

Look Natural Aesthetics

Inspection report

179 Hull Road
Beverley
HU17 0TR
Tel: 07976376685
www.looknaturalaesthetics.co.uk

Date of inspection visit: 19 June 2023
Date of publication: 03/07/2023

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 Look Natural Aesthetics as part of our inspection programme, to inspect all newly registered locations. This was a first rated inspection for the service since they registered with the Care Quality Commission (CQC) in October 2022.

Look Natural Aesthetics provides a private aesthetics service for fee paying clients. This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services they provide. 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. Look Natural Aesthetics provides a range of non-surgical cosmetic interventions, such as, dermal filler injections. They also provide a non-surgical form of liposuction which is used for body sculpting and contouring. These treatments are not within CQC scope of registration and therefore, we did not inspect or report on these. At the time of the inspection services provided which were in scope included, thread face lifts and Botulinum Toxin injections for aesthetic purposes and also as a medical treatment to treat patients who have specific conditions.

The nominated individual 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:

- There were systems to assess, monitor and manage risks to patient safety.
- The provider assessed needs and delivered care in line with evidence-based guidelines.
- The provider had the skills, knowledge and experience to carry out their role.
- Patients were treated with kindness, respect and compassion and helped to make decisions about care and treatment.
- The provider had received very positive feedback from patients about the care they had received.
- The provider understood the needs of their patients and wherever possible made reasonable adjustments to make sure the service was accessible and responsive to the needs of patients.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs. The provider ensured patients were at the centre of all decision making regarding their appointments.
- There were clear structures, systems and processes to support effective leadership and governance. The provider had a drive to deliver safe, personalised, high quality care that met the needs of the people who used the service.

Overall summary

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

- The provider should improve how patients notes and records for aftercare appointments are recorded.

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

The inspection was led by a CQC inspector who had access to advice from a member of the CQC medicines team.

Background to Look Natural Aesthetics

Look Natural Aesthetics is located at Look Natural Aesthetics 179 Hull Road, Woodmansey, Beverley, HU17 0TR. The service has 1 consultation room which is located on the ground floor. Patients have access to toilet facilities.

The provider Look Natural Aesthetics, is registered with the CQC to carry out the regulated activities treatment of disease, disorder or injury and surgical procedures. The provider operates a clinician-led service which specialises in aesthetic treatments. Services are only offered to adults. The service does not offer NHS treatment. The service and the treatments within the scope of registration are led and carried out by a consultant anaesthetist (male) and is assisted by their partner a former nurse who handles the administration work. The service is open Wednesday 2pm to 5pm and Saturday 1pm to 4pm.

How we inspected this service

Before visiting the service we reviewed a range of information we hold about the service and information provided pre-inspection by the service.

During our inspection we:

- Spoke with the registered provider
- Looked at information the service used to deliver care and treatment plans
- Reviewed documents and policies used by the service.
- Reviewed patient feedback received by the provider and by the CQC
- Observed the premises where services were delivered from

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:

The provider had developed and implemented processes and procedures to manage safety within the clinic. There were systems to assess, monitor and manage risks to patient safety. The service had reliable systems for appropriate and safe handling of medicines.

Safety systems and processes

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

- The provider conducted safety risk assessments. They had appropriate safety policies, which were regularly reviewed. They outlined clearly who to go to for further guidance. The provider had access to safety information to guide them to operate in a safe way which was supported by appropriate refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- Services were offered to adults over 18 only; no services were provided to children and young people under the age of 18.
- 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.
- Although the provider did not employ any staff there was a recruitment policy in place if needed. The provider told us they would make sure they carried out staff checks at the time of recruitment and on an ongoing basis where appropriate.
- The provider had completed an up to date Disclosure and Barring Service (DBS) check. (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).
- There was an effective system to manage infection prevention and control. The provider had carried out an infection prevention and control audit and had a structured cleaning schedule in place. We observed the premises to be visibly clean and well maintained. The provider had carried out a legionella risk assessment and was undertaking the associated mitigating actions.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions.
- There were systems for safely managing healthcare waste.
- The 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.

Risks to patients

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

- The provider utilised an external consultancy company to assist them with their CQC registration process and to review all their policies and procedures.
- Although the provider did not employ any staff there was a policy in place should this change with an induction system for new staff.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

Are services safe?

- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. The provider had implemented a risk assessment to determine the scope and type of emergency equipment and medicines available. This was based on the type of services provided and the client demographic. The provider had purchased their own defibrillator. There was no oxygen onsite.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients. However, we identified an area where the system could be improved.

- 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.
- We found that aftercare and follow up notes on patients were not recorded effectively. They were not recorded in the same place as where initial consultations and notes on specific treatments were stored. The provider acknowledged this and was looking at ways of adapting the software they used to store patients notes so that any aftercare conversations and notes were available to review in the same place.
- 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 vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- The provider prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and accurate records were kept. 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 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.

