HSCA 2008 (Regulated Activities) Regulations 2014.

Jacqui Mac Aesthetics also provides a range of non-surgical cosmetic interventions, for example, Botox, dermal fillers, vitamin injections and cheek contouring which are not within the CQC scope of registration. Therefore, we did not inspect or report on these services. Jacqui Mac Aesthetics is also registered with a national organisation of registered practitioners which review standards for non-surgical cosmetic treatments.

Feedback from patients on the provider's website was positive and mirrored feedback from online reviews. Approximately 30 online patient reviews had been left within the last four months. The reviews were all exceptionally positive and described the provider and staff as informative, friendly, knowledgeable, and good at listening. All the reviews rated the service as five stars.

We saw that the provider responded kindly to all comments.

Overall summary

Our key findings were:

- The provider had significantly improved record keeping at the clinic. We found that patient records were accurate, complete, and contemporaneous.
- The provider ensured the proper and safe management of medicines at the clinic. We saw that medicines were stored correctly, and environmental and refrigerator temperatures were monitored in line with best practice.
- The provider had established policies, systems and processes which operated effectively to assess, monitor and improve the quality and safety of care.
- We found the consent policy which was in place at the clinic was up to date and followed by the staff team. Consent to treatment and the sharing of information with the patient's GP was evidenced in the patient records. When appropriate, consultations were shared with the patient's usual GP to support safe prescribing.
- The processes which were in place for the management of infection, prevention and control kept people safe.
- The provider had significantly improved the management of staff recruitment. A comprehensive overview of skills and mandatory training requirements was maintained.

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

- Continue with quality audits and the ongoing review of appropriate care and treatment to ensure that standards are maintained in line with best practice.
- Record the discussion and decision to prescribe an 'off label' medicine when a licensed alternative medicine is available.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a member of the CQC medicines team.

Background to Jacqui Mac Aesthetics

Jacqui Mac Aesthetics operates from a small building located at the rear of 41 Kirkgate in the village of Silsden, Keighley, West Yorkshire. The service website can be found at www.jacquimac.com. We visited this location as part of our inspection.

On road parking is available to the side of the clinic or on a short drive in front of the clinic.

Services are delivered by the provider who is a registered nurse prescriber, and two further part time registered nursing staff. The service specialises in a combination of medical aesthetic treatments, treatment for obesity and other health conditions and cosmetic procedures, some of which do not fall under the scope of the CQC.

Services are available to adults aged over 18.

The clinic opening times are:

Monday: 9am to 3pm

Alternate Wednesdays: 2pm to 7pm

Thursday: 9am to 7pm

Friday: 9am to 3pm

Alternate Saturdays: 10am to 2pm

Opening times may vary slightly to accommodate patient needs.

The service is registered with the CQC under the Health and Social Care Act 2008 to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Surgical procedures

How we inspected this service:

Before we visited the service, we reviewed the information available to us on the service website and our own internal systems. We also reviewed online feedback from patients and the information provided to us by the service as part of our pre-inspection information return.

We spoke with the two members of nursing staff prior to the inspection.

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:

At the inspection on 27 July 2022, we rated the provider as inadequate for providing safe care. We found the provider had failed to minimise risks associated with prescribing. There was no protocol for verifying the identity of patients, including when services were delivered online. Clear, contemporaneous records of patient consultations, prescribing and where applicable, medicines administration, were not always made. The provider did not conduct staff checks at the time of recruitment.

At this inspection on 22 March 2023, we found the provider had made significant improvements in these areas and was providing safe care and treatment to patients.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to the staff team. They outlined clearly who to go to for further guidance. Staff told us they received safety information from the service as part of their induction training. We reviewed evidence which supported this.
- The service had systems to safeguard children and vulnerable adults from abuse. The team were able to describe in detail their responsibilities towards vulnerable people.
- The provider had significantly improved the management of staff recruitment. All staff had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. A comprehensive overview of mandatory training requirements was maintained.
- 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).

