

Face Kandi Aesthetic Clinic

Inspection report

70 Market Street
Birkenhead
CH41 5BT
Tel: 01516664246

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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. This is the first inspection since registration with the CQC.

We carried out an announced comprehensive inspection at Face Kandi Aesthetic Clinic on the 17 November 2021 as part of our inspection programme.

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

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 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. Face Kandi Aesthetic Clinic provides a range of non-surgical cosmetic services which are not within CQC scope of registration. Therefore, we did not inspect or report on these services. Face Kandi Aesthetic Clinic was registered in respect of the provision of the treatment of disease, disorder or injury and surgical procedures therefore we were only able to inspect treatments relating to medical conditions which include treatment for excessive sweating (hyperhidrosis) and PDO surgical thread lifts.

The individual provider is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered people'. 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 has one clinician who is also the registered CQC provider. The service also employs one administration staff member.

Our key findings were:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Risk assessments had been completed to ensure the safety of the premises.
- The clinician and administration staff carried out appropriate training to carry out their roles.
- There was an open and transparent approach to safety and an effective system for reporting and recording incidents.
- The clinician maintained the necessary skills and competence to support patients' needs.
- The clinician was up to date with current guidelines.
- The clinician was aware of, and complied with, the requirements of the Duty of Candour.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection team was led by a CQC lead inspector.

Background to Face Kandi Aesthetic Clinic

Face Kandi Aesthetic Clinic is registered with the Care Quality Commission to provide the regulated activities of treatment of disease, disorder, or injury (TDDI), and surgical procedures from one registered location at the following address: 70 Market Street, Birkenhead, Merseyside CH41 5BT. The service is provided from a fully converted building with a medical treatment room and another room used for other non-regulated treatments. The service is centrally located and there is off road parking.

The service is provided by a registered nurse practitioner. Face Kandi Aesthetic Clinic offers patients a range of services including treatment for excessive sweating (hyperhidrosis) and PDO surgical thread lifts. Treatments are provided for adults aged 18 and over with appropriate consent. These services are available on a pre-bookable appointment basis. Patients can book appointments directly with the service by phone. The service is open for consultations weekly on a Monday, Tuesday and Friday from 10 am to 5 pm.

Before visiting we reviewed a range of information we hold about the service and information which was provided by the service before the inspection.

During the inspection:

- we spoke with the provider/clinician and the administration staff member
- reviewed key documents which support the governance and delivery of the service
- made observations about the areas the service was delivered from
- looked at information the service used to deliver care and treatment plans.

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:

The service provided care in a way that kept patients safe and protected them from avoidable harm.

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. Contact numbers for the local authority safeguarding team were easily accessible and appropriate safeguarding policies were in place. Staff had attended safeguarding training appropriate to their role. They knew how to identify and report concerns.
- The staff had undertaken a 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).
- The service had a process in place to monitor infection prevention and control using room check lists. There was an infection control policy in place. The clinician was the infection control lead. We found treatment rooms and toilet areas were clean and hygienic. Staff followed infection control guidance and attended relevant training. The service undertook daily and weekly infection prevention and control checks. The service had introduced COVID-19 policies to ensure staff and patients were kept safe.
- The clinician 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 service had risk assessments and procedures in place to monitor safety of the premises such as the control of substances hazardous to health (COSHH).
- The clinician carried out appropriate environmental risk assessments, which considered the profile of people using the service.

Risks to patients

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

- The service was equipped to deal with medical emergencies and the staff were suitably trained in emergency procedures. The staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The clinician knew how to identify and manage patients with severe infections including sepsis. The provider had a defibrillator and oxygen on the premises.
A fire risk assessment and fire procedure were in place.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment

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

- We did not look at patients' care records during the inspection although we were informed they were written and managed in a way that kept patients safe. The care records included information about a patient's individual care requirements and systems were in place to check the identity of patients and to verify their age.
- There was a system for the appropriate sharing of information with other agencies where this was necessary, 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 ceased trading.

Are services safe?

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 and emergency medicines were safe. The emergency medicines kept onsite were appropriate for the type of service offered to patients.
- The clinician prescribed and administered medicines to patients, and gave advice on medicines in line with legal requirements and current national guidance.
- Processes were in place for checking medicines and accurate records of medicines were kept.

Track record on safety and incidents

The service had a good safety record.

- There were 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. no significant events had occurred at the service.
- Staff were aware of and complied with the requirements of the Duty of Candour. Staff demonstrated a culture of openness and honesty.
- Alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) were received and dealt with by the registered manager.

Are services effective?

We rated effective as Good because:

Patients have good outcomes because they receive effective care and treatment that meets their needs.

