

# Foreveryoung Medical Aesthetics Shrewsbury Ltd

## Inspection report

1 Parade Shops, The Parade  
St Mary's Square  
Shrewsbury  
SY1 1DL  
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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?

Requires Improvement



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.** This service has not previously been inspected.

The key questions are rated as:

Are services safe? – Requires improvement

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 Forever Young Medical Aesthetics Shrewsbury Limited as part of our inspection programme. The service had not previously been inspected since registration.

Forever Young Medical Aesthetics Shrewsbury Limited is based in Shrewsbury, Shropshire and provides a range of aesthetic services. The treatments that fall under regulation are thread lifts and botulinum toxin injections for cluster headaches for adults aged 18 and over. Therefore, only these services were inspected and reported on. Services provided are not funded by the NHS and people who use the service pay for their treatment.

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. Forever Young Medical Aesthetics Shrewsbury Limited provides a range of non-surgical cosmetic interventions, botulinum toxin injections for cosmetic purposes which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

Mary Clare Spalding 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 safe, clean and suitable for the provision of care provided.
- There were systems and processes in place to safeguard patients from abuse. However, at the time of the inspection, the provider had not completed the required level of safeguarding children training for their role.
- Not all of the required recruitment checks had been obtained prior to a staff member commencing work.
- Systems, processes and records had been established to seek patient consent before treatment was provided.
- The service had systems in place to identify, investigate and learn from incidents.
- The sole clinician was registered with the appropriate governing body and there was a system in place to ensure they were up to date with revalidation.
- Patients received care and treatment that met their needs.

# Overall summary

- Information about treatment and costs were available which enabled patients to make informed decisions. However, we identified some promotional material used did not accurately reflect the current range of services provided, and an incorrect display of CQC rating.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could access care and treatment in a timely way.

We found 1 breach of regulations. The provider **must**:

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

- Take action to ensure staff complete the required level of safeguarding children training appropriate to their role in addition to learning disability and autism training.
- Improve record keeping systems to ensure records are detailed.
- Take action to gain assurances that regular checks are carried out on the defibrillator, including the battery and expiry date of defibrillator pads.
- Review and improve policies including the staff recruitment policy and the complaints policy to ensure they include all of the information required.
- Carry out an assessment of all staff's hand hygiene practices and ensure the documentation used for the cleaning checklist matches the policy.
- Take action to ensure promotional material accurately reflects services provided.
- Review and improve systems used to gain effective patient feedback.

**Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Healthcare

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a second CQC inspector and a specialist advisor.

## Background to Foreveryoung Medical Aesthetics Shrewsbury Ltd

Forever Young Medical Aesthetics Shrewsbury Ltd

1 Parade Shops, The Parade  
St Mary's Square  
Shrewsbury  
SY1 1DL

[www.fyclinic.co.uk](http://www.fyclinic.co.uk)

Forever Young Medical Aesthetics Shrewsbury Ltd provide a range of aesthetic services. The treatments that fall under regulation are thread lifts and botulinum toxin injections for cluster headaches for adults aged 18 and over. Services provided are not funded by the NHS. The nominated individual/registered manager is a registered nurse and nurse prescriber. On average between 51 to 100 people use the service each month.

The provider is registered for the following regulated activities: treatment of disease, disorder or injury and surgical procedures from this location only. The location was visited as part of the inspection.

Opening times: Wednesday to Friday between 10am and 5pm. A call out service is provided 7 days a week between 9am and 5pm.

In addition to the sole provider, who is a registered nurse and nurse prescriber, 1 receptionist is employed.

### How we inspected this service

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 following their registration with CQC.

Our inspection of this service included:

- Requesting a provider information return and additional evidence from the provider prior to and post our site visit.
- A short presentation.
- Interviewing the provider.
- A site visit to undertake a tour of the premises, review records, carry out observations and review key documents which support the governance and delivery of the service.

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 Requires improvement because:

The service did not always provide care and treatment in a way that kept patients safe from avoidable harm. Staff had the information they needed to deliver safe care and treatment but there were some inconsistencies in patient record keeping. There were systems and processes in place for handling of medicines and for when things went wrong. The registered person acknowledged the need to complete safeguarding children training to the required level and to improve staff recruitment processes to ensure all of the pre-recruitment checks were undertaken prior to new staff commencing work. Following the inspection, the registered person sent us evidence to confirm that since the inspection, they had completed the required safeguarding training and reviewed their recruitment policy.

