

# Elite Aesthetics

## Inspection report

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Greenhithe  
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Date of inspection visit: 21/01/2020  
Date of publication: 27/02/2020

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?

Good 

Are services well-led?

Good 

# Overall summary

## **This provider 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 Elite Aesthetics as part of our inspection programme.

Elite Aesthetics is a doctor led aesthetic clinic with a strong interest in treating issues related to women's health. It also provides slimming services. It is in ground floor premises in Greenhithe, Kent. It treats private patients. There is car parking on site. The staff comprise, a doctor on the General Medical Council register of General Practitioners, two aesthetic practitioners, a patient's coordinator and support staff.

The clinic is open during a range of hours including some evenings. The hours are advertised on the service's website.

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 service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Therefore, at Elite Aesthetics, we were only able to inspect the services which were subject to regulation.

The registered provider 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.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards all of which were very positive about the standard of care received. There was praise for all the staff, from the helpfulness of those on reception to the communication skill of clinicians.

## **Our key findings were :**

- The care provided was safe. There was a culture of placing safety at the core of activity. Staff told us they were encouraged to contribute to the running of the organisation whether on safety or any other matters.
- The provider put the patients' needs before other considerations with patients being advised that no treatment or a "wait and see" approach were the favoured options if that was clinically in the patients' best interests.
- The provider was technically innovative, adopting, after suitable research and trials, new medical and information technology.
- There was a strong emphasis on continuous learning for staff. The provider recognised that there were innovative treatments available and worked hard to help ensure that clinical and non-clinical were up to date with developments.

## **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 and included a CQC GP specialist adviser.

## Background to Elite Aesthetics

Elite Aesthetics is located at:

32 Grove House,  
Wainwright Avenue,  
Greenhithe,  
DA9 9XN.

01322381205

Website:

It is a doctor led clinic providing aesthetic skin treatments as well as medical treatment for a limited range of medical conditions. It also provides slimming services.

The clinic is open Monday, Wednesday and Thursday 9am to 5pm; and until 7pm on Tuesday 9am to 7pm on Tuesday and 9am to 4pm on Friday.

We reviewed information from the provider including evidence of staffing levels and training, audit, policies and the statement of purpose.

We interviewed staff, reviewed documents, talked with the provider, inspected the facilities and the building. We also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards.

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 and communicated to staff. 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. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- 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.
- The provider had systems to assure that an adult accompanying a child had parental authority. There were systems to check the identity of individuals using the provider.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those accompanying them.
- There was an effective system to manage infection prevention and control. This included a comprehensive assessment and actions to address the risks of Legionella (Legionella is a term for a bacterium which can contaminate water systems in buildings).
- There were systems for safely managing healthcare waste.

### 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 effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- There were first aid kits and EpiPen's (an injection which can reverse the symptoms of an allergic reaction) for children and adults at various strategic points around the building. There was no defibrillator on the premises. The provider had carried out a risk assessment and had identified a publicly available defibrillator some 30 metres from the building.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities

### Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. 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 systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The provider had a system to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- 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 minimised risks. The provider did not hold or prescribe any controlled drugs. None of the medicines prescribed for weight loss were unlicensed. There were less than

## Are services safe?

five patients being treated for weight loss. We reviewed some treatments and found that the National Institute for Health and Care Excellence (NICE) guidance had been followed.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. There were processes for checking medicines and staff kept accurate records of medicines. Prescription stationery was kept securely, and its use monitored.
- There were effective protocols for verifying the identity of patients during remote or online consultations.

### Track record on safety

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 were adequate systems for reviewing and investigating when things went wrong. The service learned, and shared lessons. It identified themes and acted to improve safety in the service. For example, a patient had reported a lump following the administration of a particular product. The matter was investigated and recorded, the patient was referred to their GP and the service kept in touch with their progress. The lump dissipated naturally however the service reported the incident to the Medicines and Healthcare Products Regulatory Agency so that reports of any similar incidents could be coordinated, and the information disseminated.
- The provider was aware of the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems for knowing about notifiable safety incidents

There had been no Duty of Candour incidents, however the provider had arrangements to:

- give affected people reasonable support, truthful information and a verbal and written apology and
- keep 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. The service had an effective mechanism in place to disseminate alerts to all members of the team.

# Are services effective?

## We rated effective as Good because:

**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 completed a comprehensive questionnaire regarding their previous medical history. Where patients had allergies, this was recorded in the notes. An appropriate “flag” was placed on the patients’ electronic record so that all staff would be aware of the allergy.
- 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 and where they did not made appropriate referrals.
- We saw no evidence of discrimination when making care and treatment decisions.

## Monitoring care and treatment

The service was actively involved in quality improvement activity.

The provider used information about care and treatment to make improvements. The provider had begun to make improvements through audit. There had been no completed (that is two cycle audits) audits as the provider had only been registered for 10 months.

There had been an audit of medical and aesthetic record keeping. This identified that some records were not written up in a sufficiently timely manner. This had been discussed at staff meetings and a further audit planned to check for improvements. The provider had begun an audit of the effectiveness of weight loss treatment but the sample size was too small to draw any meaningful conclusions until further patients had been treated.

