

Caroline Hill Aesthetic Skin Clinic

Inspection report

119 Ecclesall Road South
Sheffield
S11 9PJ

Tel: 01142351193
www.carolinehill.co.uk

Date of inspection visit: 11 May 2021
Date of publication: 29/06/2021

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 Caroline Hill Aesthetic Skin Clinic as part of our inspection programme of a new provider registration for the service. This was a first rated inspection for the service that was registered with the Care Quality Commission (CQC) in January 2020.

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. Caroline Hill Aesthetic Skin Clinic provides a range of non-surgical cosmetic interventions, for example wrinkle relaxing injections which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The registered provider for the service is Caroline Hill Aesthetic Skin Clinic Limited who provides treatments privately and also provides some treatments, for example, varicose vein treatments under a contract with Sheffield Teaching Hospitals NHS Foundation Trust to patients on the NHS waiting list for the procedure. The registered provider has a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider received feedback from 25 patients who attended the service in May 2021 for regulated treatments which were shared with the commission during the inspection. Feedback from patients was positive about the service. They told us staff were friendly, efficient, kind and professional.

Our key findings were:

- The provider organised and delivered services to meet patients' needs.
- The provider had systems and processes for managing risk.
- Staff were proud of the work they did and of the quality of service they provided.

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

- Take action to ensure the appropriate maintenance requirements of equipment is maintained.
- Take action to keep up to date with NHS Improvement Patient Safety Alerts.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team consisted of a CQC inspector who sought advice from our medicines management team and a specialist advisor with an interest in Endovenous Laser Ablation (EVLA) therapy.

Information was gathered and reviewed prior to the inspection via a monitoring call with the provider on 24 March 2021. During the inspection we spoke with the provider, staff working in the service and reviewed documents relating to the management of the service. Staff who were not available on the day of inspection had completed interview templates which were submitted to the inspector prior to the inspection. The provider had given feedback forms to patients who had attended the clinic the week of the inspection, these forms were anonymous and shared with the inspector as part of the inspection.

Background to Caroline Hill Aesthetic Skin Clinic

The provider for the service is Caroline Hill Aesthetic Skin Limited who provides private aesthetic treatments, a menopause clinic and treatment for endovenous laser ablation (EVLA) for varicose veins from 119 Ecclesall Road, Sheffield, S11 9PJ.

The EVLA treatment is carried out by a Consultant Vascular Surgeon who has practicing privileges to work at the clinic and holds a contract with Sheffield Teaching Hospitals NHS Foundation Trust to provide this treatment from this location to patients on the NHS waiting list. This treatment is carried out under local anaesthetic. The provider who is a nurse prescriber operates a menopause clinic from this location. The provider also offers a range of non-surgical cosmetic interventions, for example wrinkle relaxing injections which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The provider is registered with the commission to provide the regulated activity, treatment of disease, disorder and injury, diagnostic and screening and surgical procedures at this location. The provider treats patients aged over the age of 18 years.

Working with the provider and the Consultant Vascular Surgeon is a nurse who assists the Consultant during EVLA procedures, a clinic co-ordinator, administrator and two reception staff.

The clinic is open Monday to Wednesday 8am to 8pm, Friday 8am to 6pm and Saturday 9am to 5pm. The EVLA clinic is held on a Monday. Other procedures are booked in during opening hours.

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. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The provider ensured that facilities were safe. Equipment was maintained according to some of the manufacturers' instructions. However, there was no record of what equipment had been calibrated or when it was due to be completed. After the inspection the provider provided evidence that a risk assessment had been completed and all equipment was within the time frame for calibration. A schedule of calibration was put in place for future monitoring.
- The provider carried out appropriate environmental risk assessments which considered 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.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

Information to deliver safe care and treatment

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

- 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. For example, with the patient's own GP.

Are services safe?

- 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 controlled drugs, emergency medicines and equipment minimised risks. The provider had two medical fridges. Appropriate temperature checks were completed, however, there was only one thermometer in each fridge. Public Health England guidance recommends a second thermometer for each fridge. We observed that the provider had placed an order for two thermometers during the inspection day.
- Prescription stationery was not held at the clinic. Private prescriptions were issued on an individually named basis. A copy of these was kept in the patient medical record.
- The service prescribed a specific Schedule 3 controlled drug when clinically indicated. Appropriate policies and procedures were in place for managing this.
- Staff prescribed or administered 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. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- Some of the medicines the service prescribes to treat the symptoms of menopause, such as bioidentical HRT (BHRT) are unlicensed. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. These medicines are not recommended by the National Institute for Health and Care Excellence (NICE) or the British Menopause Society. However, we were assured by the provider that BHRT was never offered as a first line treatment and that all risks associated with the prescribing of BHRT were fully discussed with the patient before commencement of treatment and documented consent was recorded in their medical record.

