

AIG Aesthetic Care Ltd

AIG Aesthetic Care

Inspection report

2 Goodall Street
Walsall
WS1 1QL
Tel: 07895655674
www.aigaestheticcare.com

Date of inspection visit: 23 October 2023
Date of publication: 11/03/2024

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

Inspected but not rated



Are services safe?

Inspected but not rated



Are services well-led?

Inspected but not rated



Summary of findings

Overall summary

As this was a follow up inspection, we did not rate the service:

- The service had installed a new fire safety system, fire safety policy, and planned to introduce new training.
- The service had implemented new processes for the use of surgical equipment, including the introduction of single-use instruments.
- The service had repaired and refurbished some aspects of clinical areas, such as the strengthening of walls and replacement of damaged benches.
- Governance processes, including the use of appropriate policies and standard operating procedures, were subject to a new system of review and implementation.


However:

- While infection prevention and control monitoring systems had improved, not all areas of the building were visibly clean.
- Clinical areas remained non-compliant with Department of Health and Social Care health building notices.
- There was limited evidence-based practice. The provider did not use established systems and frameworks to benchmark, audit, or monitor clinical activities and patient outcomes.
- The provider had implemented a new clinical governance framework, but the leadership structure and risk management oversight remained vague and senior staff had a fundamental lack of understanding of risk.

At the time of our inspection the service was suspended from delivering care subject to regulated activities due to a Notice of Decision served under Section 31 of the Health and Social Care Act 2008 active from 27 September 2023 to 1 November 2023. Following this inspection, we agreed the Notice of Decision would lapse on 1 November 2023 and the provider could resume regulated activities.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Inspected but not rated 	This was a focused inspection to check improvements the provider had made since our last comprehensive inspection in September 2023. Please see the main summary.

Summary of findings

Contents

Summary of this inspection

Background to AIG Aesthetic Care

Page

5

Information about AIG Aesthetic Care

5

Our findings from this inspection

Overview of ratings

7

Our findings by main service

8

Summary of this inspection

Background to AIG Aesthetic Care

We previously inspected this service using our comprehensive methodology on 25 September 2023. During the inspection, we identified numerous concerns that related to poor infection prevention and control, surgical safety management, and fire safety. As a result, on 27 September 2023, we served an urgent suspension notice to stop the provider's registration. The notice was issued for an initial 6 weeks to give the provider the opportunity to make improvements.

We re-inspected the service on 23 October 2023 to review the improvements made by the provider in specific areas of concern identified in the suspension notice only. We used our focused inspection methodology to review actions taken in response to previous areas of concern. We did not rate the service or cover all of the key questions.

At the time of the inspection, the service was not operational. This meant we were unable to assess the impact of the improvements made by the provider on patients and practical service delivery.

AIG Aesthetic Care is operated by AIG Aesthetic Care Ltd and offers cosmetic hair transplant surgery and platelet-rich plasma (PRP) treatment. PRP is a treatment aimed at stimulating hair growth by injecting a patient's own blood cells into the scalp.

Services are provided from a single floor clinic in Walsall town centre. Care is provided on a private basis and patients self-refer or are referred by another organisation, which advertises in this clinic.

The provider registered with us in September 2022 to provide the following regulated activities:

- Surgical procedures
- Treatment of disease, disorder or injury

The service had a registered manager.

How we carried out this inspection

We carried out an announced focused inspection on 23 October 2023. The inspection team included a lead inspector, a nurse specialist advisor, and an off-site operations manager and deputy director.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service **MUST** take to improve:

Summary of this inspection

- The service must continue to establish new infection prevention and control policies and audits so that they are effective throughout the building. Regulation 12(1) and 12(2)(a)(b)(c)(d)(e)(h).
- The service must ensure fire safety systems recently installed are reflected in policies and training. Regulation 12(1) and 12(2)(b)(e).
- The service must ensure equipment is clean, well maintained, and fit for purpose in line with national guidance. Regulation 12(1) and 12(2)(b)(e).
- The service must continue to implement clinical governance and risk management systems that are functioning, fit for purpose, and meet the needs of the regulated activities. Regulation 17(1) and 17(2)(a)(b)(c)(d)(i)(ii)(e)(f).

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Inspected but not rated	Not inspected	Not inspected	Not inspected	Inspected but not rated	Inspected but not rated
Overall	Inspected but not rated	Not inspected	Not inspected	Not inspected	Inspected but not rated	Inspected but not rated

Surgery

Safe

Inspected but not rated 

Well-led

Inspected but not rated 

Is the service safe?

Inspected but not rated 

As it was a focused follow-up inspection, we did not rate this domain.

Cleanliness, infection control and hygiene

The service had implemented steps to improve the control of infection risk.

