

AL Medical Aesthetics & Wellness Ltd

Inspection report

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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.

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, as part of our inspection programme on 22 September 2021 at AL Medical Aesthetics & Wellness Ltd. The service is provided from 68 Albany Road, Bramhall, Stockport SK7 1NE. This was the first CQC inspection for this location.

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. AL Medical Aesthetics & Wellness Ltd provides a range of non-surgical cosmetic interventions, for example facial fillers for skin rejuvenation, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services. AL Medical and Aesthetics Ltd currently treats approximately 1600 patients, however, only 11 of these receive treatments that are regulated activities.

The registered provider is an advanced clinical practitioner within the NHS and a registered aesthetic nurse and leads the service, she is the only member of staff. 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.

The service was closed for several months during 2020 in accordance with lock down restrictions, apart from 4 weeks during October. AL Medical and Aesthetics Ltd re-opened on 12 April 2021, providing a service Tuesday 4pm to 9pm, Wednesday and Thursday 9am to 9pm and Saturday 9am to 6pm.

As part of our adapted inspection methodology to limit direct contact between the inspection team and people using the service we asked the provider to share our 'contact us' website link (<https://www.cqc.org.uk/give-feedback-on-care>) so that patients could provide feedback directly to us. We did not receive any feedback forms, however, we were able to obtain feedback from other sources, for example speaking to patients and patients' surveys.

Our key findings were:

- The service was offered on a private, fee-paying basis only and was accessible to patients who chose to use it.
- Information for patients was comprehensive and accessible. This included the services on offer and the levels of payment. However, it was not always clear whether patients had been offered licensed medicines for their treatment, before unlicensed alternatives were prescribed.

Overall summary

- Patient feedback was positive, complimenting the service they received and the quality of their care and treatment.
- There was good awareness of safety measures to minimise the risk of COVID19 transmission. Infection prevention and control measures were effectively implemented.
- Treatment outcomes were evaluated using feedback from patients and reviews carried out by the provider which included some audits to evaluate and undertake quality improvement processes.
- Procedures were mostly safely managed and there were effective levels of patient support and aftercare. However, medicines policies did not fully reflect current practice at the service. The provider assured us policies and operating procedures would be updated to be more comprehensive and safe.
- The electronic patient record system comprehensively recorded patients' information including consent to treatment and photography.
- The provider was a registered aesthetic nurse and had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.
- The provider involved patients in decisions regarding their care and treatment. The service encouraged and valued feedback from patients.

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

- Review and update policies and protocols to reflect the current practice.
- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.

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 inspector. The team included a specialist medicines adviser.

Background to AL Medical Aesthetics & Wellness Ltd

AL Medical Aesthetics & Wellness Ltd, 68 Albany Road, Bramhall, Stockport SK7 1NE is registered with the Care Quality Commission (CQC) as an independent health service provider. The provider is a registered aesthetic nurse and offers a range of medical, cosmetic and aesthetic services to adults over the age of 18 years.

The web address for the service is: www.aspectofbeauty.co.uk

The location provides a modern purpose built facility in a separate part of a residential property. Access into the service is restricted by one step into the property, patients were made aware of the reduced disabled access before they made their initial appointment.

The service is registered with the CQC to provide the following regulated activity:

Treatment of disease, disorder and injury.

The clinical service is owned and managed by Amy Lamb who is also a registered advanced medical practitioner and who is appropriately registered with the Nursing and Midwifery Council (NMC).

AL Medical Aesthetics & Wellness Ltd is open Tuesdays 4pm to 9pm, Wednesdays and Thursdays 9am to 9pm, Saturdays 9am to 6pm.

How we inspected this service

Due to the national restrictions in place in response to the pandemic and to minimise the risk of viral transmission this inspection used an adapted methodology to review and assess the quality and safety of the service being provided to paying members of the public. The inspection approach included a site visit where we spoke to the sole provider (Amy Lamb) and one person who used the service, a review and analysis of the service's policies, procedures and other documentation.

