

The Aesthetics Room

Inspection report

21 Knightsbridge
London
SW1X 7LY
Tel: 02036335969

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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 of The Aesthetics Room (the service) on 13 June 2023, as part of our inspection programme. This was the first inspection of the service undertaken by the Care Quality Commission (CQC).

The Aesthetics Room provides private non-surgical cosmetic treatments for patients aged 18 and over from 21 Knightsbridge, Hyde Park Corner, London, SW1X 7LY.

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. The service is registered to provide the regulated activities of Treatment of Disease, Disorder and Injury; Diagnostic and Screening; and Surgical Procedures. 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. The Aesthetics Room provides a range of non-surgical cosmetic interventions, for example hair loss treatments, fat reduction injections 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.

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.
- The provider treated patients with kindness and respect and involved them in decisions about their care.
- Patients could access care and treatment in a timely way.
- The way the service was managed promoted the delivery of high-quality, person-centre care.

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Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team comprised of a CQC lead inspector and a GP Specialist Adviser.

Background to The Aesthetics Room

The Aesthetics Room provides private non-surgical cosmetic treatments for patients aged 18 and over. The regulated activities of Botulinum Toxin (Botox) for the treatment of migraines and excessive sweating (hyperhidrosis) were provided from the clinic at 21 Knightsbridge, London, SW1X 7LY.

The clinic is open between Monday and Friday from 11am to 7.30pm. The service also provided patients with an emergency call out service seven days a week between 8pm and 11am.

The regulated activities are carried out by a registered Pharmacist who is also the CQC Registered Manager, Service Manager and service owner.

Further details of the service provided can be found at the website: - www.theaestheticsroom.co.uk

How we inspected this service

Before the inspection we gathered and reviewed information from the provider. We also reviewed information held by the CQC on our internal systems. We carried out a site visit and spoke with the provider.

We reviewed the provider's governance policies and looked at a set of healthcare records of patients using 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:

Patients were protected from avoidable harm and abuse; the service ensured that facilities and equipment were safe; and there was an effective system to manage infection prevention and control.

Safety systems and processes

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

- The Service Manager took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The service had appropriate safety risk assessments and safety policies in place.
- The service had clear systems to keep people safe and safeguarded from abuse. The Service Manager was the designated Safeguarding Lead. Although the service did not treat patients under the age of 18, the Service Manager had undertaken both adult and child safeguarding training.
- The Service Manager had undertaken a Disclosure and Barring Service (DBS) check. 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 Manager informed us that any new members of staff recruited to the service would be required to undertake a DBS check.
- Patients were asked if they would like a chaperone for their treatment as part of their consultation prior to any treatment. Patients were able to bring their own chaperone to their appointment or the service utilised medically trained staff who had undertaken DBS checks operating from the adjacent clinic in the facility to fulfil this request.
- The service ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- We saw evidence there were appropriate systems in place to manage infection prevention and control (IPC) risks. The Service Manager had received recent IPC training.
- The service ensured appropriate environmental risk assessments were carried out by the building landlord. 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.

- The service did not use agency or locum staff.

Are services safe?

- Patients were provided with information and guidance relating to their treatment and aftercare, including possible side-effects. If a patient experienced urgent issues outside operating hours, they were able to contact the clinic for support at any time using the services mobile number. Patients were advised to seek emergency assistance when required.
- The Service Manager understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention and had undertaken basic life support training.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately.
- The service was registered with the Information Commissioner's Office (ICO).
- We saw evidence the service had appropriate professional liability indemnity in place.

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 patients 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. However, there was evidence that records did not contain detailed information about the patient appointment although medical history and consent forms were completed.
- The service had systems in place for sharing information with a patient's NHS GP and other agencies to enable them to deliver safe care and treatment with patient consent.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading. Electronic records were kept on a secure encrypted system.
- The Service Manager followed current evidence-based guidance and standards, such as the National Institute for Health and Care Excellence (NICE) guidelines and kept themselves informed and updated on patient safety issues.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks.
- 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). Neither did they prescribe schedule 4 or 5 controlled drugs. Medicines prescribed by the service were limited to Botulinum Toxin (Botox) for the treatment of migraines and excessive sweating (hyperhidrosis). The provider prescribed and administered this medicine to patients and gave advice in line with legal requirements and current national guidance.