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There was an appropriate system in place to manage infection prevention and control (IPC). The provider maintained an ongoing overview of IPC and cleaning schedules were in place and consistently completed. After our inspection, the provider forwarded an IPC audit which confirmed that issues were reviewed and managed.
- The provider could evidence the safe management of Legionella.
- The provider ensured that facilities and equipment were safe. At this inspection in March 2023, the provider could evidence that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments for the interior and exterior of the location.
- Data safety information relating to the control of substances hazardous to health (COSHH) was in place, and these items were stored securely.
- Staff understood their responsibilities to manage emergencies and had the skills to recognise those in need of urgent medical attention.
- When there were planned changes to services, the provider discussed these with the staff team and service assessed and monitored the impact on safety.
- There were appropriate indemnity and public liability arrangements in place for all staff.

Are services safe?

- There were suitable medicines available to deal with medical emergencies which were stored appropriately and checked regularly. A visible poster directed staff to a nearby community defibrillator.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- At the inspection in July 2022, we found that record keeping at the clinic did not keep people safe. At this inspection we found the provider had significantly improved record keeping at the clinic. We found that patient records were accurate, complete, and contemporaneous. Records were written, managed and stored in a way that kept patients safe.
- The care records we reviewed showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. We saw clear evidence of appropriate consultations, assessments, consent to treatment, interventions and prescribing details.
- The service had systems for sharing information with staff and other agencies, including the patient's GP, to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including emergency medicines minimised risks. The service monitored the use of electronic prescriptions to help ensure provider prescribing guidelines were followed.
- We saw that medicines were stored correctly, and environmental and refrigerator temperatures were monitored in line with best practice.
- The service carried out regular records and weight loss audits to ensure prescribing was in line with the providers' guidelines for safe prescribing.
- The service did not prescribe controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).
- Staff prescribed or administered medicines to patients and gave advice on medicines in line with current national guidance. Processes were in place for checking medicines and staff kept accurate records. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

Track record on safety and incidents

The service had improved safety records.

- There were risk assessments in place in relation to safety issues.
- At this inspection in March 2023, we found that the outcomes of risk assessments were acted upon. For example, monthly fire safety checks were in place.
- The service monitored and reviewed activity. This helped the provider to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- The provider attended quarterly quality and safety meetings with other providers offering similar services. Safety and quality was discussed at team meetings.

Are services safe?

Lessons learned and improvements made

The service had processes in place to support learning when things went wrong.

- There was a system for recording and acting on significant events.
- The provider and the staff team understood their duty to raise concerns and report incidents and near misses. No incidents had been reported in the previous 12 months.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness, support and honesty. The staff team had completed relevant training in this area.
- 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 the team.

Are services effective?

We rated effective as Good because:

At the inspection in July 2022, we rated the provider as requires improvement for providing effective care. We found the provider did not fully assess patient needs in relation to care and treatment. The provider could not evidence the consistent assessment, review, documentation or sharing of information regarding patient care.

At this inspection in March 2023, we found considerable improvements in these areas had been made.

Effective needs assessment, care and treatment

The provider had systems to keep up to date with current evidence based practice. We saw evidence that the team assessed patient needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- The team attended sector specific conferences and had gained competencies through training.
- Complete and contemporaneous patient records ensured immediate and ongoing needs were fully assessed. This included their mental and physical wellbeing. Patients were also signposted to a personal trainer and nutritionist should they wish to seek further support with weight loss.
- There was a medical assessment template in place for weight loss which asked patients relevant questions about their holistic health. At this inspection in March 2023, we saw evidence the provider had changed their processes to ensure that initial weight loss consultations were conducted face to face. This ensured that a valid assessment of weight, height and body mass index (BMI) could be made to enable effective assessment and treatment.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- A structured review programme was used to monitor weight loss, with letters sent to patients' GPs regarding weight loss outcomes at 3 months. However, arrangements to deal with repeat patients following a break in treatment were not described in policy. We raised this during our visit, and this was promptly addressed by the provider.
- Arrangements were in place to signpost patients to other services should additional tests such as blood tests be needed.

Monitoring care and treatment

The service had implemented a programme of quality improvement activity.

- At the inspection in July 2022, we found the provider did not carry out quality improvement activity. At this inspection in March 2023, we saw improvement in this area.
- The provider conducted audits regarding the outcomes for patients on the weight loss programme and audits to ensure quality and compliance, for example, handwashing audits.
- The service used information about care and treatment to make improvements and discussed these at team meetings.

