

PHP Aesthetic Wellness

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?	Requires Improvement	
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? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

PHP Aesthetic Wellness provides private aesthetic medicine skin care to patients aged 18 and over from a clinic in Harley Street, central London. The clinic is open Monday – Saturday 9:30am - 7:00pm. The staff team comprises a male aesthetician and a practice manager.

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. PHP Aesthetic Wellness provides a range of non-surgical cosmetic interventions, for example fat reduction injections, hair loss treatments and skin hydration treatments which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The service has a 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.

We carried out an announced comprehensive inspection at PHP Aesthetic Wellness on 20 June 2022 as part of our inspection programme.

Our key findings were:

- We reviewed a selection of consultation notes as part of our inspection and found their lack of detail did not provide sufficient assurance that staff had assessed needs and delivered care and treatment in line with best practice, standards and guidance. Although the service's Director was able to clearly explain the assessment and diagnosis for each patient, this information was not recorded in consultation notes.
- Monitoring and reviewing activity enabled staff to understand risks and gave a clear, accurate and current picture of safety. For example, the provider undertook regular Infection Prevention and Control Audits.
- There was an open culture in which safety incidents were integral to learning and improvement.
- Safeguarding vulnerable adults was given priority.

Overall summary

- Facilities and premises were appropriate for the services being delivered.
- There was an effective and comprehensive process in place to identify, understand, monitor and address current and future risks.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Take action to introduce a structured programme of clinical audit.

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 GP specialist adviser.

Background to PHP Aesthetic Wellness

PHP Aesthetic Wellness operates under the provider PHP Health First Limited. The provider is registered with the Care Quality Commission to carry out the regulated activities of Surgical procedures and Diagnostic and screening procedures.

PHP Aesthetic Wellness provides a range of private aesthetic medicine skin care treatments to patients aged 18 and over from Harley Street, central London. The staff team comprises a male aesthetician and a practice manager; and the service is based on the first floor of a suite of private consulting rooms with lift access. The service is open Monday to Friday 9:00am to 7:00pm.

Are services safe?

We rated safe as Good because:

- Monitoring and reviewing activity enabled staff to understand risks and gave a clear, accurate and current picture of safety.
- There was an open culture in which safety incidents were integral to learning and improvement.
- Safeguarding vulnerable adults, children and young people was given priority.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. These 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.
- The service had clear systems to keep people safe and safeguarded from abuse (including a designated Safeguarding Lead).
- Staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- We looked at systems in place to manage infection prevention and control (IPC) risks. Recent audits had taken place and actions undertaken as necessary. Staff had received recent IPC training.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service. For example, periodic water sample checks and risk assessments took place regarding a bacterium called Legionella which can proliferate in building water systems.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. 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.

Information to deliver safe care and treatment

We assessed whether staff had the information they needed to deliver safe care and treatment to patients.

Are services safe?

- We could not be assured that individual care records were written and managed in a way that kept patients safe. We looked at six consultation notes which although, containing detailed consent forms, held limited information regarding assessment and diagnosis.
- When we discussed these notes with the service's Director, they were able to explain the assessment and diagnosis for each patient and demonstrate that each treatment was based upon accepted guidance. However, this information was not recorded in the consultation notes.
- Shortly after our inspection we were advised that this incident had been logged as a significant incident and discussed at a team meeting. This had triggered the introduction of a new, more detailed consultation notes template which recorded, for example, safeguarding concerns, confirmation of diagnoses and confirmation that the treatment was based on current accepted guidance.
- The service kept prescription stationery securely and monitored its use.
- 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.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.
- There were effective protocols for verifying the identity of patients.

Safe and appropriate use of medicines

We looked at systems for appropriate and safe handling of medicines.

- We looked at systems and arrangements for managing emergency medicines and equipment. We noted a defibrillator was located in reception area of the 1st floor where the service was situated. We were also advised that the provider had access to emergency oxygen located in a dental provider on the 1st floor. However, access to this equipment was not governed by a written protocol (for example designating the lead organisation responsible for undertaking periodic checks). Shortly after our inspection we were advised that PHP Aesthetics had purchased its own oxygen cylinder and would be undertaking periodic checks.
- We noted the service held a range of emergency medicines consistent with those reasonably required of a dermatology service. The process of determining which medicines to carry had not been based upon a written risk assessment however one was completed and forwarded to us shortly after our inspection.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- Regular meetings took place to discuss cases and monitor activity. This helped the service to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service had systems in place to ensure learning and improvement took place when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. The service's Director supported them when they did so.

Are services safe?

- There had not been any significant incidents logged in the previous 12 months but we saw evidence of 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 had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had a mechanism in place to disseminate alerts to all members of the team. This entailed the Service's Director reviewed and acted on relevant alerts as necessary.

Are services effective?

We rated effective as Requires improvement because:

- The brevity of consultation notes meant they could not evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.
- The service also lacked a structured clinical audit programme.
- However, opportunities to participate in external accreditation programmes were proactively pursued.

Effective needs assessment, care and treatment

- The brevity of consultation notes meant they could not demonstrate that the provider assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to the service).