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:

- There were systems and processes in place to keep people safe such as safeguarding procedures, effective recruitment procedures and infection prevention and control.
- The provider had clearly defined systems, processes and practices in place to keep people safe and safeguarded from abuse. To date there had been no safeguarding concerns identified.
- There were effective arrangements in place for the management of medicines.
- There was a system in place for reporting and recording incidents including significant events.

Safety systems and processes

- **The service had clear systems to keep people safe and safeguarded from abuse.**
- There were systems for safely managing medicines waste. The provider had arrangements in place for the safe disposal of unwanted medicines. Sharps boxes were provided to patients who needed them to dispose of needles.
- The provider had a current Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We saw evidence that the provider had appropriate recruitment checks in place as required by Schedule 3 of the Health and Social Care Act.
- The provider had appropriate safety policies, which were regularly reviewed. These included; fire safety, infection control, legionella, sharps, waste and confidentiality.
- The provider took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. We noted that the provider was the safeguarding lead, had completed safeguarding training to level 3 in children and adults.
- The provider effectively managed infection prevention and control. No invasive or intimate procedures were undertaken. Regular monthly infection control audits were conducted and there was a clear cleaning schedule in place.
- The provider had considered the issue of chaperones and had a policy relating to this. To date no patients had requested a chaperone, however, if one was required there were arrangements in place with other suitable trained staff to provide that service. The provider led a group of 69 local accredited and registered health professionals Cheshire Aesthetic Medical Practitioners (CAMP), all of whom had current DBS checks. If a chaperone was required any one of these professionals could undertake that role. An assessment of the likelihood of a chaperone being required had been made, as no intimate or invasive procedures took place and a family member was often available. It was considered extremely unlikely that one would be requested.
- 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, for example fire, cleanliness and clinical waste management.

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. They knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place

Are services safe?

- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision. For example, there was no emergency Oxygen or a defibrillator on the premises, one was available at a tennis club two hundred yards away and patients attending for treatment were almost exclusively in good health.
- The provider was trained to advance level in life support and was a qualified trainer in the subject, she also currently worked in an accident and emergency department with a hospital trust.

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. Medical histories were taken before prescribing medicines and treatment was reviewed at each consultation. The provider prescribed a medicine without a UK product licence for weight loss 'off label'. They told us they discussed alternative treatment options for weight loss and explained the use of 'off label' medicines but this was not clearly documented or explained within the written information provided to patients.
- The service had systems for sharing information with other agencies to enable them to deliver safe care and treatment. Patients provided contact details for their GP when registering with the service. Patient consent for sharing information with their GP was routinely obtained before prescribing medicines to support weight loss.
- The provider made appropriate and timely referrals to other healthcare professionals for example, where they felt a patient's skin condition met the criteria for referral to a dermatologist. However, this was not supported by written protocols.
- 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 emergency medicines and equipment minimised risks. The service did not keep prescription stationery and access to the electronic system was secure. Prescriptions were sent electronically to a pharmacy and the medicines were delivered directly to the patient's home. Medicines administered to patients at the service were managed safely.
- The Provider told us of plans to audit medicines and prescribing records but had not been operating long enough for the audit cycles to have been implemented.
- The medicine this service prescribed for weight loss was used 'off label'. A medicine prescribed in this way is not covered by a UK product licence for weight loss. This does not mean that is unsafe for use. 'Off label' medicines should only be prescribed where necessary, to meet the specific needs of an individual patient. However, the rationale for prescribing 'off label' and of any discussions with individual patients about the licenced alternatives was not clearly documented. The provider did not have a prescribing protocol describing the 'off label' use of the medicine at the clinic or the management of patients for whom this would not be appropriate.
- For skin conditions such as rosacea and for the treatment of migraine and hyperhidrosis (excessive sweating); 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.
- 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 service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence), they also did not prescribe schedule 4 or 5 controlled drugs.

Are services safe?

Track record on safety and incidents

- **The service had a good safety record.**
- There were comprehensive risk assessments in relation to safety issues. We looked at a range of these including medicines and infection control.
- 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. We looked at one example in relation to maintenance of the clinical fridge where some temperature sensitive medicines were stored. An incident where the fridge had not been maintained as per the provider's policy had led to a change in the monthly fridge maintenance schedule.
- 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.

