Beaux Aesthetics

Inspection report

5 Rockside
Mow Cop
Stoke-on-trent
ST7 4PG
Tel:

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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	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Overall summary

This service is rated as Requires improvement overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Beaux Aesthetics as part of our inspection programme following the registration of a new service.

The service provides support to people to manage their weight, treatment of skin conditions, removal of minor lumps and bumps by minor surgery and consultation services.

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. Beaux Aesthetics provides a range of non-surgical cosmetic interventions, for example dermal fillers which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

Dr Harbidge 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.

Our key findings were:

- There was a lack of good governance in some areas to keep people safe. For example, audits had not been completed and there was no process in place to ensure equipment checks had taken place.
- The service ensured patients were involved in decisions about their care.
- Medicine audits were not completed to ensure the effectiveness of the prescribing interventions or determine whether it was in line with best practice guidelines.
- Appointments were available on a pre-bookable basis.
- 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.
- Patient records were not always comprehensive meaning there was a risk the provider did not have information they needed to deliver safe care and treatment.

The areas where the provider **must** make improvements as they are in breach of regulations are:

Overall summary

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

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

- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.
- Ensure patients have access to complaints information.
- Make it clear to patients on initial consultation there is no formal chaperone in place.

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**.** The team included a specialist GP adviser and a member of the CQC medicines team.

Background to Beaux Aesthetics

Beaux Aesthetics is an independent clinic in Staffordshire and was registered with the CQC in August 2020.

Services are provided from: Beaux Aesthetics, 5 Rockside, Mow Cop, Staffordshire ST7 4PG. The service is housed in a single-story level access building with parking.

The service was registered with CQC in August 2020 and provides services which fall under regulated activities such as removing skin tags and sebaceous cysts, slimming clinic services, and treatments for hyperhidrosis (excess sweating). The service is registered to provide treatment of disease, disorder or injury, surgical procedures, services in slimming clinics and diagnostic and screening procedures. They also provide cosmetic procedures such as dermal fillers and non-surgical blepharoplasty. The service provides regulated activity treatment to adults only.

The service opening times are by appointment only:

Monday, Tuesday, Wednesday and Friday: 6.30pm – 8pm

Thursday: 2pm – 6pm

Saturday: 9am-5pm

Sunday 9am – 12pm

The practice website can be accessed via https://www.beauxaesthetics.com/

How we inspected this service

Pre inspection information was gathered and reviewed before the inspection. This included some of the services policies.

During the onsite visit we:

- Observed and reviewed documents.
- Reviewed patient records which were discussed with the provider.
- Observed the environment.

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.

Requires Improvement

Are services safe?

We rated safe as Requires improvement because:

- Emergency equipment was not all in good working order.
- Patient records were not always comprehensive meaning there was a risk the provider did not have information they needed to deliver safe care and treatment.
- Medicines storage and checking processes did not provide assurance that medicines would be safe to use.
- Environmental risk factors had not always been considered for the safety of patients.
- The service did not have a system in place to manage and act upon patient safety alerts.

Safety systems and processes

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

- The service had systems to safeguard children and vulnerable adults from abuse and the provider had received up-to date safeguarding training appropriate to their role. The provider took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out 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).
- Due to the provider being a sole practitioner, there was no staff member who could act as a chaperone. The provider had a policy in place around this which included having a patient's family member or friend act as a chaperone if necessary. The policy also mentioned formal chaperones; however, this was something the provider could not offer. We discussed this with the provider who stated they would change their policy and make it clear upon initial consultation there was no formal chaperone.
- There was a system to manage infection prevention and control. The provider had enlisted an external company to test for legionella. Legionella is a term for a bacterium which can contaminate water systems in buildings.
- The provider did not always ensure that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. We found some emergency equipment, such as a blood pressure monitor, and pulse oximeter had not been maintained and therefore might not work as it should. There were systems for safely managing healthcare waste and there was a waste management contract in place.
- The provider had not carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them. There was no fire safety risk assessment in place and fire safety equipment had not been serviced in line with fire safety regulations.

Risks to patients

There were not always systems to assess, monitor and manage risks to patient safety.

- The provider 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.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies, but they were not checked regularly. This meant the provider was not aware that emergency equipment was not working as it should such as the blood pressure monitor, until we pointed this out on inspection.

Information to deliver safe care and treatment

Staff did not always have the information they needed to deliver safe care and treatment to patients.

Requires Improvement

Are services safe?

- Not all individual care records were written and managed in a way that kept patients safe. We found that, whilst some records were comprehensive, others lacked detail around the consultation with people. For example, if a person suspended treatment and then engaged again sometime later, we found no evidence people's needs were reassessed.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- 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.
- 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 did not always have reliable systems for appropriate and safe handling of medicines.