## Safety systems and processes

### The systems in place did not always keep people safe and safeguarded from abuse.

- The registered person conducted safety risk assessments and had safety policies, which were reviewed and communicated to staff. Staff received safety information from the service as part of their training. The service had systems to safeguard children and vulnerable adults from abuse. However, at the time of our inspection, the provider had not completed the required level of safeguarding children training appropriate to their role. They agreed to action this at the earliest opportunity and following the inspection, submitted their training certificate as evidence that they had completed the required training.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- Safe recruitment systems were not in place. The registered person employed a non-clinician to assist them in their work. We found a Disclosure and Barring Service (DBS) check had only recently been obtained for this member of staff. A risk assessment had not been completed in the interim. (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). A full employment history, together with a satisfactory written explanation of any gaps in employment was not in place either and there was no satisfactory evidence of conduct in previous employment on file. There was no evidence of staff immunisation status having been obtained. Following the inspection, the registered person told us that they had reviewed their recruitment policy and that they would adhere to the policy when recruiting in the future.
- Both the registered person and staff member employed had received safety training.
- A DBS check had only recently been obtained for the staff member who acted as a chaperone. A notice advising patients they could request a chaperone was not displayed at the time of the site visit. The registered person agreed to action this. They also advised the only staff member employed had very recently gone onto long-term leave so no treatments would be provided until an additional staff member was employed whose duties would include acting as a chaperone.
- There was a system to manage infection prevention and control. A legionella test had been completed on the 24 August 2023 and a certificate available. Monthly water temperature checks were completed and recorded on a monitoring sheet, which had been signed and dated. The latest infection control audit was dated 3 July 2023 with no identified actions. A hand hygiene audit had been completed on 30 June 2023 which included an assessment of the receptionist's hand hygiene practices only and not of all staff. The documentation used for the cleaning checklist was different to the documentation within the policy. Following the inspection, the registered person sent in evidence to demonstrate that they had undertaken a hand hygiene audit for the remaining staff. They also sent evidence that they had introduced the same document for the cleaning checklist as suggested.
- The registered person ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

# Are services safe?

- The registered person carried out 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 systems to assess, monitor and manage risks to patient safety.**

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an induction system for new staff however, there this induction had not been documented.
- The registered person understood their responsibility to manage emergencies and to recognise those in need of urgent medical attention.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. The registered person had access to a defibrillator stored at a nearby church and staff were aware of its location. However, the registered person had not gained assurances that regular checks had been carried out on this emergency equipment including the battery and expiry date of defibrillator pads. Following the inspection, the registered person sent in documented evidence to show that they had purchased their own defibrillator to enable regular checks to be undertaken and ensure it was properly maintained.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place. The registered person was registered with The Nursing and Midwifery Council (NMC).

## Information to deliver safe care and treatment

### **Staff had the information they needed to deliver safe care and treatment to patients however there were some omissions in record keeping.**

- 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 treatment was available in an accessible way. However, we noted some inconsistencies in record keeping for example, there were some omissions in how patients' skin had been prepared before and after treatment and the recording of batch numbers of medicines used. The registered person agreed to ensure information documented was more detailed.

## Safe and appropriate use of medicines

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

- There were systems and arrangements in place for managing emergency medicines.
- The service does 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.
- The registered person prescribed and administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines. Staff kept records of medicines stored, however there was some omissions in the recording of batch numbers of medicines used.

## Track record on safety and incidents

### **The service had a good safety record.**

- There were risk assessments in relation to safety issues.

# Are services safe?

## 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. The registered person confirmed no significant events had occurred since registration. However, they understood their duty to raise concerns and report incidents and near misses.

The registered person was aware of the requirements of the duty of candour and told us they encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents as well as patient and medicine safety alerts.

# Are services effective?

## **We rated effective as Good because:**

The registered person was appropriately qualified and staff were supported in their work. Care and treatment was delivered in line with current legislation. The service had some involvement in quality improvement activity.

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

#### **The registered person kept up to date with current evidence based practice and assessed and delivered care and treatment in line with current legislation, standards and guidance.**

- Patients' immediate and ongoing needs were assessed. We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.