Effective needs assessment, care and treatment

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. The service was aware of body dysmorphia and potential patients presenting with this condition. Body dysmorphic disorder (BDD) or dysmorphophobia, is a mental disorder characterised by the obsessive idea that some aspect of the person's body or appearance is severely flawed and therefore warrants exceptional measures to hide or fix it.
- The clinician 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 clients' 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 about the service was monitored and reviewed regularly to ensure the quality of the service remained in line with current good practice.

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 and staff handbook prepared for all newly appointed staff.
- Relevant professionals (medical / nursing) were registered with the Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the importance of ensuring all staff were up to date with relevant training. A record of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

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

- Clients received coordinated and person-centred care. Staff referred to other services when appropriate.
- Before providing treatment at the service the clinician ensured they had adequate knowledge of a client's health and their medicines history.
- Clients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP.
- The provider had risk assessed the treatments they offered.
- Risk factors were identified and highlighted to clients before the provision of any treatments.

Supporting patients to live healthier lives

Are services effective?

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 and information so they could self-care following their treatments.
- Assessments were carried out to ensure that the treatment patients were asking for were correct. Alternative treatments were offered if deemed more appropriate for their needs.
- Where clients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported clients to make decisions. Where appropriate, they assessed and recorded a client's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

Patients were treated with respect and staff were kind and caring and involved them in decisions about their care.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The provider understood patients' personal and medical needs. They displayed an understanding and non-judgmental attitude to all patients.
- The provider had completed equality and diversity training. An equality and diversity policy was in place.
- The service gave patients timely support and information. The service provided patients with a personal direct telephone number to answer any concerns.

Involvement in decisions about care and treatment

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

- The service had rarely treated patients who did not have a full understanding of English, although the provider was aware of an interpretation service that could be used.
- Before providing treatment, patients attended for an assessment, where the clinician discussed with them the risks and benefits of any treatment and answered any questions. The clinician also discussed realistic outcomes and costs.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of ensuring patients' 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.
- Consultations were conducted behind closed doors, where conversations were difficult to overhear.

Staff understood the importance of keeping information confidential. Patient records were stored securely.

Are services responsive to people's needs?

We rated responsive as Good because:

Services were tailored to meet the needs of individual patients and were accessible.

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered. The consultation room was on the lower floor and accessed via a set of steps.
- Equipment and materials needed for consultation, assessment and treatment were available at the time of patients attending for their appointment.

Timely access to the service

Patients could 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 could book appointments by phone or face to face at the service.
- Referrals and transfers to other services were generally not necessary, although the provider would consult with a patient's GP for additional information and as part of the clinical assessment if necessary.

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 for patients on the practice website. Due to COVID -19 restrictions they were not currently displayed in the waiting room.
- 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 a complaint policy and procedure in place. The service had not received any formal complaints.

Are services well-led?

We rated well-led as Good because:

The culture of the practice and the way it was led and managed drove the delivery and improvement of good quality, person-centred care.

Leadership capacity and capability

- The leader of the service had the capacity and skills to deliver high-quality, sustainable care.
- The leader was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- There were effective processes to develop leadership capacity and skills.

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 to achieve identified priorities.
- The progress of the service was monitored against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. However, at the time of the inspection staff were not receiving annual appraisals. We received assurance from the provider that this was being addressed.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training.
- There were positive relationships between staff. Staff felt the culture of the service was professional and approachable.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- The provider was clear on their role and accountabilities.

Are services well-led?

- The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The provider, who was a registered mental health nurse, carried out clinical supervision with another healthcare professional outside the organisation.

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 processes to manage current and future performance.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients which were generally recorded on the practice Facebook site.
- Quality and sustainability were discussed daily as staff had access to the information they needed.
- The service submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the confidentiality of patient data.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- There were mechanisms in place to monitor the effectiveness of the quality of the service provided which included feedback from clients, a suggestion box, feedback via Facebook and social media.
- The service was transparent, collaborative and open with stakeholders about performance where necessary.
- On the day of inspection we were unable to speak directly to patients in order to gather their views of the service. However, we saw feedback collected by the service. All were positive about the care and treatment received.

Continuous improvement

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

- There was a focus on continuous learning and improvement. The provider has sought to create links with other nurses and professional forums to ensure that they continue to develop their role and meet revalidation requirements.
- There were systems to support improvement and innovation work. The service made use of internal and external information to make improvements.
- The provider was a member of an independent quality assurance organisation. This organisation has successfully completed an assessment of the service against their own standards. The organisation provides a monitoring service along with support and advice on clinical matters.