Regents Park Aesthetics

Inspection report

19 Wimpole Street
London
W1G 8GE
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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. This is the first inspection of this service.

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 Regents Park Aesthetics on 24 July 2023 as part of our inspection programme. Regents Park Aesthetics first registered with CQC in July 2020 and are registered for the regulated activities, diagnostic and screening procedures, surgical procedures and treatment of disease, disorder and injury.

The registered manager is the individual provider and aesthetic nurse practitioner for the company. 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.

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. which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

Our key findings were:

- *Leaders had the capacity and skills to deliver high-quality, sustainable care.*
- *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.*

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

- Implement systems to raise an alarm or alert other staff in an emergency.
- Review systems in place for recording next of kin details when registering new patients.
- Review mandatory training to ensure all staff have the knowledge and skills required for their role.
- Continue to work on and develop quality improvement for patients through audits.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Overall summary

Chief Inspector of Health Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC GP specialist adviser.

Background to Regents Park Aesthetics

Regents Park Aesthetics is located at 19 Wimpole Street London W1G 8GE.

Regents Park Aesthetics is an independent medical aesthetic clinic providing a range of treatments including dermal filler treatments slimming clinic/obesity management services, alongside a wide range of non CQC-regulated treatments. The service provides face to face and online consultations, physical examinations and cosmetic surgery for adults aged 18 and over.

The service website can be accessed through the following link: https://www.regentsparkaesthetics.co.uk/

The clinic is open from 9am to 8pm Monday – Friday and 10am – 6pm on Saturdays. The clinic does not open on Sundays but will make exceptions on a case by case basis. They have a permanent out of office call centre which patients can contact in case of emergency, all patients are also given the email address for their practitioner, and for any treatment carried out before the weekend, the treating practitioner will give their mobile number to the patient.

The clinic manager is responsible for the day-to-day running of the centre and is supported by an aesthetic doctor, 3 aesthetic nurses, 2 aesthetic beauty practitioners and a receptionist.

How we inspected this service

Before visiting, we reviewed a range of information we hold about the service and asked them to send us some pre-inspection information which we reviewed.

During our inspection we:

- Spoke with the registered manager/aesthetic nurse practitioner and clinic manager face to face.
- Reviewed files, practice policies and procedures, and other records concerned with running the service.
- Reviewed a sample of patient records.
- Looked at information the service used to deliver care and treatment plans.

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.

Good

Are services safe?

We rated safe as Good because:

The provider had systems and procedures in place to monitor and keep patients safe and there were arrangements in place for the management of infection prevention and control.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. 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 and standard operating procedures in place to safeguard vulnerable adults from abuse. We reviewed a safeguarding policy dated February 2022 with a review date set for February 2024.
- All staff had completed adults safeguarding training at the level required for their role. The registered manager had completed level 3 adults safeguarding training the day before the inspection and told us that all clinical staff were trained to level 3 in adults safeguarding.
- Not all staff had completed chaperone training, however the provider told us that they would be reviewing this following the inspection so there were more staff on hand to act as a chaperon if needed.
- Recruitment checks were carried out. Disclosure and Barring Service (DBS) checks were undertaken for all staff except one. We saw evidence that the provider had carried out a risk assessment for this member of staff and evidence that they had applied for a DBS check for the member of staff following the inspection. (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). We reviewed a staff recruitment policy dated February 2022.
- There was a system in place to manage infection prevention and control (IPC). On the day of the inspection, the premises were observed to be very clean and tidy.
- The doctor and clinic medical director was the IPC lead. The clinic had an IPC policy in place, which were accessible to staff, and we reviewed an IPC audit dated January 2023.
- There were systems for safely managing healthcare waste seen during inspection.
- Staff were up to date with their IPC training.
- We saw evidence of an external portable appliance testing (PAT) certificate dated June 2022 where all appliances had passed testing. We did not see a PAT certificate for 2023. We also reviewed a maintenance and safety report dated December 2022 which included calibration of applicable equipment.
- We saw evidence of certificate of completion from an external agency for the completion of fire safety and legionella risk assessments dated September 2022.
- 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. These included health and safety and premises maintenance. We reviewed a health and safety risk assessment and action plan that was dated June 2023.
- The provider had a fire risk assessment and action plan in place also dated June 2023. There was no date set for actions to be completed by.

Risks to patients

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

- There was an effective induction system for all staff tailored to their role.

Good

Are services safe?

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- At the time of inspection not all staff had completed sepsis training and it was only mandatory for clinical staff. The provider told us that they would be reviewing this going forward.
- There were sufficient staff at the time of the inspection and arrangements for planning and monitoring the number and mix of staff needed to meet patient needs.
- At the time of inspection there were no systems in place for staff to alert other staff in an emergency. Staff we spoke to told us that if there was an emergency, they would shout for help to alert other staff in the building, but the layout of the building and position of the clinical rooms and reception did not support this. The provider and clinic manager told us that this issue had already been flagged and they were in the process of ordering panic buttons.
- There were suitable emergency medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. The clinic did not stock medical oxygen at the time of inspection and did not have a documented risk assessment in place to support this decision. The provider told us there were dental clinics operating in the same building who stocked oxygen and they had been given permission to use it in an emergency. After the inspection, the provider sent a risk assessment that documented this arrangement.
- When there were changes to services or staff, the service assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The service used 2 different computer software systems for medical records and appointment booking. These systems were cloud based and password protected.
- We reviewed a sample of 5 patient care records and found they were written and managed in a way that kept patients safe. The care records we reviewed showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- 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.
- Patients were asked if they would consent to share their information with their NHS general practitioner to enable continuation of care.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including emergency medicines and equipment minimised risks. We saw evidence of a management of medicines standard operating procedure last updated in February 2022.
- 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.
- Staff 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 staff kept accurate records of medicines.