Track record on safety and incidents

Are services safe?

The provider had a good safety record.

- The service required patients to complete and update a comprehensive medical history form prior to each treatment and provided them with additional information after their consultation where appropriate. Aftercare advice was also provided.
- There were systems in place to record and act on significant events, incidents and complaints. At the time of inspection there had been no reported incidents or complaints in relation to regulated activities.
- There were risk assessments in place in relation to safety and these showed that effective controls were in place to minimise any safety incidents.

Lessons learned and improvements made

The provider learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. The Service Manager understood their duty to raise concerns and report incidents and near misses.
- There had been no incidents recorded in the last 12 months, however there were adequate systems for reviewing and investigating when things went wrong.
- The service was aware of and complied with the requirements of the Duty of Candour and in the event of an unexpected or unintended safety, the affected patient would be given an apology and provided the necessary support.
- As part of their Pharmacist registration and revalidation process, the Service Manager was required to maintain their professional development and were subject to regular appraisal.

Are services effective?

We rated effective as Good because:

The service had systems to keep up to date with current evidence-based practice. The Service Manager was appropriately qualified to carry out regulated activities and had been trained to deliver services within their competencies. Patient needs were assessed and care and treatment was delivered in line with current legislation, standards and guidance.

Effective needs assessment, care and treatment

The provider had systems to keep up to date with current evidence-based practice. We saw that they assessed needs and delivered care and treatment in line with current legislation, standards and guidance relevant to their service.

- The service assessed needs and delivered care in line with relevant and current evidence-based guidance and standards, such as the British College of Aesthetic Medicines (BCAM) guidelines and the Joint Council for Cosmetic Practitioners (JCCP).
- The Service Manager was a member of The Aesthetic Complications Expert Group World which supports medical practitioners in the management of non-surgical aesthetic complications by providing advice via telephone, email and an ACE Group World forum as well as workshops, conferences and online education.
- The Service Manager worked with patients to understand their care and treatment, and to manage expectations of outcomes.
- There were policies and protocols in place for the delivery of regulated treatments.
- The service had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The provider was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements.
- The Service Manager had made arrangements for an external peer review of patient treatments from a registered nurse.
- The Service Manager kept themselves appraised of developments in clinical practice and methodology to improve the quality of the service.

Effective Staffing

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

Are services effective?

- The Service Manager was appropriately qualified for the regulated services provided. The Service Manager was registered with the General Pharmaceutical Council (GPhC) and was up to date with revalidation. Records of qualifications and training were maintained.
- At the time of our inspection, the service was in the process of recruiting additional staff members and had an induction programme ready for all newly appointed staff which varied depending on their assigned role.
- The Service Manager understood the importance of continuous learning and kept abreast of the development of new aesthetic treatments.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Patients were referred to more suitable sources of treatment where necessary.
- The Service Manager referred to, and communicated effectively with, other services when appropriate.
- Before offering treatment, the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. Our review of care records confirmed that before providing treatment, the Service Manager ensured they had adequate knowledge of the patient's health and medical history. The medical history form was assessed by the Service Manager may determine at their discretion that a treatment may not be suitable for a patient.
- Where appropriate, patients were asked for consent to share details of their consultation and any medicines prescribed, with their registered GP.

Supporting patients to live healthier lives

- Patients were provided with information about procedures, including the benefits and risks of treatments provided.
- The service provided pre- and post-treatment advice and support to patients.
- Where appropriate, the service gave patients advice on improving their general health and lifestyle, for example advice on smoking cessation and sun exposure.
- Where patients' clinical needs could not be met, they were redirected to the appropriate services.

Consent to care and treatment

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

- The service understood the requirements of legislation and guidance when considering consent and decision making.
- The service supported patients to make decisions.

Are services effective?

- Written consent forms were used for all procedures. The consent form contained both the risks of treatment and the aftercare requirements to ensure patients made informed decisions about their care.
- We saw recorded evidence of patient consent when they signed up for treatment.
- The Service Manager was alert to patients who may be experiencing body dysmorphia (a mental health condition where a person spends a lot of time worrying about flaws in their appearance. These flaws are often unnoticeable to others).