Are services effective?

- **We rated effective as Good because:**

- The service carried out assessments and treatment in line with relevant and current evidence-based guidance and standards.
- The provider had the skills, knowledge and experience to deliver effective care and treatment.
- Patients received an individualised consultation, risk assessment and health information including additional health risks related to their treatment specific to them.
- The provider understood the requirements of legislation and guidance when considering consent.

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)**
- Before providing treatment, the service ensured they had adequate knowledge of the patient's health, and their medicines history. However, for patients attending for slimming services records did not include an individual goal or target for weight loss.
- Where appropriate, staff gave people advice so they could self-care. Signposting to NHS guidance and to local services for example, for diet and exercise support was offered.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

- **The service was actively involved in quality improvement activity.**
- The service used information about care and treatment to make improvements. Information on new treatments and improvements in practice were received at conferences and in emails and medical journals. These issues and opportunities were also discussed at the meetings of the Cheshire aesthetics medical practitioners group (CAMP).
- The service made improvements through the use of audits. Although some quality checks and reviews had been undocumented, the provider had completed audits and checks to ensure treatments were effective and appropriate. We were told that further structured and documented audits would take place to further check and improve quality.

Effective staffing

- **Staff had the skills, knowledge and experience to carry out their roles.**
- The provider was the only staff member. No other staff were employed.
- The provider had the skills, knowledge and experience to carry out their role.
- The provider was appropriately qualified.
- The provider was registered with the Nursing and Midwifery Council (NMC) and was up to date with their re-validation.
- The provider attended regular updates and conferences and read peer review publications, for example, the British Journal of Dermatology, to ensure best practice.

Coordinating patient care and information sharing

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

Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, with the patient's own GP.
- Before providing treatment, the provider ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. Where consent was not given by the patient, no treatment was given.
- The provider assessed patient suitability for treatment included assessing their mental health.

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.
- Where patients' needs could not be met by the service, the provider directed them to the appropriate service for their needs.
- Any risk factors which were identified were discussed with individuals using the service and where appropriate, with consent, highlighted to their normal care provider for additional support.

Consent to care and treatment

- **The service obtained consent to care and treatment in line with legislation and guidance.**
- The service monitored the process for seeking consent appropriately.
- Staff understood the requirements of legislation and guidance when considering consent and decision making. The patient information system recorded comprehensively the patient's consent to treatment and to photography. Written consent was also obtained and this was stored with the patient's records.
- Staff supported patients to make decisions, with information during consultations and written information to take away and read.

Are services caring?

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

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect and maintained patient and information confidentiality. This was supported by patient feedback.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

Kindness, respect and compassion

- **Staff treated patients with kindness, respect and compassion.**

- Feedback from patients was positive about the way staff treat people.
- 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.
- Patients we spoke with told us the service was caring and professional and always took time to listen and explain diagnosis and potential treatments.

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 we spoke with told us they felt listened to and supported by the service and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand, we were told that issues were explained in full, such as all possible treatments and any possible side effects.
- The service sought feedback on the quality of clinical care for patients and for their overall satisfaction with the service they had received. This included using online resources, social media and surveys. Opportunities to obtain feedback had been significantly reduced due to the restrictions imposed during the national COVID 19 pandemic and the fact that very few patients had received treatment in the previous 20 months. Patients were encouraged to complete a feedback form after each visit, these were collated and reviewed to identify any learning or trends, none that suggested any changes had been identified to date.
- Patients praised the provider for the detailed explanation of treatment and for the emotional and clinical support provided. We were told that regular contact was maintained between the service and patient, follow up calls and email communications were an important part of the service.

Privacy and Dignity

- **The service respected patients' privacy and dignity.**

- The provider recognised the importance of people's dignity and respect.
- Comprehensive training on confidentiality and equality and diversity had been undertaken.

Are services responsive to people's needs?

- **We rated responsive as Good because:**

- The service was responsive to patients' needs and preferences.
- Patients could access the service in a timely manner.
- We found that this service was providing responsive care in accordance with the relevant regulations.
- The provider understood its client profile and had used this to meet their needs.
- Patients said they found it easy to make an appointment.
- The clinic was well equipped to treat clients and meet their needs.