During our previous inspection, infection prevention and control (IPC) practices were not fit for purpose. Some clinical areas were visibly dirty, and some equipment was dirty and in a poor state of repair. At this inspection, the provider had introduced new cleaning systems that included improved standards of working, such as new checklists, expected standards, and audits. However, clinical areas were not all clean and furnishings were not all clean and well-maintained. For example, some surgical equipment trolleys were rusted, and the bases of treatment beds were visibly dirty. However, the provider had made a number of improvements in other areas that reflected good progress and provided assurance of planned ongoing work.

The provider had refurbished some areas of the clinic and installed protective wall coverings in surgical suites to prevent damage. While this reflected some improvement, the provider had an overarching lack of understanding of acceptable standards, such as those set by the Department for Health and Social Care (DHSC) through health building notices and health technical memoranda. For example, sinks in clinical areas were not compliant with national guidance because they had overflow outlets, which present a risk of bacterial growth. The provider had not recognised this and did not have a risk assessment in place. In addition, a sink in 1 surgical suite had begun to sink into the wooden benchtop, exposing the interior. As the interior was porous, this presented a risk of bacterial growth and contamination. The provider had not recognised this as a risk.

The service remained suspended at the time of our inspection, which meant we were unable to observe practices with patients. The provider told us new cleaning processes had been implemented for clinical areas between patients. This involved the use of allocated cleaning tasks with peer checks by colleagues.

During our previous inspection we found the service had limited systems in place to provide assurance of performance for cleanliness. IPC audits, including for hand hygiene, were not fit for purpose. They did not take place frequently enough to provide on-going monitoring, did not include all staff, and were not detailed enough to highlight areas in need of more attention. For example, staff completed an IPC audit once every 6 months. This was superficial and did not include details of specific issues or problems. There was no more frequent monitoring system in place. At this inspection the provider had implemented new tools to address these issues, including checklists and auditing that would provide more frequent monitoring and assurance.

Environment and equipment

The service had begun a programme of refurbishment, including the fire safety system.

Surgery

The provider had installed a new, centralised fire safety system. This included fire alarm call points and emergency lighting. The senior team had completed training in its use and had implemented a new policy that required regular systems checks and fire drills. A training plan was in place for all staff prior to the planned reopening of the clinic.

The provider had acted on fire safety risks by removing floor-standing heaters and electrical extensions that were not suitable for use in the clinical environment. At our previous inspection we found staff used electrical sockets that were located adjacent to handwashing sinks. The provider had removed these from use, and we saw evidence an electrician was booked to completely remove the sockets in the coming days.

At our previous inspection we found unacceptable levels of risk relating to the inadequate decontamination of reusable surgical instruments. To address this the provider had removed all such instruments and implemented single-use surgical instruments. A new surgical standard operating procedure reflected updated practices and the senior team worked with surgeons to establish expectations.

Is the service well-led?

Inspected but not rated 

As it was a focused follow-up inspection, we did not rate this domain.

Governance

Leaders demonstrated improving governance processes.

During our previous inspection, we found significant gaps in governance processes. These led to safety risks, and we found a number of regulatory breaches. At this inspection, we saw evidence the provider was using a programme of improvement to address these problems. The provider had implemented a new electronic clinical governance system that would allow staff to document and track key information such as incidents, patient outcomes, audits, and risks. The system was in its infancy and needed time to embed into the service. The provider was in the process of training the registered manager and surgeons in the use of the system ready for the resumption of clinical care.

The service was in the process of updating or renewing all policies and standard operating procedures. This reflected a broader programme of systematic improvement in the management of policies and procedures, which were now stored electronically with an up-to-date tracking system.

The provider had introduced a rolling programme of team meetings to ensure staff were up to date with changes in the service. The new structure provided an opportunity for staff to discuss and learn from incidents, complaints, and feedback.

Management of risk, issues, and performance

There were developing systems to manage performance risk more effectively.

During our previous inspection, we found there was a lack of risk oversight and a fundamental lack of knowledge about responsibilities and accountabilities in relation to providing regulated care. While we found improvements were underway, there was limited assurance the provider and registered manager had a good grasp of the need for good

Surgery

governance and risk management. For example, they were unable to identify how gaps in risk management had led to the current situation or how this could be addressed other than with action based on each point we highlighted. Improvements reflected a move towards a safer service that complied with the conditions of registration but gaps in the recognition of ongoing risks reflected a need for improved practice.

The provider said they were training surgeons to better identify and act on clinical risks and to take ownership of safety whilst clinical care was underway. The new governance system would support this process and the provider aimed to establish a new safety culture as a result.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

Treatment of disease, disorder or injury
Surgical procedures

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- While infection prevention and control monitoring systems had improved, not all areas of the building were visibly clean.
- Clinical areas remained non-compliant with Department of Health and Social Care health building notices.

Regulated activity

Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- There was limited evidence-based practice. The provider did not use established systems and frameworks to benchmark, audit, or monitor clinical activities and patient outcomes.
- The provider had implemented a new clinical governance framework, but the leadership structure and risk management oversight remained vague and senior staff had a fundamental lack of understanding of risk.