### **Monitoring care and treatment**

#### **The service had some involvement in quality improvement activity.**

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. The registered person had a schedule of planned audits, which included areas of clinical governance, such as compliance with the disability access audit, record keeping and health and safety.
- The registered person shared a patient satisfaction audit that had been undertaken. Patients who visited the clinic between 1 January and 30 June 2023 were prompted to complete a satisfaction questionnaire that scored their experience. Ratings were scored by the patient, with a score of 1 being 'poor' and a score of 5 being 'excellent'. According to the survey shared with us, results showed 105 patients had completed the survey with 101 patients providing a 5\* rating, 3 a 4\* rating and 1 a 1\* rating. The findings concluded that patient feedback was very pleasing and the objectives were exceeded. However, the feedback gathered did not provide quality data. Based on the star rating system adopted, it was difficult to determine what areas of the clinic patients were most satisfied or dissatisfied with.

### **Effective staffing**

#### **The registered person and staff member had most of the skills, knowledge and experience to carry out their roles.**

- The registered person was appropriately qualified and received clinical supervision from other healthcare professionals. The registered person had an induction checklist for newly appointed staff. However, there was no documented evidence this had been completed for the 1 member of staff employed based on the information held on file.
- The registered person was registered with the Nursing and Midwifery Council and was up to date with revalidation.
- The registered person 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. The registered person had not completed the appropriate level of safeguarding children training appropriate to their role and neither they or the staff member had completed training in learning disability and autism as required.

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



# Are services effective?

## **Staff worked together to deliver effective care and treatment.**

- Patients received person-centred care.
- Before providing treatment, the registered person ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- The registered person had a policy in place for sharing patient information, which included the need for patient consent.

## **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, the registered person gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and with consent, highlighted to relevant care providers such as their GP.
- 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.**

- The registered person understood the requirements of legislation and guidance when considering consent and decision making. The patients' records that we viewed during the inspection had consent forms on file including pre and post photographic evidence.
- The registered person supported patients to make decisions.

The service monitored the process for seeking consent appropriately.

# Are services caring?

## **We rated caring as Good because:**

Patients were treated with respect and staff were kind and caring and involved them in decisions about their care.

### **Kindness, respect and compassion**

#### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of treatment patients received.
- Feedback from patients was positive about the way staff treat people. A comments book was held in the reception for patients to provide feedback on their care and treatment. Comments in relation to the regulated treatments provided were positive. They included a patient feeling at ease during their treatment and the provider being caring and compassionate.
- The registered person 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.**

- The registered person told us interpretation services were available on request for patients who did not have English as a first language.
- The service gave patients timely support and information.
- Patients were respected as individuals.

### **Privacy and Dignity**

#### **The service respected patients' privacy and dignity.**

- The registered person recognised the importance of people's dignity and respect. They acknowledged conversations could be overheard due to the layout of the clinic. They advised only 1 patient was ever treated at any 1 time in the clinic to ensure privacy and confidentiality was maintained.
- Information security and confidentiality was seen recorded in the staff members' contract which they had signed.

# Are services responsive to people's needs?

## **We rated responsive as Good because:**

The service organised and delivered services to meet patients' needs within an appropriate setting. The service had systems in place to support patients with making a complaint to help improve the manner in which care and treatment was provided. However, this needed to be further developed.

## **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 registered person understood the needs of their patients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been considered so that people could access and use services on an equal basis to others. A disabled parking space was available within the site shared car park in addition to a ramp to access the premises. Toilet facilities were available via an alternative entrance to the building. Patients could access the clinic via a discreet route should they prefer.
- The provider offered services to adults aged 18 and over only.

## **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 and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with urgent needs had their care and treatment prioritised.
- The clinic was open 3 days a week between 9am and 5pm Wednesday to Friday by appointment only. Out of hours arrangements were in place in the event of a patient seeking aftercare treatment advice.

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

### **The service took complaints and concerns seriously. A policy was in place for managing complaints, but needed revising.**

- Information about how to make a complaint or raise concerns was available in the clinic and on line. The registered person aimed to provide complainants with a full written response within 14 working days. An explanation would be offered to the cause of the delay if this was not possible.
- The registered person was the complaints manager. They confirmed no complaints had been received by the service since they were registered in September 2021.
- The service had a complaints policy and procedures in place. This needed to be further developed to ensure complainants were advised of the appropriate escalation route should they not be happy with the outcome of their complaint or how it had been managed. Following the inspection, the registered person sent in evidence that they had reviewed and updated the complaints policy to reflect the appropriate escalation route.
- CQC had received 1 complaint about the clinic. An element of this included infection, prevention and control. This was reviewed as part of the site visit.