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. The provider supported them when they did so.
- 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, the provider now makes it clear in the initial consultation at the menopause clinic what the remit of the service is and that it cannot provide emergency care, treatment or advice for matters which are not related to the reason they are attending the clinic.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

Are services safe?

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. The service did not receive NHS Improvement Patient Safety Alerts through the central alerting system (CAS). The provider signed up with the service to receive these at the time of the inspection.

Are services effective?

We rated effective as good because:

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- 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.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was involved in quality improvement activity and carried out regular audits.

- The service used information about care and treatment to make improvements. The provider carried out quality assurance audits including post operative infection audits and patient satisfaction questionnaires following every consultation. The service made improvements through the use of completed audits. There was clear evidence of action to resolve concerns and improve quality.

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.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council (NMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

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

- Before providing treatment, clinicians at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients who attended the service for regulated treatments 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, or they were not registered with a GP. For example, medicines for hormone replacement therapy.
- Patients were given pre and post operative information leaflets which contained information about the procedure, consent and aftercare advice and emergency contact information.

Are services effective?

- The service monitored the process for seeking consent appropriately.

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. For example, patients who had not attended for their cervical cytology tests were encouraged to contact their GP to arrange an appointment.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, for further investigation of abnormal menstruation.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions.

Are services caring?

We rated caring as good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people. They told us that staff were kind, caring and helpful and the clinic was calm and relaxing and that they had been reassured throughout their procedure and had received excellent care.
- Staff understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information. Patients were given pre-operative and post-operative information leaflets and emergency contact details should they require medical assistance following the procedure.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language.
- Patients told us through feedback, that they felt listened to and supported by staff.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- Consultations and treatments were undertaken in private clinical rooms.

Are services responsive to people's needs?

We rated responsive as good because:

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. For example, reviewing other specialities like a physiotherapist to further assist some women attending the menopause clinic with symptoms.
- The facilities and premises were appropriate for the services delivered.

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, test results, diagnosis and treatment. For services being offered on the NHS, for example, the EVLA treatment, patients had been referred to the local hospital by their GP and had their initial consultation at the hospital. They attended this clinic for the procedure as the waiting list was less than at hospital.
- Patients reported that the appointment system was easy to use. We observed staff make follow up appointments with patients at a date and time that was convenient to them.
- Referrals and transfers to other services were undertaken in a timely way. For example, feedback to a patient's general practitioner when a vitamin deficiency had been identified from blood tests.
- Patients who attended the menopause clinic were given a copy of their blood test results and consultation record to take to their GP if they preferred to be prescribed hormone replacement therapy by their own doctor. They could also be prescribed the medication from the clinic. The provider gave the patient the choice.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service 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 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. For example, ensuring all patient email enquiries were dealt with within an appropriate time frame.

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.

- The provider of the service was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them. They had taken appropriate steps during the Covid-19 pandemic to ensure safety to patients and staff.
- The provider was visible and approachable and 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.
- The service developed its vision, values and strategy jointly with staff and external partners, for example, the Consultant Vascular Surgeon.
- 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 felt respected, supported and valued. 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. 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 needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- There were very positive relationships between the provider and staff.

Governance arrangements

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

Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of joint working arrangements and shared services promoted interactive and co-ordinated 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. There were some areas identified during the inspection that required review, for example, risk assessment for calibration of equipment and national patient safety alert monitoring. However, the provider had taken immediate action during the inspection regarding these.
- 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 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.
- Clinical audit had a positive impact on quality of care and outcomes for patients. For example, post infection audits had been completed on patients who had attended for the EVLA procedure.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. For example, patients were asked to give feedback following every consultation. This was anonymous. The provider reviewed these to improve systems and processes.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff. Staff had regular meetings and received a regular newsletter.

Continuous improvement and innovation

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

Are services well-led?

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

There were systems to support improvement and innovation work. For example, the provider was in discussions with several speciality professionals like a Physiotherapist, a Neurologist and a GP with a special interest in menopause to extend and improve the services offered at the clinic.