Effective staffing

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

- At this inspection we found all staff were appropriately qualified and the provider retained evidence of this. The provider had an induction and training programme for all newly appointed staff.

Are services effective?

- Relevant nursing professionals were registered with the Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were given opportunities to develop and were encouraged to do so.

Coordinating patient care and information sharing

Staff worked together, and with other organisations, to deliver effective care and treatment.

- At the previous inspection in July 2022, we found the provider could not evidence that relevant information was shared with the patients GP, even when consent had been obtained and details were available. However, at this inspection in March 2023, we found numerous improvements which ensured that patients received coordinated and person-centred care. A review of clinical notes evidenced that patients were asked for consent to share details of their consultation (where appropriate), and any medicines prescribed with their registered GP on each occasion they used the service.
- Before providing treatment, nursing staff ensured they had adequate knowledge of the patient's health, any relevant health conditions, and their medicines history.
- Where patients agreed to share their information, we saw evidence of letters sent to their registered GP.
- The provider gave us examples of where they had declined to treat patients when concerns were identified. The provider also allowed for a 'cooling off period' (if appropriate) between initial consultations and treatments; for example, when offering Polydioxanone (PDO) thread lifts (non-surgical face lift).

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.

- When medicines were used 'off licence' for weight loss, staff gave people advice so they could self-care and directed them to additional resources. However, when patients were treated for hyperhidrosis (excess sweating) they were not offered information leaflets or signposted to additional support.
- After-care advice and support was available to patients.

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.
- The nursing team consistently recorded consent to share information with the patient's GP.
- The provider followed the policy which was in place to verify the age of the patient. Two forms of identity were requested, and copies retained in the patient record. Therefore, the provider was able to assure themselves that patients were over the age of 18.

Are services caring?

We rated caring as Good because:

At the inspection in July 2022, we rated the provider as good for providing caring services. At this inspection in March 2023, we found that these standards had been maintained and the provider demonstrated a caring attitude towards patient wellbeing.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of care patients received through online reviews and via posts on their webpage.
- For treatments which were outside the scope of the CQC regulation; the provider was affiliated with a national register of accredited practitioners which ensured that the provider met safe standards and protected patients from undue harm. This included and assessed areas such as comfort, after care advice, privacy and dignity.
- Feedback from patients was consistently very positive about the way staff treat people. Patients described the team as informative, knowledgeable, professional and friendly.
- Staff understood patients' personal, cultural, social and religious needs. The team discussed and displayed a caring approach, 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.

- Information on the provider website was available in different languages using an online translation tool.
- Information leaflets were available for most treatment to help patients be involved in decisions about their care.
- Patient feedback reflected that they felt listened to, supported by staff, and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Several patients noted they did not feel rushed or pressured into undergoing treatments.

Privacy and Dignity

The service respected patients' privacy and dignity.

- The staff team recognised the importance of people's dignity and respect.
- Consultations were managed so that only one patient was on site at a time. This allowed the practitioner to hold private and sensitive discussions with individuals, as necessary.

Are services responsive to people's needs?

We rated responsive as Good because:

At the inspection in July 2022, we rated the provider as good for providing responsive services. At this inspection in March 2023, we found that these standards had been maintained and the provider organised and delivered services to meet patient's needs.

Responding to and meeting people's needs

The service delivered services to meet patient needs and preferences.

- The provider understood the needs of their patients and through the introduction of audit and review had improved services in response to those needs.
- Since the last inspection, the provider had recruited new staff to offer a wider choice of appointments.
- A ramp was available for patients who were less mobile to aid access to the clinic.
- The provider gave examples of where treatment had been postponed or declined when there were concerns regarding the physical or mental health of individuals.
- The facilities and premises were appropriate for the services delivered.

Timely access to the service

Patients were able to access care and treatment within an appropriate timescale for their needs.

- Patients were able to access consultations, in person, by telephone or online, at a time to suit them.
- Should the provider identify the need for additional assessments or blood tests, they were able to signpost the patient to an appropriate service.

