

# Amanda Azzopardi Aesthetics

## 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 Amanda Azzopardi Aesthetics on 25 August 2022. The inspection was carried out as part of our inspection programme. This was the first inspection of the service since it was registered with CQC.

Amanda Azzopardi Aesthetics provides a range of cosmetic services such as thread lifts and skin care treatment. The provider also provides weight loss management and treatment for hyperhidrosis.

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 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. Amanda Azzopardi Aesthetics provides a range of services which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The registered provider for the service is also 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 service provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The service organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- Staff reported a good culture and systems were in place for quality control and governance.

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

- Review the formulary for antibiotic prescribing and update the related policy and procedure. Include choice, duration and appropriateness of antibiotics prescribed into the prescribing audit.
- Review the level of information recorded in client consultation notes to ensure these are consistently sufficiently detailed.

# Overall summary

- Ensure the required equipment is in place to support the appropriate assessment of client's using the service for weight loss management.
- Review the services provided to ensure the service is registered for all regulated activities provided.

**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 pharmacist inspector.

## Background to Amanda Azzopardi Aesthetics

Amanda Azzopardi Aesthetics is a location registered under the provider Amanda Azzopardi Aesthetics Ltd. The address of the service is: 23 Lanfranc Way, Liverpool, L16 1JU.

The provider is registered with CQC to deliver the Regulated Activities; Surgical procedures and treatment of disease, disorder or injury.

Services to patients include consultation and treatment. The main areas of work that fall within the regulatory framework are the provision of: thread lifts, weight loss management and the treatment of hyperhidrosis. The service also offers a range of other aesthetic procedures that fall outside the scope of CQC registration. The clinical team consists of one clinician who is qualified as an advanced nurse practitioner (ANP) and non-medical prescriber. The service is provided to adults aged 18 and over. The range of services provided are listed on the provider's website.

The service operates Monday to Sunday from 8am to 8pm. All appointments are pre-bookable.

The service is based in a semi-detached residential property. Consultation rooms are available on the ground floor of the building and there is a ramp available to enable people to access the premises if this is required.

### How we inspected this service

Before visiting we reviewed a range of information we hold about the service and asked the provider to send us information. This included the complaints they had received in the last 12 months, details of significant events and the details of their staff members. We carried out a visit to the location and toured the premises and facilities throughout.

Our inspection also included:

- Speaking with the registered provider
- Speaking with a member of the staff team
- Reviewing records
- Requesting supporting information and evidence from the provider

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:**

## **Safety systems and processes**

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

- The provider had a range of safety related policies and procedures which had been communicated to staff.
- Staff were provided with safety related information as part of their induction and training.
- Policies and procedures were in place to safeguard children and vulnerable adults from abuse. These included details as to the types of abuse, procedures in place to prevent abuse and details of the local agencies to refer to in case of suspected abuse.
- There was a lead for safeguarding and staff knew what action to take if they had any concerns or suspected potential abuse.
- Staff had received up-to-date safeguarding training appropriate to their role.
- Staff recruitment processes included ensuring appropriate pre-employment checks had been carried out prior to appointment. These included Disclosure and Barring Service (DBS) checks. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Procedures were in place to ensure appropriate standards of hygiene were maintained and to prevent the spread of infection.
- The premises were equipped to meet infection prevention and control requirements.
- Infection and prevention checks and audits were carried out on a regular basis.
- Cleaning schedules were in place and cleaning checks and audits were carried out on a regular basis.
- There were systems for the management of healthcare waste.
- The premises and equipment were safe and appropriately maintained.
- The provider carried out health and safety risk assessments and checks.

## **Risks to patients**

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

- There was sufficient staff availability for the running of the service.
- Staff had been provided with training in managing emergencies.
- There was a business continuity plan in place in case of major disruption to the service.
- There were suitable medicines and equipment to deal with medical emergencies. These were stored appropriately and checked regularly.
- The provider assessed, monitored and reviewed risks and took action to mitigate risks to the safety of people who used the service and staff.
- Risk assessments were reviewed on a regular basis.
- Health and safety checks and audits were carried out on a regular basis.
- A fire risk assessment and prevention plan was in place and measures were taken to mitigate the risk of fire.

## **Information to deliver safe care and treatment**

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 and protected their confidentiality.

# Are services safe?

- Information needed to deliver safe care and treatment was available to staff in line with their roles and responsibilities. However, we did note some inconsistency in the level of information recorded in consultation notes.
- Confidentiality and information governance policies were in place.

