

Astute Courses Angels Twelve

Inspection report

162 Porchester Road
Nottingham
NG3 6LB
Tel: 01159506376

Date of inspection visit: 8 May 2022
Date of publication: 02/08/2022

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



Overall summary

We carried out an announced focused inspection at Astute Courses Angels Twelve on 8 July 2022. Following our review of the information available to us, including information provided by the service, we focused our inspection on the following key question: safe. Due to assurances we received from our review of information, we carried forward the ratings for the following key questions: effective, caring, responsive and well-led from our last inspection in January 2022. Overall, the practice is rated as good. It is rated as good in safe, effective, caring, responsive and well-led.

Following our previous inspection on 14 January 2022, the practice was rated good overall and requires improvement for the key question safe. It was rated good for key questions effective, caring, responsive and well-led.

The full reports for previous inspections can be found by selecting the 'all reports' link for Astute Courses Angels Twelve on our website at www.cqc.org.uk

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. Astute Courses Angels Twelve provides a range of non-surgical cosmetic interventions which are not within CQC scope of registration. Therefore, we did not inspect or report on these services. Astute Courses Angels Twelve is 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), PDO surgical thread lifts (a type of non-surgical face lift), removal of minor skin lesions, antihistamine injections and intravenous vitamin infusions.

Dr Vorodykhina 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:

- The service was offered on a private, fee paying basis only and was accessible to clients who chose to use it. Clients were able to access care and treatment from the clinic within an appropriate timescale for their needs.
- The service had good facilities and was well equipped to treat clients and meet their needs.
- Systems, processes and records had been established to seek consent and to offer coordinated and person-centred care. However, we noted that consultations for treatments such as antihistamine injections and vitamin infusions were not fully documented.
- The clinicians maintained the necessary skills and competence to support clients' needs.
- The provider and staff team demonstrated a positive culture and a commitment to the delivery of person-centred care and treatment.
- The provider had made improvements to the recruitment procedures and had completed risk assessments to ensure the safety of the premises and health and safety of clients and staff.

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

- Fully document all consultations, including those for treatments such as antihistamine injections and vitamin infusions.
- Display the fire procedure in appropriate areas throughout the building.

Overall summary

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 had access to advice from a specialist advisor.

Background to Astute Courses Angels Twelve

The provider, Astute Courses Ltd is registered with the Care Quality Commission to provide the regulated activities of treatment of disease, disorder, or injury (TDDI), and surgical procedures from two registered locations, including Astute Courses Angels Twelve, 162 Porchester Road, Nottingham, NG3 6LB. Only this site was visited as part of this inspection.

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 two registered practitioners. Astute Courses Angels Twelve offers clients a range of services including treatment for excessive sweating (hyperhidrosis), PDO surgical thread lifts, removal of minor skin lesions, antihistamine injections and intravenous vitamin infusions. Treatments are provided for adults aged 18 and over with appropriate consent. Clients are offered an initial online or face to face consultation, then attend for a face to face consultation, where the treatment plan is discussed and agreed, and then booked in for the course of treatment. The opening times for the service vary each day, as there are other services provided on site, including beauty treatments and a hair salon.

Further information about the service is available via their website at: www.angelstwelve.com

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

How we inspected this service

During the inspection:

- we spoke with two clinicians (one of whom was the Registered Manager), and the site manager.
- 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?

Due to assurances we received from our review of information, we only looked at the safe domain 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, although the record keeping relating to some procedures needed to be strengthened.

The provider had addressed the issues identified in our previous inspection on 14 January 2022.

The service had effective recruitment procedures in place and the records required under Schedule 3 of the Health and Social Care Act were available for inspection

Staff had attended safeguarding training appropriate to their role. Staff who acted as a chaperone had a Disclosure and Barring Service Check (DBS) and had also received training.

The service had completed risk assessments and had taken appropriate action to mitigate identified risks.