Are services caring?

We rated caring as Good because:

The service treated patients with kindness and understanding and involved them in decisions about their care and treatment.

Kindness, respect and compassion

The provider treated patients with kindness, respect and compassion.

- The service actively sought patient feedback on the quality of care they received. Patients were contacted by the service for feedback after each appointment by email.
- The service understood patients personal, cultural, and social needs.
- Where required, patients were offered an extended appointment.
- Information regarding the fees for services were discussed.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Information was available to help patients be involved in decisions about their care.
- The services offered and prices of treatments were available on the clinic's website, and material was also available within the clinic.
- Interpretation services could be arranged for patients whose first language was not English.

Privacy and Dignity

The service respected patients' privacy and dignity

- The service recognised the importance of patient's dignity and respect.
- The clinic room was private and enabled patients to discuss their needs confidentially.
- The service was aware of information security, and we saw that patient records were stored securely.

Are services responsive to people's needs?

We rated responsive as Good because:

The service organised and delivered treatment and care to meet the needs of patients.

Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs, taking account of patients' needs and preferences.

- The service understood the needs of their patients and took into account their preferences. For example, the service was in the process of developing the range of treatments available for patients.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, wheelchair users were able to access the service, and patients who were nervous or anxious were offered longer appointment times.
- Patients were offered 30 minutes to one hour consultation times so that they did not feel rushed at their appointment.

Timely access to the service

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

- The service operated Monday to Friday from 11am to 7.30pm. Details for how to book appointments were available on the service's website. The service also provided patients with an emergency call out service seven days a week between 8pm and 11am.
- Patients had timely access to initial assessments and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Referrals and signposting to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

- The service had a complaints policy and supporting procedures in place.
- The service's complaints policy informed patients of further options that may be available to them should they not be satisfied with the service's response to their complaint, for example escalation to independent external services.
- In the previous 12 months the service reported that they had received no complaints related to regulated activities. They told us that if they did receive a complaint from a patient that they would respond to them appropriately to improve the quality of care.

Are services well-led?

We rated well-led as Good because:

The service had established clear structures, systems and processes to support effective leadership and governance.

Leadership capacity and capability;

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

- The Service Manager was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them. For example, they were looking to introduce additional treatments into the service, based on demand from patients.
- The Service Manager engaged in networking and peer support within the aesthetic industry to continually develop their skills.

Vision and strategy

The service had a clear vision to deliver high quality aesthetic services.

- There was a clear vision to provide a patient-centred, compassionate, respectful, high-quality, and ethical service.
- The Service Manager had the capacity and capability to ensure that this vision was delivered.

Culture

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

- The Service Manager told us that they took a patient-centred approach and that they delivered the service in line with their vision and values. The Service Manager told us they believed fostering a culture that is patient-centred, ethical, committed to continuous improvement, and inclusive, can create a positive environment that promotes the well-being of patients.
- There had been no incidents in the last 12 months relating to the regulated activities carried out by the service. The service was aware of, and had systems to ensure compliance with, the requirements of the duty of candour.

Governance arrangements

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

- Systems and processes were in place to support good governance.
- The service had established appropriate policies, procedures and activities to ensure that they were operating safely and as intended.

Managing risks, issues and performance

Are services well-led?

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 service had a business continuity policy and risk management policy in place.
- The Service Manager had plans in place for future quality improvement activity and regular clinical audits with the development of the service.

Appropriate and accurate information

The provider acted on appropriate and accurate information.

- The service sought feedback from patients in order to drive improvement.
- The service was aware of the need to submit data or notifications to external organisations when required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable information, records and data management systems.

Engagement with patients and external partners

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

- Patients were encouraged to give feedback on the care they had received after each treatment had been completed.
- Patients were also able to review the provider on 'Google' and various social media platforms.

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.
- The service had systems in place ready to undertake clinical auditing and internal reviews of incidents and complaints to support improvement and ensure learning was shared, with the development of the service and the range of treatments offered to patients.
- The Service Manager engaged with the British College of Aesthetic Medicine (BCAM) and attended training in their field of expertise.
- The service was in the process of expanding their treatment range to patients to include treatments such as vitamin injections and Polydioxanone (PDO) Thread Lifts.