Track record on safety and incidents

The service had a good safety record.

- There were risk assessments in relation to safety issues.

Good

Are services safe?

- 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.
- The service used a computer software system to monitor, review and act upon all incidents.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- Incidents and significant events were recorded on a computer software system, which enabled the provider's leadership team to have oversight and ensure actions were taken.
- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The service had recorded 3 significant events in the last 12 months. The provider was able to give a detailed description of a significant event that had happened in the clinic, where the learning was shared and training and support was provided to staff.
- 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. We saw evidence of meeting minutes where incidents were discussed.
- 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.

Good

Are services effective?

We rated effective as Good because:

The provider had systems and procedures which ensured clinical care provided took into account the needs of patients. The provider had the knowledge and experience to be able to carry out their role. We saw evidence of audits being carried out.

Effective needs assessment, care and treatment

The provider had systems to keep up to date with current evidence based practice. We saw evidence that the clinician 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.
- The clinician had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- The clinician assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service used information about care and treatment to make improvements.
- The service made improvements through the use of audits. Audits had a positive impact on quality of care and outcomes for patients.
- We saw evidence of audits including handwashing, patient record and a medicine audit.
- We reviewed the patient records audits for February and April 2023 and found that not all staff were routinely recording patient's medical history. The audits did not have any comments or actions documented to measure quality improvement.

Effective staffing

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

- We saw evidence staff were appropriately qualified. The provider had an induction programme for all newly appointed staff which was tailored to their role.
- We saw evidence that relevant professionals (medical) were registered with the General Medical Council (GMC) 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 to deliver effective care and treatment.

- Patients received person-centred care.

Good

Are services effective?

- Before providing treatment, the clinician ensured they had adequate knowledge of the patient's health. The provider gave examples of patients being signposted to more suitable sources of treatment to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation with their registered GP when they used the service.
- The provider had risk assessed the treatments they offered.
- Patient information was shared appropriately (this included when patients moved to other professional services).

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 clinician 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, they were redirected 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 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.
- We saw evidence the provider obtained consent where applicable.

Good

Are services caring?

We rated caring as Good because:

The service treated patients with kindness, respect and dignity. The service involved patients in decisions about their treatment and care. Staff we spoke with demonstrated a patient-centred approach to their work.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received through an external agency via patient satisfaction survey. Feedback from patients was largely positive about the way staff treat people and the care and treatment received.
- We saw evidence of a patient satisfaction survey action plan which listed areas for improvement in response to feedback, including employing a clinic manager and front of house admin to streamline patient experience and improving pre and post care information provided to patients.
- The clinic also used an external agency to carry out mystery shopping exercises which included emailing, calling the clinic and visiting the clinic for face to face consultations and would provide feedback on the quality of care received. The provider told us that one improvement made from these exercises was more staff training.
- 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.

- The provider told us that they did not have any patients with a disability at the time of inspection.
- The provider told us that they did not use interpretation services as they did not have a need for them.

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.
- Consultation room doors were closed during consultations and conversations could not be overheard.
- Patient information was stored securely, and staff had completed General Data Protection Regulation (GDPR) training.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

The provider was able to provide patients with timely access to the service. The service had a complaints procedure and policy in place and obtained patient feedback.

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.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had not been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The clinic was located below street level and was accessible by a winding flight of stairs. The provider told us they did not have any patients who had a disability at the time of inspection.

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.
- Referrals to other services were undertaken in a timely way.

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.
- 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 service had a complaints policy and procedure in place, the latest version dated July 2023. The provider told us they had received 5 complaints in the last 12 months and would follow the complaints procedure as necessary.
- We reviewed the complaints log and saw that the date and details of the complaint had been recorded, as well as the staff member handling the complaint and an update. All 5 complaints had been logged as closed.

Good

Are services well-led?

We rated well-led as Good because:

The service leader was able to articulate the vision and strategy for the service. The provider worked hard to ensure that patients would receive the best care and treatment. There were systems in place to govern the service and support the provision of good quality care and treatment.

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. The provider identified managing patient expectations and high competition due to the clinics location as the main challenges faced. They told us that they ensure they are very transparent with their pricing and there were no hidden costs which patients appreciated and they had only made 1 price increase in the last 2 years.
- Leaders were visible and approachable. They worked closely with staff and others 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 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.
- The service developed its vision, values and strategy jointly with staff.
- 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.

- Staff we spoke with told us they felt respected, supported and valued and that they were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We saw that the service responded to Google reviews. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received appraisals in the last year. Clinical staff, including nurses, were considered valued members of the team.

Good

Are services well-led?

- At the time of inspection there was no routine supervision taking place, however the provider told us that ad hoc supervision took place. After the inspection the provider sent us a blank clinical skills supervision template and a completed supervision for a clinical member of staff with a review date of every 3 months.
- There was a strong emphasis on the safety and well-being of all staff.
- 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.

Governance arrangements

There were clear 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 arrangements promoted person-centred care.
- 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.

Managing risks, issues and performance

There were 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. Leaders had oversight of safety alerts, incidents, and complaints.
- There was evidence of action to change services to improve quality, however this was mostly the result of patient feedback and not clinical audits.
- 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.

- Operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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.

Good

Are services well-led?

- The service encouraged and heard views and concerns from patients and staff and acted on them to shape services and culture. The provider told us that they had made key changes in response to feedback, including employing clinic manager and front of house administration staff, they had made changes to electronic patient records, automated requests for feedback and introduced consistent staff appraisals.
- Staff could describe to us the systems in place to give feedback. We saw evidence of this feedback during the inspection.

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 service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders 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 provider told us that in the coming weeks they would be moving to a single patient management system, which would allow them to manage patients appointments and medical records in one place and provide a more efficient service.