Are services safe?

- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, changes had been made to their consent arrangements in respect of advertising following a significant event.
- 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. When there were unexpected or unintended safety incidents:
- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

We rated effective as Good because

The provider assessed the needs and delivered care in line with evidence-based guidelines. The provider had completed some quality improvement activity. The provider had the skills, knowledge and experience to carry out their roles.

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.

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- The provider stored relevant information and photographs of patients throughout their treatment so patients could effectively see before and after changes following their procedures.

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 included an audit looking at patient notes. The provider audited their own notes and as a result found a more effective way to use a specialist aesthetic software to document and store patients notes.
- The provider also found that patients were not thoroughly reading or understanding the possible side effects following a procedure. As a result the provider simplified the information into a more concise information pack for patients on possible side effects following a procedure.

Effective staffing

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

- The provider was a consultant anaesthetist who was appropriately qualified and registered with the General Medical Council (GMC)
- The provider had received specific training and could demonstrate how they stayed up to date for the procedures they carried out
- The provider regularly met with other private aesthetic providers to share best practice. This included signposting patients to other local providers who were more appropriate for the patients needs.

Coordinating patient care and information sharing

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

Are services effective?

- Patients received coordinated and person-centred care. The provider referred to, and communicated effectively with, other services when appropriate. We saw where the provider had communicated with a patient's physiotherapist before and after treatment received at the clinic.
- Before providing treatment, the provider ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. Systems to ensure consent was obtained in respect of advertising were also in place.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The service monitored the process for seeking consent appropriately. The service had learned from a significant event resulting in improved systems relating to 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 provider 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. The provider had close relationships with another aesthetics provider who also ran well "woman clinics" where some patients were signposted to as a more appropriate service for their needs.
- The provider had close ties to a local exercise and wellbeing class which patients were referred to when appropriate.

Consent to care and treatment

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

- The provider understood the requirements of legislation and guidance when considering consent and decision making.
- The provider 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:

The provider treated patients with kindness, respect and compassion and helped them to make decisions about care and treatment

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. All feedback received by the service and by CQC had been positive about the quality of care and service received.
- Feedback from patients was positive about the way staff treated people. In total we spoke with 5 patients who praised the service they received. All 5 patients described how they were given a thorough consultation before a procedure, informed of possible side effects and received appropriate aftercare.
- 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.
- We saw an example following a complaint where a patient was offered a complementary treatment as part of an apology.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Five patients told us, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- The provider had developed written information which they provided to patients, which gave information about the procedures, any side effects or known complications, aftercare and what to do in case of any adverse reactions or emergency following the procedure. They told us they gave people a cooling off period to consider whether the treatment was right for them.
- Detailed information about services offered and prices of treatments were available on the clinic's website.
- The provider communicated with people in a way that they could understand. For example, communication aids and easy read materials were available. This included producing large print information packs for patients as and when needed.

Privacy and Dignity

The service respected patients' privacy and dignity.

- The provider recognised the importance of people's dignity and respect.
- The provider 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:

The provider understood the needs of their patients and wherever possible made reasonable adjustments to make sure the service was accessible and responsive to the needs of patients.

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 understood the needs of their patients and improved services in response to those needs. We saw how the service was able to offer appointments on different days outside of their core opening hours to a patient who didn't want others to know that they used the service.
- 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.

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, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use.

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. The provider treated patients who made complaints compassionately. We saw an example where a patient had complained due to an issue with consent which resulted in remedial action, an apology and complementary treatment.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint. The provider was a member of an impartial independent service that looked into complaints if patients weren't satisfied with outcomes.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

We rated well-led as Good because:

The provider had established clear structures, systems and processes to support effective leadership and governance. The provider had a drive to deliver safe, personalised, high quality care that met the needs of the people who used the service.

Leadership capacity and capability;

The provider had the capacity and skills to deliver high-quality, sustainable care.

- The provider was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The provider was approachable and personable.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future development 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 plan to achieve priorities.
- The provider monitored progress against delivery of the strategy.

Culture

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

- The provider had a drive to deliver safe, personalised, high quality care that met the needs of the people who used the service. 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.
- The provider had a focus on developing themselves to enable them to provide safe and effective care.
- There was a strong emphasis on the safety and well-being.
- The service actively promoted equality and diversity.

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 clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities

Are services well-led?

- The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. All policies and procedures were regularly reviewed and updated when required.
- The service used performance information which was reported and monitored.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. The provider had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality. For example, an audit looking at patients notes highlighted how that this area could be improved.
- The provider had plans in place 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.
- The provider described to us the systems in place to give feedback. We spoke with 5 patients who all gave positive feedback about the service.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.

Are services well-led?

The provider ensured they kept up to date with best practice and new developments by networking with other private aesthetic providers regularly.