- The process we saw for emergency medicines checking was not in line with the provider's own policy. The policy required daily checking, but we saw that checks had only been documented once a month in January, March and May 2022.
- There were ineffective systems and arrangements in place for managing medicines, including emergency medicines and equipment to minimise risks. For example, the fridge where medicines were kept had a data logger which recorded the temperature of the inside of the fridge. This is important as some medicines need to be kept at certain temperatures and it can affect their efficacy if the temperature falls below or over a certain number. Although the data logger was in place, it was only checked monthly. There was no system in place to effectively monitor the temperature more frequently, so if the fridge did go out of range the provider may not be aware of this until up to a month later.
- Records of doses of medicines supplied were not held with the patient's consultation notes although this information was available when requested. The consultation notes were not therefore a full record of the intervention made by the clinician.
- Processes were in place to obtain a medical history for patients seeking treatment in the service. We saw this was not always completed and that the provider did not always record relevant information e.g. blood tests.
- The service had an audit policy in place but had not carried out medicine audits to ensure the effectiveness of the prescribing interventions or determine whether it was in line with best practice guidelines.
- One of the medicines this service prescribed was not licenced for the treatment of obesity. Although this is not illegal, it can put patients at higher risk than treating with licensed medicines, because such medicines may not have been assessed for safety, quality and efficacy for the indication they are being used for and doses used for licensed indications may well be different than those used for obesity. Where medicines were used outside of licensing, we did not see information documented about the rationale for this for individual patients.
- The service did not have a system in place to manage and act upon patient safety alerts. Patient safety alerts were official notices, which may include medicines recalls giving instructions on how to prevent risks which might cause harm to patients.

Track record on safety and incidents

Improvement was required around safety and incidents

- Comprehensive risk assessments in relation to safety issues had not always been completed. For example, the service did not have a fire safety risk assessment and were not carrying out regular fire safety checks.
- Not all clinical equipment was checked and calibrated to ensure clinical equipment was safe to use and in good working order.
- Safety of electrical portable equipment was assessed at the premises to ensure they were safe to use.

Lessons learned and improvements made

Requires Improvement

Are services safe?

The service wanted to learn and make improvements when things went wrong.

- There was a system for recording and acting on significant events. The provider understood their duty to raise concerns and report incidents and near misses.
- Although there had been no incidents where things had gone wrong, there were adequate systems for reviewing and investigating when things went wrong.
- The provider was aware of the requirements of the Duty of Candour. The service had systems in place for knowing about notifiable safety incidents.
- The provider expressed they wished to make improvements to the service and had sought out opportunities in order to do this, for example shadowing another clinician. However, at the time of inspection this had not been implemented.

Good

Are services effective?

We rated effective as Good because:

- Patients' received person-centred care.
- The provider had undertaken training specific to the services provided.
- Patients' needs were assessed.

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)

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. However ongoing treatment needs were not always documented.
- The provider had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place for people who required repeat appointments. However, these arrangements were not fully documented within their polices, for instance, it was not specified how frequently a person would need to be reviewed in person for the prescribing of anti-obesity treatments to be continued.

Monitoring care and treatment

The service actively involved in quality improvement activity. However, improvement was required.

- The service had not engaged in any quality improvement activity. They had started to send out patient feedback forms to people, however this information had not been audited. We spoke to the provider about this who did recognise the need to undertake quality improvement activity, for example, to produce clinical audits around the slimming clinic.

Effective staffing

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

- The provider was appropriately qualified.
- The provider was registered with the General Medical Council (GMC) and were up to date with revalidation.
- Not all training records were up to date. We discussed this with the provider who completed the necessary training soon after the inspection.
- The provider had undertaken training specific to the services provided.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. The provider referred to, and communicated effectively with, other services when appropriate. For example, their own GP.
- Before providing treatment, the provider requested information about a patient's health, any relevant test results and their medicines history. However, this was not always documented in patient notes.
- 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.

Good

Are services effective?

- 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. The provider told us that if consent was not given, they would be unable to prescribe and would signpost the patient back to their GP.
- 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 had 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, the provider gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, we saw a patient had been given information leaflets which explained the risk factors of the treatment.
- Where patients' needs could not be met by the service, the provider 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.

- The provider understood the requirements of legislation and guidance when considering consent and decision making.
- The provider supported patients to make decisions. The provider had undertaken training in the Mental Capacity Act and where appropriate assessed and recorded a patient's mental capacity to make a decision.

Good

Are services caring?

We rated caring as Good because:

- Patients were positive about the service they had received.
- The service ensured patients were involved in decisions about their care.
- Patients were treated with respect and understanding.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service had recently started to seek feedback on the quality of care people received.
- Feedback from patients was positive about the way the provider treated people.
- The provider understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- The provider told us they had access to an interpretation service for patients who did not have English as a first language. The provider also stated they would produce information in different formats, e.g. large font, to help patients be involved in decisions about their care.
- From feedback the provider had collected, people stated they felt listened to and informed.
- For patients with learning disabilities or complex social needs, their family was appropriately involved.
- The provider communicated with people in a way that they could understand. For example, the provider ensured the environment was suitable for patients that had limited hearing.