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.**

- Consultations took place in a modern and well equipment treatment room. Patients we spoke with told us that they found the location of the service convenient and private.
- The service was offered on a private fee-paying basis. It was accessible to people who chose to use it and who were deemed suitable to receive procedures.
- The service offered patients using the service a post-procedural telephone contact number whereby they could access support anytime following treatment.

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.
- Waiting times and delays were minimal and managed appropriately. Patients we spoke with told us that the response times were very fast, and they never had trouble speaking with the provider or making an appointment.

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 told us they would treat patients who made complaints compassionately.
- The service would inform patients of any further action that may be available to them should they not be satisfied with the response to their complaint. This information was made available on the service's website and in the patient information leaflet.
- The service had a complaint policy and procedures in place. The service had systems to learn lessons from individual concerns, complaints. No complaints or concerns had been raised since the service began.

Are services well-led?

• **We rated well-led as Good because:**

- There were systems in place to ensure good governance.
- The provider had the capacity and skills to deliver high-quality, sustainable care.
- The provider was aware of and complied with the requirements of the duty of candour.
- The provider encouraged a culture of openness and honesty.
- There were clear and effective processes for managing risk, issues and performance, these were currently being more formally documented. The COVID 19 pandemic had created additional challenges including responding to national guidance and shutting the service as required during lock down periods.
- The service acted on appropriate and accurate information.

Leadership capacity and capability

• **The service had capacity and skills to deliver high-quality, sustainable care.**

- The provider had effective processes to develop capacity and skills, including planning for the future of the service.
- The provider did not employ any staff and delivered all services themselves.
- The provider was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

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 provider's aim was to "ensure a patient's journey built confidence from the inside out, providing the best treatment using premium products and expert knowledge and evidence based best practice."
- The service monitored progress against delivery of the strategy.

Culture

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

- The service focused on the needs of clients.
- The service actively promoted equality and diversity.
- Patients' feedback demonstrated the provider ensured a culture that was caring and supportive.

Governance arrangements

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

- Policies and procedures describing prescribing and medicines management at the service were not comprehensive and did not fully reflect current practice at the service. For example, policies did not describe the supply or administration of medicines to patients. We were later sent evidence that these policies had been updated to reflect best practice.
- The service was delivered by a sole provider, they had a good understanding of the required accountability and governance processes to ensure safe care and treatment.

Managing risks, issues and performance

Are services well-led?

- **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 could be demonstrated through the monitoring of the small number of consultations which took place. The provider was working to formalise and document these processes in a more structured manner.
- Clinical audit was being developed to ensure the quality of care and outcomes for patients.
- There was clear evidence of action to change services to improve quality. For example, the provision of paper feedback forms.
- The provider had plans in place for major incidents and a documented business continuity plan was available.

Appropriate and accurate information

- **The service acted on appropriate and accurate information.**

- The service used performance information which was reported and monitored. When auditing prescribing the provider compared data against that expected by colleagues in local peer group of aesthetic professionals.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service submitted data or notifications to external organisations as required. The provider was knowledgeable regarding what issues were required to be notified to the CQC.
- 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 including the general data protection regulations (GDPR).
- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

Engagement with patients, the public, staff and external partners

- **The service involved patients and external partners to support high-quality sustainable services.**

- The service was transparent, collaborative and open about performance.
- We were told by the provider that regular meetings with fellow professionals took place to discuss patient cases and treatments. We were shown notes of these meetings which showed personal data was not shared but learning and professional opinions were.

Continuous improvement and innovation

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

- The provider had undergone re-validation via the nursing and midwifery council (NMC) and we saw evidence of training and attendance at relevant events and conferences to maintain current best practice and innovation.
- The provider had recently had a piece of work published in a peer reviewed journal (The journal for aesthetic medicine).
- In 2021 the provider had won the “Corporate Live Wire” award “medical aesthetic clinic of the year”, as voted for by the public.
- There was a focus on continuous learning and improvement.