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service had recently been accredited by the United Kingdom Accreditation Service (UKAS) - the national accreditation body for the United Kingdom. This quality assurance exercise had entailed a review of policies and a one-day remote inspection.
- The service was also on a national register of accredited practitioners providing non-surgical cosmetic treatments which aimed to drive continuous improvement in the quality of these treatments. These treatments were exempt from regulation by CQC.
- Although we saw some evidence of audits having been undertaken to monitor and improve the service (for example periodic audits of pathology sampling protocols) the service was not undertaking a structured programme of clinical audit.

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.
- 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.
- Staff whose role included immunisation had received specific training and could demonstrate how they stayed up to date. For example, the provider was a registered Yellow Fever Vaccination Centre and we saw confirmation that the service Director's Yellow Fever e-learning training was in date.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, a detailed consent form ensured the service Director had adequate knowledge of the patient's health, any relevant test results and their medicines history.

Are services effective?

- However, the brevity of consultation notes meant we could not confirm that patient information was being shared appropriately and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service monitored the process for seeking consent appropriately.

Supporting patients to live healthier lives

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

- Where appropriate, staff gave patients advice so they could self-care.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- The service used a detailed consent form which supported patients to make informed decisions about care and treatment.

Are services caring?

We rated caring as Good because:

- There was a strong, visible, person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- Feedback from patients was positive about the way staff treated them.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. For example, all fifty of the patients who responded to the service's 2021/22 patient survey rated the customer journey from reception, treatment explanation, treatment and follow-up as "very good".
- 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.

Involvement in decisions about care and treatment

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

- Interpreting services were available for patients who did not have English as a first language.
- Patients fed back that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. For example, all fifty respondents to the 2021/22 patient survey rated the service Director as "very good" at involving patients in care decisions.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- We noted that all fifty of the patients who responded to the service's 2021/22 patient survey felt the service Director was "very good" at treating them with dignity and respect.

Are services responsive to people's needs?

We rated responsive as Good because:

- The service was planned and delivered in a way that met the needs of its patients. The importance of flexibility, choice and continuity of care was reflected in how care was delivered.
- Facilities and premises were appropriate for the services being delivered.
- Patients could access the right care at the right time. Access to appointments and services was managed to take account of people's needs, including those with urgent needs.

Responding to and meeting people's needs

The provider organised and delivered services to meet the healthcare needs of its patients and took account of their needs and preferences.

- The provider understood the preferences and needs of their patients and strove to provide patient centred and flexible services.
- The facilities and premises were appropriate for the services delivered, for example, offering lift access. However, we noted the absence of an accessible toilet.

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, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Arrangements were in place to allow patients to make contact outside the service's opening times. Patients were advised they could call at any time if they experienced an emergency.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had systems in place to respond to them appropriately to improve the quality of care.

- The service had a complaints policy and procedures in place.
- Information about how to make a complaint was available on the premises.
- The service had not received any complaints in the previous 12 months. We noted that complaints were a standing agenda item at staff meetings.

Are services well-led?

We rated well-led as Good because:

- The service's Director strove to deliver motivate staff to succeed. There was a common focus across the service on improving quality of care and patient's experiences.
- Staff were proud of the organisation as a place to work and spoke highly of the culture.
- There were effective processes in place to identify, understand, monitor and address current and future risks.
- There were systems to support improvement and innovation work including use of external accreditation although we noted the absence of a structured programme of clinical audit.
- The service's Director was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Leadership capacity and capability

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

- The service's Director was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them (for example currently considering migrating to a paperless records management system).

Vision and strategy

The service had a clear vision to deliver high quality, patient centred care.

- The service's Director had the experience, capacity and capability to ensure that this vision was delivered.
- Staff were aware of and understood the vision and values of the service; and their role in delivering patient centred care.
- Weekly staff meetings took place so as to scrutinise delivery and ensure regular staff engagement.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Systems were in place to ensure openness, honesty and transparency were demonstrated when responding to incidents. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations.
- There was a strong emphasis on the safety and well-being of all staff.

Governance arrangements

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

Are services well-led?

Structures, processes and systems to support good governance and management were clearly set out, understood and effective. There was an effective governance framework, which focused on delivering good quality care. For example:

- Staff were clear on their roles and accountabilities.
- The service's Director had established service specific policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- We saw evidence that the service had undertaken prompt action to improve governance arrangements regarding emergency medical equipment and quality of consultation notes.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had plans in place for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

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

- The service routinely undertook patient surveys and considered survey findings.
- Staff survey feedback was positive. Staff were proud of the organisation as a place to work and spoke highly of the service's listening culture.
- There were systems to support improvement and innovation work including use of external accreditation and internal audit. However, we noted the absence of a structured programme of clinical audit.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. For example, we noted prompt action had been taken regarding concerns we raised about the quality of consultation notes.
- The service had systems in place to undertake internal reviews of incidents and to ensure that learning was shared and used to make improvements.

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
Diagnostic and screening procedures Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. How the regulation was not being met: <ul style="list-style-type: none">The provider failed to maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.