

Kita Aesthetics

Inspection report

Arctic House
Howard Street
Burnley
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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 17 February 2022 at Kita Aesthetics. The service is provided from Arctic House, Howard Street

Burnley, BB11 4PJ. This was the service's first CQC inspection.

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. Kita Aesthetics 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.

Shaun Collier is the nominated individual and the registered manager for the provider Kita Aesthetics Ltd. 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:

- The service was offered on a private, fee-paying basis only and was accessible to people who chose to use it.
- Information for people who used the service was comprehensive and accessible directly to people's smart phone. Information was available in paper format also for those who required it. The service website detailed the services on offer and the associated costs.
- The provider and all other staff that undertook regulated aesthetic treatments were registered nurses. The provider and staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.
- The provider was in the process of reviewing and organising the staff recruitment records to ensure they complied with the regulations.

Overall summary

- There were effective systems and processes to assess the risk of, prevent, detect and control the spread of infection. To mitigate the potential risks from COVID-19 transmission the provider installed an automated body temperature scanner at the main entrance to the service. Any person entering the location with a raised body temperature were politely asked to leave and re-schedule their appointment.
- The provider monitored feedback from people who used their service. Evidence was available which showed people commented positively about the service they received. Compliments referred to the quality of their care and treatment received and the protections in place to minimise the risks of COVID-19 transmission.
- Procedures were safely managed and a system that offered post treatment support to people was in place, should this be required. We discussed with the provider strengthening written information to demonstrate the decision making regarding waiving the cooling off period for the minor surgical procedure thread lift for occasions when this was requested.
- The electronic client record system comprehensively recorded client information including consent to treatment and photography. Evidence of verbal consent at the time of treatment was also recorded.
- Following our inspection visit the provider increased the number of notices displayed to advise people on the use of closed circuit television (CCTV) at the service. Client information records were also updated to record and evidence people's consent to the use of this.

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

- Continue to improve the organisation and content of staff employment records so that they fully reflect the regulations.
- Improve the written documentation to demonstrate decision making when the good practice recommendation for a cooling off period is refused by those clients requesting thread lifts.
- Obtain a spill kit to support infection prevention and control procedures.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection was led by a CQC inspector who was supported by a second CQC inspector.

Background to Kita Aesthetics

Kita Aesthetics, Arctic House, Howard Street, Burnley, BB11 4PJ is registered with the Care Quality Commission (CQC) as an independent health service provider. The provider, Kita Aesthetics Ltd employs registered nurses 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.kita-aesthetics.co.uk

The service is located within an older stone building. This had been adapted to provide an accessible service to people. The refurbishment of the building retained some of the original features, allowed access to those who had mobility issues and offered spacious clinical rooms.

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

Surgical procedures

Treatment of disease, disorder and injury

Regulated activities are undertaken by nurses registered with the Nursing and Midwifery Council (NMC). Three of the nurses are also registered non-medical prescribers and can therefore prescribe treatments such as Botulinum toxin (Botox)

The website for Kita Aesthetics allows people to book appointments on line or via the telephone. Opening times are from 10am to 5.30pm Monday to Saturday.

How we inspected this service

As part of the inspection we reviewed some of the service's policies, procedures and other documentation and carried out a site visit to the location of the service where we spent time with the provider and the reception manager for the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good because:

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and refresher training.
- The service had policies and procedures to safeguard children and vulnerable adults from abuse. The provider gave an example whereby they had raised a safeguarding alert. Staff were trained appropriately.
- The service treated adults only. The appointment booking system required people who wanted to use the service to provide information regarding their age. Evidence of age was also requested in the form of photographic identification. Systems were in place to prevent anyone under the age of 18 from purchasing these services.
- The provider was in the process of improving the organisation and content of their recruitment records. Evidence was available to demonstrate staff had a Disclosure and Barring Service (DBS) check in place and for newer staff pre-employment checks including references were available.
- There was an effective system to manage infection prevention and control. The provider conducted daily checks of the clinic rooms and there was an infection control policy in place. We found all areas on site to be clean and hygienic. A spill kit was not available and the provider confirmed one would be obtained.
- The provider ensured that facilities and equipment were safe. The provider confirmed the pharmaceutical fridges were not calibrated but confirmed after the inspection a maintenance calibration check had been scheduled within the week following our visit.
- 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 people's safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for new staff tailored to their role.
- There were security systems in place to prevent the unauthorised entry of persons to the premises and locks in place to prevent access to clinical areas or restricted areas within the building.
- Some of the client consultation records we looked at clearly recorded the client's refusal to accept the good practice guidance to wait (known as a cooling off period) before having a minor surgical procedure such as a thread lift. However some of the consultation records did not always clearly explain the decision making of the clinician to allow the procedure to proceed without a waiting or cooling off period.
- Policies, procedures and appropriate equipment were in place to manage emergencies and to recognise those in need of urgent medical attention.
- There were appropriate indemnity arrangements in place including public liability and professional indemnity for clinicians.
- There was appropriate equipment to respond to a medical emergency including a defibrillator. Medicine to treat anaphylaxis was also available on both floors of the clinic. Medicine and equipment was stored safely and checked daily.
- The provider was unable to locate the current gas safety certificate so arranged a gas engineer to undertake a gas safety check after the inspection.

Are services safe?

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to people who used their service.

- The service used an electronic record management system to document information related to people who use the service. The client record was initiated and completed by the person booking a consultation. 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 provider was aware of how to share information with other agencies if required to do so.
- Systems were in place to retain treatment records in accordance with guidance.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines including emergency medicines and equipment minimised risks. The service issued prescriptions rarely and prescription stationery was printed as required.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

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. There had not been any reported in the 12 months prior to the inspection.
- There were adequate systems for reviewing and investigating when things went wrong.
- 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 acted on and learned from external safety events as well as patient and medicine safety alerts. The provider provided a recent example of an alert received from the Medicines and Healthcare products Regulatory Agency (MHRA). The alert was shared digitally via WhatsApp with all clinicians employed by the provider.

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).

- People who used the service received an assessment of their immediate and ongoing needs. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- People who used the service made their own decision to do so. The consultation process required people to complete information regarding their health and well-being before their appointment so this could be assessed by a clinician and discussed at the appointment.
- 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.
- Written consultation records we viewed detailed discussions around people's expectations regarding the results of the proposed treatments. Records we viewed showed alternative treatment options were discussed and offered.
- Staff assessed and managed people's pain where appropriate. Local anaesthetic medicines were prescribed as required.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service used information about care and treatment to make improvements. They monitored feedback internally through their electronic records system and externally on social media platforms.
- An auditing schedule was in place and this included checking people's records to ensure consent was obtained and to review the quality of the information recorded in the written record.
- Where areas of concern or risks were identified actions were implemented to mitigate this. For example it was noted that people could book themselves into an appointment directly for a thread lift procedure without a prior consultation. In accordance with best practice the provider adapted the booking system so that a consultation appointment was required before a procedure like a thread lift could be arranged.

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 and this involved a period of shadowing for clinicians.
- The nursing professionals employed at the service were all registered with the Nursing and Midwifery Council and were up to date with revalidation. An internal system of support was established, and one nurse was the revalidation champion for all the clinicians.
- 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 their skills and experience.

Are services effective?

Coordinating client care and information sharing

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

- People who used the service received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- The system used for booking appointments required people to complete information regarding their health and wellbeing including medical history and medicines. The clinician was able to discuss this information with the person during their consultation before treatment.

Supporting people to live healthier lives

Staff were consistent and proactive in empowering their clients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified and highlighted to people who used the service.
- People had access to post treatment advice and support should concerns or complications arise.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- The electronic consultation booking process required people to consent to the procedure they were booking. This electronic consent was discussed at the person's consultation/treatment appointment and recorded again within the person's record of treatment.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- During our inspection visit we discussed the use of closed-circuit television (CCTV) equipment in the consultation rooms. The provider confirmed that this was used to ensure the safety of both people using the service and staff. Information regarding the use of CCTV was displayed in the entrance to the service. Following the inspection the provider confirmed that treatment records now included additional information requesting the person's consent to the use of the CCTV in the treatment room. In addition additional signage regarding CCTV was now displayed on treatment room doors.
- The provider undertook a monthly audit and this included monitoring the people's records to check consent had been obtained appropriately.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated people with kindness, respect and compassion.