Safety systems and processes

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

- At our previous inspection, we found that service had some 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. Not all staff had attended safeguarding training appropriate to their role. Administrative staff and staff who acted as chaperones had not completed training on safeguarding children. It was not clear from the training records what level of safeguarding adults training they had received. Staff spoken with knew how to identify and report concerns.
- At this inspection we found that the service had improved their systems to safeguard children and vulnerable adults. We saw that staff had received appropriate training on safeguarding children and vulnerable adults. Those staff who acted as chaperones had also received appropriate training.
- At our previous inspection, we found that the provider had carried out some staff checks at the time of recruitment and on an ongoing basis where appropriate. However, we saw that not all of the required recruitment checks had been obtained for staff whose role included contact with clients. For example, references obtained by the provider. This was discussed with the provider at the time of the inspection. Following the inspection the provider sent us a copy of their updated recruitment policy and missed documents for the clinician.
- At this inspection, we looked at the documentation for the clinician working at the service. We saw that the required recruitment checks had been completed and were available on file.
- We saw that the provider had also completed Disclosure and Barring Service (DBS) checks for non-clinical staff who had contact with clients and/or acted as a chaperone. (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).
- Following the previous inspection, the provider had completed an infection control audit and cleaning schedules were in place. Staff were responsible for cleaning rooms and signing the schedules at the end of each clinic.
- We saw that there was now an inventory of electrical appliances and these had been tested in March 2022. The provider had purchased a new medicine refrigerator and the temperature was checked and recorded daily. We discussed recording the maximum, minimum and actual temperatures to monitor that the temperature stayed within range.
- There were systems for safely managing healthcare waste, and we saw that sharps bins were now dated on assembly as required.

Are services safe?

- The provider had put into place risk assessments and procedures to monitor the safety of the premises such as control of substances hazardous to health (COSHH). Cleaning products were stored on the ground floor in the hair dressing salon. The provider had a list of substances hazardous to health in use and appropriate signage which was displayed on the storage area. A risk assessment for the products had been completed and included simple instructions to follow for example, if the product accidentally came into contact with skin. The data product sheets were also available.

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.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. There was oxygen on site and following the previous inspection the provider had purchased a defibrillator. We saw staff had received training on the use of the defibrillator and emergency equipment was checked on a regular basis.
- A fire risk assessment had been completed and reviewed annually. However the last review was undertaken August 2020. The provider told us that following the last inspection the actions identified in the risk assessment had been completed. We saw that staff now recorded the weekly checks of the fire alarm and emergency lighting. The office manager outlined the action that staff would take in the event of fire. However, the fire procedure still was not displayed around the building. The site manager agreed to put this on display.
- Staff had attended fire training, which included a fire drill in February 2022. The clinical co-ordinator had attended training and had taken on the responsibility of the designated fire marshal.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept clients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. We saw that consultations for treatments such as antihistamine injections and vitamin infusions were not fully documented. Clients completed a medical assessment which they signed as accurate and up to date. The clinician recorded details of the injection given, including batch number, expiry date and site of injection. However, they did not record any discussions around the benefits and potential side effects of the treatment, consent or safety netting. This was discussed with the clinician during the inspection, who agreed to implement this immediately.
- The provider had introduced peer reviews on the quality of consultations and treatments undertaken by one clinician and had completed an appraisal for the other clinician.
- Information was not routinely shared with the person's registered GP. However, staff told us if they had any concerns regarding a client's medical history, they would ask the client to discuss any proposed treatment with their GP or consultant and obtain written permission to continue with the 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.

Safe and appropriate use of medicines

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

Are services safe?

- 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 clients.
- The clinicians 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.

- Following the previous inspection the provider had completed 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.
- A significant event had occurred in May 2022, which related to intravenous vitamin therapy. The client felt faint following commencement of the intravenous infusion. The treatment was stopped, observations completed, the client given a drink and sweets and kept under observation for 15 minutes. The clinician also contacted the client later in the evening to check how they were feeling. The learning from the event was that the infusion flow rate was probably too fast. If the client was to attend again in the future, they would be advised to have a full meal prior to attending and the infusion rate would be reduced.
- Staff were aware of and complied with the requirements of the Duty of Candour. Staff demonstrated a culture of openness and honesty.