Privacy and Dignity

The service respected patients' privacy and dignity.

- The provider recognised the importance of people's dignity and respect.
- The nature of the clinic meant that patients could discuss sensitive issues in privacy with the clinician with no risk of being overheard or observed.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

- The provider organised and delivered services to meet patient needs.
- Patients had timely and flexible access to care and treatment.
- The provider had a complaints policy in place and information on how to people could complain, however they should ensure people had access to this information.

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. Services were flexible and offered choice, for example late evening appointments and weekend appointments were available for patients.
- The facilities and premises were appropriate for the services delivered. The premises were accessible for patients with mobility needs; however, the toilet was not accessible if patients used a wheelchair. We spoke to the provider about this who stated if a patient did require the use of a wheelchair, they would let them know before booking an appointment that the toilet was not accessible.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, adjusting the couch in the clinic room if a patient had mobility issues.
- The service had a website where people could access treatment fees, information about how at access the service and contact details. The provider also had leaflets with some of their treatments offered and fees.

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, delays and cancellations were minimal and managed appropriately.
- Patients were able to access the service in a timely way by making an appointment via telephone or online.
- Referrals and transfers to other services were undertaken in a timely way. For example, a sample taken from a patient that required testing via another service.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had a policy in place to responded to them appropriately to improve the quality of care.

- We asked the provider about how they ensured people knew about how to complain. The provider stated they had previously sent out a letter with this information but had stopped since switching to email confirmation of appointments. The provider stated they would start to send out this information via email and would consider putting it on their website.
- The service had a complaints policy and procedure in place but at the time of the inspection had not received any complaints. The policy included information about the complainant's right to have the option to escalate their complaint to the Independent Sector Complaints Adjudication Service(ISCAS)

Requires Improvement

Are services well-led?

We rated well-led as Requires improvement because:

- Systems in place were not effective to support governance.
- There were ineffective processes to identify, understand, monitor and address current and future risks.
- There were no systems in place to formally analyse practice and drive improvement.

Leadership capacity and capability

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

- The provider was a sole practitioner and was knowledgeable about issues and priorities relating to the quality and future of services.

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 set of values and objectives.
- The service had a business continuity plan in place.

Culture

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

- The service focused on the needs of patients.
- At the time of the inspection, there had been no incidents and the provider had not received any complaints. However, the provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The provider ensured they had received an appraisal.
- The provided had received equality and diversity training.

Governance arrangements

There was a lack of good governance in some areas and improvements were required.

- Structures, processes and systems were not effective to support good governance. Despite having an audit policy in place, there were no medicine or prescribing audits to monitor the quality of prescribing.
- The provider had policies in place, however these were not always adhered to. For example, the medicines management policy stated medications should be checked and maintained on a weekly basis and recorded on an emergency drug list. However, we found no evidence this had been completed. In another example, the infection prevention and control policy stated regular audits of environmental hygiene should be carried out to make sure compliance with policies and procedures. Again, we found no evidence these had been completed.

Managing risks, issues and performance

There was no clarity around processes for managing risks, issues and performance.

- There were ineffective process to identify, understand, monitor and address current and future risks including risks to patient safety. For example, emergency equipment, training, cold chain and fire safety.

Requires Improvement

Are services well-led?

- The provider did not have an adequate system in place to ensure actions were taken on nationally issued patient safety alerts.

Appropriate and accurate information

The service acted on appropriate and accurate information. However, improvements were required.

- The service submitted data or notifications to external organisations as required.
- Care records were kept securely but information was not always kept up to date.

Engagement with patients, the public, staff and external partners

The service involved patients to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the patients using the service, these were all positive at the time of the inspection.

Continuous improvement and innovation

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

- There had been no clinical audits completed. Therefore, there was no evidence of action to change services to improve quality.
- The provider had a focus on ensuring their own continuous learning and improvement. The provider kept their skills up to date by practicing in another clinical environment and had plans in place to shadow more experienced clinicians. The provider had also completed a number of externally provided training courses applicable to the services offered in the clinic.

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	Regulation
Treatment of disease, disorder or injury Surgical procedures Services in slimming clinics Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The provider had not: • Ensured patients' medical records included a full record of the intervention made by the clinician including medical history. • Implemented a process for checking of temperature monitoring to ensure safe storage of medicines and clinical equipment to ensure it was safe to use and in good working order. • Demonstrated adequate response to MHRA drug safety alerts or recalls. • Completed comprehensive risk assessments in relation to safety issues. For example, fire safety. • Conducted regular audits to check safe prescribing of antibiotics and the efficacy of unlicensed medicines. This was in breach of Regulation 12 (1) (2)(a)(b)(e)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures Services in slimming clinics	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:**

This section is primarily information for the provider

Requirement notices

There were limited systems or processes in place that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- A programme of established clinical audit or quality improvement was not apparent.
- The service did not have reliable systems for managing of medicines and equipment. For example, there was no system in place to ensure emergency equipment was in good working order.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.