## 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.
- Doctors were registered with the General Medical Council (GMC). They were up to date with appraisal and revalidation.

- The provider understood the learning needs of staff and provided time and training to meet them. 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 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. For example we saw referrals concerning abnormal blood test results. The referrals were timely and comprehensive.
- 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. Where patient’s samples were sent for testing there was a system for ensuring that a result from the test had received and checked.
- 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.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP. For example, the service did not prescribe medicines for the treatment of severe acne which required a strict blood testing regime. Where patients agreed to share their information, letters were sent to their registered GP in line with GMC guidance.
- 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 have been referred to other 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, staff gave people advice so they could self-care.

## Are services effective?

- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, patients were advised about the risks of exposure to sunlight.
- 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.

The service monitored the process for seeking consent appropriately.

# Are services caring?

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

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

#### **The provider treated patients with kindness, respect and compassion.**

- The provider sought feedback on the quality of clinical care patients received as well as their general satisfaction with the service.
- Feedback from patients was positive about the way they were treated.
- The provider understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The provider 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.**

- There were 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.
- Patients told us through comment cards, 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.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.

### **Privacy and Dignity**

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

- Staff recognised the importance of people's dignity and respect.
- Several comment cards mentioned the provider's understanding of sensitive issues particularly in the field of women's health.



# Are services responsive to people's needs?

## We rated responsive as Good because:

### Responding to and meeting people's needs

**The provider organised and delivered services to meet 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. Any patients were sent a feedback form after every consultation. Feedback had indicated that patients would appreciate a wider range of reading material so that had been provided. Other areas where the provider had responded to feedback included; relaxing music, a wider selection of beverages, the availability of evening appointments and an increased range of treatments.
- 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. The facilities were on the ground floor with wheelchair access throughout.

### Timely access to the provider

**Patients were able to access care and treatment from the provider within an appropriate timescale for their needs.**

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

- Patients could book appointments, though staff at a specialist aesthetic call centre, from 8am to 8pm Monday to Saturday.

### Listening and learning from concerns and complaints

**The provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.**

There had been no formal complaints in the 10 months that the provider had been registered with the Care Quality Commission.

- Information about how to make a complaint or raise concerns was available.
- The provider's policy ensured patients would be informed of any further action that might be available to them should they not be satisfied with the response to their complaint. The provider was a member of the Independent Doctors Federation this meant that patients could complain to the Independent Sector Complaints Advisory Service (ISCAS), an independent body.
- The provider had a complaints policy and procedure. The provider learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. Whilst there had been no formal complaints, occasional concerns were raised. For example, a patient raised a concern that they were not dealt with sympathetically when late for their appointment. The concerns were listened to and provider contacted the client. The issue was discussed in a staff meeting and suggestions made as to how the outcome might have been improved for the client.

# 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. For example, staff recruitment was a challenge with the competitive London market within easy reach. The leaders addressed this by giving more focus to staff work/life balance. The clinic closed at 4pm on Fridays. It was closed entirely over the Christmas period. Staff we spoke with felt that this approach had been a factor in their decision to work at the provider.
- Leaders at all levels 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 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.
- Staff were aware of and understood the ethos of the service, its 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 felt respected, supported and valued. They were proud to work for the service. The provider supported social events with staff. These were often charity fund raising events for local providers such as the local hospice.
- 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. For example, there had been an incident involving the safety of a client. The client was kept informed and involved by the provider. Lessons had been learned from the event.
- The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.
- Staff we spoke with 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 regular annual appraisals in the last year. Staff were given protected time for their professional development.
- There was a strong emphasis on the 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 and teams.

### 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 and management, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. There was a governance policy, and this had been audited to check its effectiveness and to seek ways to improve it.
- 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 provider was a member of a national register of accredited practitioners who provided non-surgical cosmetic

# Are services well-led?

treatments. The membership entailed an inspection, on admission, to the register and at least one further inspection. Governance arrangements were therefore subject to external scrutiny.

## 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. There was a risk register with items rated for risk as low medium and high. The register set out the risk, the mitigating factors to be taken, who was responsible for actioning them and the time scales.
- The service had processes to manage current and future performance. Leaders 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.

## 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 and clients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- 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 effective 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, clients and staff

The service involved patients, clients and staff to support high-quality sustainable services.

- Patients' and staff views and concerns were encouraged, heard and acted on to shape services and culture.
- We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings. For example, the provider changed the length of the appointment for particular treatment as result of a suggestion from a staff member.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

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

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. For example, the provider attended conferences and learning events concerning aesthetic treatments, staff were encouraged and supported to attend them. We saw that innovative treatments had been introduced to the clinic as a result of the learning.
- The provider has a special interest in feminine wellness and sexual rejuvenation and had pioneered some of the latest aesthetic treatments. These were designed to help women reclaim their confidence, whether post-childbirth or around menopause. The provider was also active in the media, helping to educate women on a number of issues surrounding health and wellness.
- The provider was a regular speaker at Clinical Cosmetic Reconstructive Expo and other aesthetic related exhibitions. The provider also published in various aesthetic medical journals.