# Are services responsive to people's needs?

A suggestion box was held in the waiting area. The registered person told us they had not received any suggestions. Following the inspection, the registered person sent in evidence that they had implemented new feedback forms to better capture patient feedback.

# Are services well-led?

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

The registered person had the skills and capacity to carry out the service. They had a vision and strategy to deliver patient focused care and there were governance arrangements in place. There was a focus on learning and continuous improvement. There was a strong emphasis on staff safety and well-being.

## **Leadership capacity and capability;**

### **The registered person had the capacity and skills to deliver high-quality, sustainable care.**

- The registered person was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and told us how they were addressing them.
- The registered person was visible and approachable. They worked closely with the staff member employed to make sure they prioritised compassionate and inclusive leadership.
- The registered person had processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## **Vision and strategy**

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

- There was a vision and set of values. The service aimed to provide top quality, tailored care to each patient, enhancing their confidence in their appearance and well-being.
- The service objectives included providing a respectful, high classed quality service using the best quality products. The service strived to ensure they received training of the highest standard to support safe delivery of care.

## **Culture**

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

- The registered person was proud of the service they provided and demonstrated a passion for delivering safe aesthetic services.
- The service focused on the needs of patients.
- The registered person was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for staff training and development. The registered person met the requirements of professional revalidation.
- There was an emphasis on the safety and well-being of staff.
- The service promoted equality and diversity. The registered person had received equality and diversity training and told us they treated patients equally.

## **Governance arrangements**

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

- Structures, processes and systems to support good governance and management were set out and understood.

# Are services well-led?

- The registered person had developed policies, procedures to ensure safety and assured themselves that they were operating as intended. However, some of these policies required review including the staff recruitment policy and the complaint policy.

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

### **There were processes for managing risks, issues and performance.**

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The registered person had oversight of safety alerts, incidents, and complaints.
- The registered person had plans in place for managing incidents.

## **Appropriate and accurate information**

### **The service had appropriate but not always accurate information.**

- The service had some processes in place to monitor performance including patient satisfaction.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- We identified some promotional material used did not accurately reflect the current range of services provided. In addition, the treatment list indicated that the service had previously been inspected and rated Good by the CQC. The registered person acknowledged this was inaccurate and told us this was a publication error; however, they had not actively taken steps to rectify this misleading information. Following the inspection, the registered person submitted evidence of updated promotional material that accurately reflected the status of the clinic.

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

### **The service involved patients and the staff member to support high-quality sustainable services.**

- The service encouraged and heard views and concerns from the public, patients, staff and external partners. There was an in-clinic suggestion box and feedback book available, and feedback shared on the registered person's social media platforms was also monitored.
- The registered person closely engaged with their staff member and told us they provided great support for each other and that they operated an open door policy for discussing any concerns.

## **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 registered person held a degree in clinical practice and a Masters and a PHD in aesthetics and ethics. We saw a range of certificates on display, demonstrating continuous professional development and affiliations with professional associations such as the British Association of Cosmetic Nurses.
- The registered person had also received the Safety in Beauty Diamond aesthetic nurse practitioner of the year award for 2021.
- The registered person was also a teacher and trainer in aesthetic procedures.

The registered person told us that they never cut corners with their service, which they felt kept patients safe.

This section is primarily information for the provider

# Requirement notices

## Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 HSCA (RA) Regulations 2014: Fit and proper persons employed</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed.</p> <p>In particular:</p> <ul style="list-style-type: none"><li>• The registered person had not obtained a disclosure and Barring Service (DBS) check for the staff member employed prior to them commencing work. A risk assessment had not been undertaken to mitigate any potential risk to patients.</li><li>• A full employment history, together with a satisfactory written explanation of any gaps in employment was not in place</li><li>• Satisfactory evidence of conduct in previous employment was not on file.</li><li>• Evidence of staff immunisation status had not been obtained.</li></ul> <p>This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>