Listening and learning from concerns and complaints

The service told us they would take any complaints and concerns seriously and respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available on the service website.
- A complaints policy was in place; the nursing team were aware of this and were able to describe the actions that would be taken.
- The provider told us they had not received any complaints from patients. On the day of inspection, the provider told us they would always discuss outcomes at new patient consultations to avoid any unrealistic expectations of the improvements that could be made following treatments.
- The provider told us they viewed complaints as an opportunity to improve and learn and that any complaints would be treated compassionately.

Are services well-led?

We rated well-led as Good because:

At the inspection in July 2022, we rated the provider as inadequate for providing well-led services. The provider had failed to establish policies, systems and processes which operated effectively to assess, monitor and improve the quality of care provided to patients. We did not see an effective approach to the monitoring or review of evidence which would underpin the delivery of high quality care.

At this inspection in March 2023, we found significant improvements had been made by the provider. Policies, systems and processes were in place, and the provider had ensured these were followed and understood by the staff team. The provider had systems in place to monitor and review evidence and information which underpinned the delivery of safe and well-led care.

Leadership capacity and capability.

Leaders had developed 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. The provider had recruited new staff to the team since the last inspection in July 2022 and addressed the gaps and challenges highlighted following that inspection.
- The provider had developed the capacity to respond to the demands of the service.
- The provider was visible and approachable, they prioritised compassionate and inclusive leadership. Staff told us the team worked closely together.

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 business plan in place. This was underpinned by the values of the provider and disseminated to the team.
- Staff were aware of and understood the vision, values and strategy and their role in achieving high quality care.

Culture

The service had developed a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service was responsive to and focused on the needs of patients. We saw evidence that the provider was following their own policies and procedures which gave assurance that the needs of patients were safely met.
- The provider had clear expectations of the staff team and said they would act on behaviour and performance inconsistent with the vision and values.
- 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 staff with the development they need. This included routine supervision, appraisal and career development conversations. The provider offered additional opportunities to staff, and facilitated their attendance at further training and conferences.

Are services well-led?

- There was a strong emphasis on the competence, safety and well-being of all staff.
- Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between the provider and staff.

Governance arrangements

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

- At the inspection in July 2022, we found the provider had failed to establish policies, systems and processes which operated effectively to assess, monitor and improve the quality of care provided to patients. We did not see an effective approach to the monitoring or review of evidence which would underpin the delivery of high quality care. At this inspection in March 2023, we saw evidence of processes and systems to support good governance. For example, we saw that identity checks were conducted to ensure that medicines were prescribed to the right person.
- The provider had established clear policies, procedures and activities to ensure safety. These were disseminated and discussed with the staff team. Additionally, through a system of peer review and audit, the provider was able to assure themselves that these systems and processes were operating as intended.
- Staff were clear on their roles and accountabilities and knew how to access support.
- The provider was registered with the information commissioner's office (ICO).
- The information used to monitor performance and the delivery of quality care was accurate and useful. For example, the provider was able to evidence the number of prescriptions each patient received in relation to their treatment.
- 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.

- Since the inspection in July 2022, the provider had implemented effective processes to identify, understand, monitor and address current and future risks including risks to patient safety. This included improvements in the management of the environment, infection prevention and control and the management of patient records.
- Performance of clinical staff could be demonstrated through discussion and an audit of their consultations, prescribing and referral decisions.
- At this inspection we found the provider had oversight of safety alerts and the incidents and complaints process.
- 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 provider had implemented processes to ensure that information was accurate and appropriate.

- Quality and operational information was used to ensure and improve performance. The inspection in July 2022, highlighted numerous concerns with the completion of patient records. At this inspection in March 2023, we found patient records were complete and accurate. The provider was able to use this information to audit the quality and safety of the care provided.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Are services well-led?

Engagement with patients, the public, staff and external partners

The service involved patients, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from patients, staff and external partners. The provider continued to attend peer review meetings with other similar services, keep up to date with best practice and make changes and improvements to shape services and culture.
- Staff could describe to us the systems in place to feedback to the provider. We were told the provider was supportive, responsive and a pleasure to work for.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- The provider had a renewed focus on continuous learning and improvement for themselves and the staff team. Staff were encouraged to attend training courses, industry relevant conferences and develop new skills.