- The service actively invited feedback on the quality of care and treatment people received. The electronic client information record automatically sent the person a feedback request following a treatment. People could score the service they received on a scale of one to five with a score of one being the lowest. This feedback system also allowed patients to provide comments, whether positive or negative. At the time of this inspection the service had received feedback from 2589 people. All but two scored the service as a five and the other two had scored the service a four. Comments shared with us were very positive.
- As part of the inspection process we reviewed publicly available feedback provided by an online review site. This showed the service had received over 1000 reviews over a 3 year period. Almost all of these rated the service five star and written comments were very positive.
- Staff understood peoples' personal, cultural, social and religious needs. They displayed a welcoming, understanding and non-judgmental attitude to everyone.
- The service gave people timely support and information in relation to their care and treatment

Involvement in decisions about care and treatment

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

- The service ensured that people were provided with all the information they required to make decisions about their treatment prior to treatment commencing.
- Information about pricing was available to patients on the service's website and within the service. People were provided with individual quotations for their treatment following their consultation.
- Services to support communication were available for people who did not have English as a first language.
- The service had a hearing loop installed.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and showed them respect.
- All consultations were undertaken in a private treatment room. The client waiting area was situated away from the reception. This promoted privacy for conversations.
- The service had CCTV installed throughout, we were told this could be easily switched off when requested. Following this inspection the provider provided additional notices for people using the service and ensured consultation information recorded people's wishes in relation to the use of CCTV.

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 peoples' needs. It took account of people's needs and preferences.

- 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 facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, a ground floor treatment room was available for those with a physical disability and there was a hearing loop for those with a hearing impairment.

Timely access to the service

People were able access care and treatment from the service within an appropriate timescale for their needs.

- People had timely access to initial assessment and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- People were able to book appointments online with a clinician of their choice or if preferred by telephone.
- Referrals to other services were rarely if ever required. If the provider or a clinician was concerned they told us they would recommend that the person seek medical advice from their GP.

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 and complaints. It acted as a result to improve the quality of care. For example as a result of a miscommunication the service now ensured that the front of house team had access to cash should this be required.

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 registered manager provided leadership to the small team of registered clinicians and front of house team. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the potential challenges and appeared competent to address them.
- The manager worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the 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.

- The service focused on the needs of people who used the service.
- The business was a family business that promoted and facilitated staff development.
- Action was taken in response to behaviours and performance inconsistent with the service's 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.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. The clinical staff team were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

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.
- Staff roles and accountabilities were established.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- A monthly audit schedule was implemented and this monitored a range of areas including systems in place for infection prevention and control, medicine management, and client records including consent and the quality of written consultations.
- The service submitted data or notifications to external organisations as required.
- Systems to comply with data security standards for the availability, integrity and confidentiality of client identifiable data records were established.

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 people's safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations. The provider had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for people. Auditing of client records was undertaken to review compliance with the provider's expected standard of clinical record keeping.
- 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. The views of people who used the service were considered and used to improve areas of service quality.

Engagement with patients, the public, staff and external partners

The service involved people who used their service, the public, and staff 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.
- There were systems to support improvement and innovation work. For example the service used a comprehensive client booking and record management system. This allowed people who wanted a treatment such as a thread lift to book a consultation, receive information about the procedure, complete health questionnaires and sign consent forms. Post procedure the client record systems provided access to logs of treatment provided and requested feedback.
- Team meeting minutes were available where standing agenda items were discussed. We heard that the staff meetings provided opportunities for staff to share their views and opinions.
- The service was transparent, collaborative and open with stakeholders about performance.

Are services well-led?

Continuous improvement and innovation.

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

- There was a focus on continuous learning and improvement.
- Although there had been no incidents the provider reviewed complaints and feedback from users of their service to identify and make improvements. Learning from these areas was shared with staff and used to make improvements.
- The provider encouraged staff to take time out to review individual and team objectives, processes and performance.
- An automated electronic body temperature scanner was in place so that all people entering the building received a body temperature check. This innovative body temperature scanner was installed during the COVID-19 pandemic and assisted in identifying people potentially infected with the virus.