## Safe and appropriate use of medicines

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

- The service had systems for the appropriate prescribing and handling of medicines.
- There were no medicines stored at the service with the exception of those required in case of an emergency. These were in line with recommended medicines or an appropriate risk assessment had been carried out if they were deemed not to be required. Checks were carried out on emergency medicines on a regular basis.
- Processes were in place for the safe prescribing of medicines and staff kept appropriate records of medicines. However, we did note that the formulary for prescribing antibiotics following a thread lift procedure was different between people who used the service.

## 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.
- Staff understood their duty to raise concerns and report incidents and near misses. Staff told us they felt confident to raise issues and felt that they would be supported if they did so.
- We saw an example of action taken in response to an event. This included an investigation and evidence of action taken to remedy the issue and to make changes to the service to prevent a reoccurrence.
- The provider was aware of the requirements of the duty of candour. A member of staff told us they felt the provider encouraged a culture of openness and honesty.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had a system in place to receive and act upon safety alerts.

# Are services effective?

**We rated effective as Good because:**

## **Effective needs assessment, care and treatment**

Clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- People who used the service had their immediate and ongoing needs assessed.
- We looked at the care and treatment provided to a sample of people who used the service. This indicated that people's needs had been assessed and treatment delivered in line with relevant and current evidence based guidance and standards.
- We saw no evidence of discrimination when making care and treatment decisions.
- The provider attended regular educational events for training and to keep up to date with best practice.
- The provider had risk assessed the services they offered. These were appropriate to the qualifications, skills and experience of the clinician and nature of the service provided.
- The provider used the World Health Organisation checklist for safe surgical procedures prior to carrying out procedures and an aftercare plan was provided to support clients in their recovery.
- We found that the provider had recently introduced weight loss management to the services provided. However, there was a lack equipment in place to measure and monitor people's weights, heights and calculate their body mass index (BMI).

## **Monitoring care and treatment**

The provider carried out quality improvement activity.

- Quality improvement activity was undertaken to review the effectiveness and appropriateness of the care provided. This activity included;
- A review of surgical checklists to ensure these had been completed appropriately, a review of patient records (including consent), an audit of antibiotic prescribing (we noted that choice of antibiotic, duration and appropriateness were not included in the audit) and an audit of thread lift procedures and outcomes. The results of this audit resulted in a change to the regime for contacting clients following procedures.

## **Effective staffing**

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

- There was one clinician (the provider and registered manager) and one newly appointed administrator working at the clinic at the time of our inspection.
- An induction had been put in place for the newly appointed staff member.
- The clinician was registered with the Nursing and Midwifery Council and was up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them.
- The member of staff told us they were encouraged and given opportunities to develop.
- Up to date records of staff qualifications and training were maintained.
- Staff were required to undertake regular mandatory training.
- Staff were provided with on-going support to assist them in their roles and responsibilities.

## **Coordinating patient care and information sharing**

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

# Are services effective?

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through an electronic patient record system.
- Before providing treatment the clinician sought details of the persons' medical history to ensure care and treatment was provided appropriately.
- The provider worked with people who used the service to develop personalised care and treatment plans.
- People who used the service were directed to their GP if any potential health concerns were noted during their consultation.

## Supporting patients to live healthier lives

Staff supported patients to manage their health.

- Staff encouraged and supported patients to be involved in monitoring and managing their own health and to live healthier lives. Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified and highlighted to patients.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The service supported national priorities and initiatives to improve the population's health, for example, by informing people who used the service of local support groups or referring people for dietary advice.

## Consent to care and treatment

The provider obtained consent to care and treatment in line with legislation and guidance.

- The clinician understood the requirements of legislation and guidance when considering consent and decision making.
- The clinician supported people who used the service to make decisions about their treatment.
- The provider had a policy and procedure for consent. The provider would not progress with treatment where there may be concerns about a persons' mental capacity to make decisions.



# Are services caring?

## We rated caring as Good because:

### Kindness, respect and compassion

Patients received care and treatment in a caring manner from staff who treated them with kindness and respect.

- The provider sought feedback on the quality of care people who used the service received. This was shared with us and was highly positive.
- The provider was committed to provide a positive patient journey. They described a patient centred service where patients were provided a high standard of care and attention.
- Staff had been provided with training to understand patients' diverse needs and staff displayed an understanding and non-judgmental attitude.

### Involvement in decisions about care and treatment

The provider helped people who used the service to be involved in decisions about care and treatment.

