

# Aesthetic Medispa Clinics Limited

## 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 Aesthetic MediSpa Clinics Limited as part of our inspection programme. 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.

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 general exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The Aesthetic MediSpa Clinics Limited provides a range of non-surgical cosmetic interventions, for example dermal fillers and Botox for the face, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The lead clinician 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:**

- Risk to patients were assessed and well managed, including those relating to safeguarding.
- Information relating to patients was accurate and enabled staff to make appropriate treatment choices.
- There were monitoring processes in place to ensure safe and appropriate use of medicines.
- The service had systems to manage risk so that safety incidents were less likely to happen.
- The clinic had policies and procedures to govern activity.
- The way the service was led and managed promoted the delivery of high-quality, person-centred care.
- The service sought feedback from patients, which it acted on.
- There was a clear leadership structure in place and the culture of the service encouraged candour, openness and honesty.

There was one area where the provide could make improvements and should:

- Improve arrangements to manage the storage and disposal of sharps.

# Overall summary

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC Inspection Manager.

## Background to Aesthetic Medispa Clinics Limited

The service is provided by Aesthetic MediSpa Clinics Limited. Aesthetic MediSpa Clinic is a private medical centre in Buckhurst Hill in a multipurpose building housing several different organisations. There is level access into the building and either lift or stair access to the basement floor where the clinic is situated.

The service is provided to patients who are 18-years old and over only. At the time of the inspection the service had approximately 60 patients a year requesting regulated activities.

The regulated aspects of this service are provided by a GMC registered clinician. Support is provided by a clinic director and an administrator.

Services regulated by CQC includes Botox injections for Hyperhidrosis (excessive sweating); removal of minor skin lesions using cautery (an agent used to burn, sear or destroy tissue) and Polydioxanone (PDO) thread lifts.

The service provides the regulated activities of: Treatment of disease, disorder or injury; surgical procedures; diagnostic and screening procedures.

The service operates at the following times:

Tuesday 10am-3pm

Wednesday 2pm-8pm

The website is [www.info@aesthetic-medispa.co.uk](mailto:www.info@aesthetic-medispa.co.uk)

### How we inspected this service

Our inspection team was led by a CQC Lead Inspector and included a CQC Inspection Manager.

Before visiting, we reviewed a range of information we hold about the service.

During our visit we:

- Looked at the systems in place for the running of the service.
- Explored how clinical decisions were made.
- Viewed a sample of key policies and protocols which related to regulated activities.
- Spoke to staff involved in the regulated activities.
- Checked the environment and infection control measures.

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 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. 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 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 provider 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).
- 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.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.
- There were effective protocols for verifying the identity of patients including children.

## **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.
- 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.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place
- Appropriate standards of cleanliness and hygiene prevention and control were in place. Staff had made adaptations to infection prevention and control during the COVID-19 pandemic in line with national guidance.
- There was an effective system to manage infection prevention and control. The owner of the premises ensured legionella risk assessments were in place and staff had undertaken legionnaire's disease training.
- There were arrangements for managing waste and clinical specimens. Sharps bins were available in all clinical rooms and were appropriately labelled, secured and were not overfilled; however, one sharps bin was not appropriately labelled and was filled to a level where it required replacement. This was carried out during our inspection.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions.
- 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**

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

# Are services safe?

- 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 plans in place to introduce a new electronic record keeping system.
- The service rarely needed to share information with staff and other agencies to enable them to deliver safe care and treatment. However, there were processes in place to share information in accordance with data laws.
- 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, and emergency medicines and equipment minimised risks.
- Staff had undertaken medicines management training.

## 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. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There had been no incidents in the preceding 12 months, however the service reviewed external case studies and lessons were identified from other providers to improve their own safety as a result.
- 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:**

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

**The provider 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).**

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. Patients medical history was confirmed at every appointment.
- Staff assessed and managed patients' pain where appropriate.
- If a patient was not deemed to be suitable to receive a treatment, they would be declined. For example, if a mole or lesion was of concern then the patient would be signposted back to their NHS GP for assessment.

## **Monitoring care and treatment**

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. This involved, for example, the review of emergency medicines and clinical review 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. We saw evidence of a second cycle audit of emergency medicines to ensure all emergency medicines were in line with ACE (Aesthetic Complications Expert) guidance. Medicines and expiry dates were checked and removed if out of date.
- An external clinical record keeping audit had been completed to ensure medical records were kept in line with national guidance. The service had reflected on the findings to identify areas for improvement.

## **Effective staffing**

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff; however, the service had not recently recruited any new members of staff.
- Relevant professionals were registered with the General Medical 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 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 with consent from the patient.

# Are services effective?

- 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.
- 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.
- The service monitored the process for seeking consent appropriately.
- Patients received written patient information, prior, during and after a procedure. This information included the risks, benefits and alternative treatments, where applicable.

## 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.**

- Due to the nature of the service provided, patients were not routinely given advice on living healthier lives. 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 caring?

**We rated caring as Good because:**

## **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. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

## **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:**

## **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 provider made it clear to patients what services were offered and the limitations of the service were clear.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. Staff gave an example of how they adjusted their service to meet patient needs and preferred communication methods.

## **Timely access to the service**

**Patients were able 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.
- The service was open from 10am to 3pm on Tuesdays and 2pm to 8pm on Wednesdays.
- There was no requirement for urgent access to treatment.
- There was no out of hours provision. Patients were provided with post procedure information.

## **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 had complaint policy and procedures in place, however the service had not received any complaints in the preceding 12 months.
- There was a clear procedure to learn lessons from individual concerns, complaints and from analysis of trends.

# Are services well-led?

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

## **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 were visible and approachable. They worked closely 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. We saw evidence of a continued commitment to improve quality, maintain a safe environment and comply with legislation and regulations.
- 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.**

- The service had a very small team and there was evidence of a commitment to staff wellbeing.
- The service focused on the needs of patients.
- 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.
- There were processes for providing all staff with the development they need. This included appraisal and career development. Staff received regular annual appraisals and staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## **Governance arrangements**

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

# Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- 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 used performance information, which was reported and monitored, and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted 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 identifiable data, records and data management systems. Leaders had identified areas for further data management improvements in the future.

## 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. There had been no incident or complaints within the previous twelve months.
- 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.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

## 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.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.
- During the inspection we reviewed patient feedback forms and saw that patients were positive about the overall experience they had received.

# Are services well-led?

- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

### **There were evidence of systems and processes for learning, continuous improvement and innovation.**

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

There were systems to support improvement and innovation work. The service described areas of improvement in data management and the service demonstrated a commitment to improvements in patient information.