- Interpretation services could be made available for patients who did not use English as a first language.
- Patients were offered face to face consultation to discuss their individual needs and wishes and discuss their treatment options.
- The provider told us that information could be made available in different formats to help patients be involved in decisions about their treatment if this was required.
- Staff had been provided with training in equality and diversity.
- We had received feedback recently from people who used the service as part of our monitoring of the service and this was very positive. Patients told us they felt the provider was knowledgeable about their skin issues and provided information about treatment options, the risks associated with treatments and the expected outcomes.

### Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff told us they recognised the importance of treating people with dignity and respect.
- Treatment room doors were closed, and people could directly access both of the separate treatment rooms without using the waiting area.
- We had received feedback recently from people who used the service as part of our monitoring of the service and this was very positive. People told us they felt the provider was professional and showed kindness and empathy in their dealings with them.

# Are services responsive to people's needs?

**We rated responsive as Good because:**

## **Responding to and meeting people's needs**

The provider organised and delivered services to meet the needs of people who used the service.

- The provider understood the needs of people who used the service and they planned services in response to those needs.
- The premises were appropriate for the services delivered and accessible to people who required disabled access. However, the toilet facility did not support access for people who required wheelchair access.
- People using the service were asked if they had any specific additional needs that they required support with to access the service. The provider also offered home visits where appropriate.

## **Timely access to the service**

People were able to access care and treatment from the service within an appropriate timescale for their needs.

- People who used the service had timely access to initial assessment, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal.
- The provider surveyed patients following their appointment/treatment.

## **Listening and learning from concerns and complaints**

Systems were in place for dealing with complaints and concerns and responding to them appropriately to improve the quality of the service.

- The service had a complaints policy and procedure and a system was in place for receiving, investigating and acting on complaints.
- Information about how to make a complaint was available in the waiting room. This was not available on the provider's website.
- The service informed patients of further action that was available to them should they not be satisfied with the response to their complaint. This involved a third party overview of the complaint for resolution.
- The service had not been subject to a formal complaint so we were not able to assess how complaints had been managed.

# Are services well-led?

**We rated well-led as Good because:**

## **Leadership capacity and capability**

Leaders had the capacity and skills to deliver good quality, sustainable care.

- Staff told us that the provider was visible and approachable.
- Regular opportunities for meetings, discussion and development were provided.
- The provider was knowledgeable about issues and priorities relating to the quality of the service.
- Business development was being planned.
- The provider had effective processes to develop staff capacity and skills, including planning for the future development of the service.

## **Vision and strategy**

The service had a vision and strategy to deliver high quality care and promote good outcomes for patients.

- The provider had a clear vision for the service.
- Staff felt included in discussing and shaping the vision and strategy and understood their role in achieving this.

## **Culture**

The service had a culture of providing good quality sustainable care.

- Staff told us they felt respected, supported and valued and that they were happy and proud to work in the service.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- Openness, honesty and transparency were demonstrated when responding to incidents. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The provider and staff demonstrated a patient centred focus to their work during our discussions with them.

## **Governance arrangements**

There were clear responsibilities, roles and systems of accountability.

- Systems to support governance and management were set out.
- The provider had established policies, procedures and activities to ensure safety and assure themselves that they were operating as intended.
- There was a schedule of quality assurance checks and audits.
- Staff were clear on their roles and accountabilities.
- Systems were in place to ensure clinical staff used evidence based guidance in the treatment of patients.
- The provider carried out a range of risk assessments and put in plans to mitigate or control identified risks. Risk assessments were reviewed on a regular basis.

## **Managing risks, issues and performance**

There were processes for managing risks, issues and performance.

# Are services well-led?

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider monitored the performance of the service.
- The provider had oversight of safety alerts, incidents, and complaints.
- A business continuity plan was in place.

## Appropriate and accurate information

The service acted on appropriate and accurate information.

- The provider was aware of requirements to submit data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient records.
- The provider used feedback to monitor the quality of the service provided and improve performance.

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

The provider involved staff in planning, developing and making improvements to the service.

- The provider encouraged feedback from patients and staff and acted on this to shape services.
- Staff attended regular meetings and a plan was in place to ensure regular supervision and appraisal where staff could discuss their learning and development needs.
- The provider valued feedback from patients and acted upon this.

## Continuous improvement and innovation

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

- There was a focus on learning and improvement.
- A new patient record system had been introduced approximately four weeks prior to the inspection. The provider was in the process of developing the use of this.
- The provider made use of reviews of incidents and safety alerts. Learning from these was evident and had been used to make improvements.
- Staff were involved in discussions about how to develop the service and encouraged to provide feedback about the service through regular staff meetings.