

London Professional Aesthetics

Inspection report

193 Whitecross Street
London
EC1Y 8QP
Tel: 02085307676
www.lpa.london

Date of inspection visit: 30 August 2023
Date of publication: 08/09/2023

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 well-led?

Good 

Overall summary

We carried out an announced focused inspection of London Professional Aesthetics (the service) on 30 August 2023, to follow up on breaches of regulations identified at our inspection in May 2022, when we rated the service as Requires improvement overall.

This inspection focused on issues relating to the key questions of Safe and Well-led.

This service is now rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services well-led? – Good

Are services effective? – previously rated Good

Are services caring? – previously rated Good

Are services responsive? – previously rated Good

At our previous inspection, we identified issues relating to the key questions Safe and Well-led:

- There was evidence that some risks were not assessed and well-managed; the service did not have an effective system of premises checks.
- Procedures for managing medical emergencies including access to emergency medicines and equipment were not effective. There was no defibrillator on site.
- The provider did not have a defined set of mandatory training that staff needed to complete to carry out their role effectively.
- There was limited evidence of systems to support good governance and management.

These constituted breaches of Regulations 12 (1) and 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and we served notices on the provider requiring it to take action to comply with the regulations. The provider sent us a plan of the actions it intended to take, and we carried out this inspection to check on what had been implemented.

The service is a private skin clinic operated by London Medical Health Limited (the provider). The clinical director of the service 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.

The service is registered by the Care Quality Commission under the Health and Social Care Act 2008 to provide the regulated activities Treatment of disease, disorder or injury and Diagnostic and Screening procedures. Some of the treatments provided are exempted from CQC regulation, as set out in Schedule 2 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These include a range of non-surgical cosmetic interventions, for example dermal fillers, lip fillers and Botox injections (for cosmetic purposes only). Therefore, we did not inspect these elements of the service.

Overall summary

Our key findings were:

- The provider had revised or introduced systems to appropriately manage risks, such as fire safety issues, infection control and prevention, and emergency procedures.
- Systems were in place to ensure that mandatory training requirements were defined, and training, including updates, was provided to all staff.
- Systems had been put in place for information sharing with staff, clinical supervision and service monitoring.

We found the provider had taken appropriate action to comply with the requirements of Regulations 12 (1) and 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have revised the ratings for the key questions Safe and Well-led accordingly.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health Care

Our inspection team

The inspection was carried out by a CQC inspector who had access to advice from a specialist advisor.

Background to London Professional Aesthetics

London Professional Aesthetics (the service) is a private clinic which carries out aesthetic treatments and medical procedures for people over the age of eighteen. The service is provided by London Medical Health Limited. It is registered by the Care Quality Commission (CQC) to provide the regulated activities Treatment of disease, disorder or injury, and Diagnostic and screening procedures.

The service provides a broad range of aesthetic treatments including thread lifts, diagnosis and treatment of skin conditions, treatment for excessive sweating, phlebotomy and weight management. Other treatments, non-surgical cosmetic interventions, such as dermal fillers, lip fillers and Botox injections (for cosmetic purposes only), are exempted from CQC regulation.

The service operates at 193 Whitecross Street, London EC1Y 8QP. The clinic is on the ground floor and has two treatment rooms. Services are available to any fee-paying patient. The clinic is open from 8.00 am to 8.00 pm Monday to Friday; and on Saturday between 10:00 am and 2:00 pm. Appointments are pre-bookable; there is no walk-in service.

The service director and registered manager is a registered advanced nurse practitioner, who conducts thread lifts at the service. Occasional use is made of a locum nurse to cover absence. Administrative support is provided by a service manager and a receptionist.

How we inspected this service

We carried out a site visit to the service location and met with the provider's service manager. We reviewed evidence submitted by the provider.

Are services safe?

At our previous inspection, we identified issues relating to the key question Safe:

The provider had failed to ensure that care and treatment is provided in a safe way to service users. There was a lack of systems to identify, understand, monitor and address safety risks related to the premises. There was no effective system of fire risk assessment. The provider had not assessed the need for other emergency medicines not stocked to deal with medical emergencies. There was no sepsis awareness policy for staff. This constituted a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection in August 2023, we found the provider had taken appropriate action to comply with the regulation and have revised the rating in respect of the key question Safe to Good.

Safety systems and processes

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

At our previous inspection visit, although staff we spoke with knew how to identify and report concerns, the provider was not able to produce evidence that all staff had received safeguarding training. The provider subsequently sent us evidence that the training had been completed before our visit.

There were systems to manage infection prevention and control (IPC) and an IPC policy was in place. However, there was no IPC training documented for the locum nurse employed at the time. Staff told us that the locum nurse had only been in the role for one week and was yet to finish required safety induction training. We checked the infection control policy which stated that infection control training is undertaken for all new recruits within four weeks of starting work.

Following the inspection, the provider sent us evidence that the locum nurse had undertaken IPC training.

At this follow up inspection, we were shown evidence that the provider had revised its governance policy and systems to ensure staff were given mandatory induction training and refreshers at regular intervals. We saw all staff had maintained up to date safeguarding training to levels appropriate to their roles and responsibilities. The training included a module on the Mental Capacity Act 2005 and patients' consent to treatment.

The provider showed us evidence that regular formal IPC audits were carried out in addition to routine checks before each clinical session.

A new locum nurse was being inducted but had not yet started working at the clinic. We saw appropriate pre-employment checks had been carried out and a suitable induction and training plan was in place. This included safeguarding, IPC and fire safety training.

Risks to staff and people using the service

At our previous inspection visit, there was no evidence that a fire risk assessment had been carried out in the preceding 12 months. Following the visit, the provider sent us a report of a fire risk assessment conducted by an independent expert, which recommended a number of safety actions, together with a quote obtained for the work.

Are services safe?

Staff had told us that the premises landlord was responsible for managing risks relating to fire, including maintenance of the fire alarm system and firefighting equipment. The provider carried out weekly fire alarm tests and maintained a log, but had no system to reassure itself that any faults identified were investigated by the landlord and action taken to mitigate any risks.

The fire extinguishers had been inspected, but no record of maintenance or a service certificate was kept by the provider.

A stock of adrenaline and aspirin was maintained for emergency use, but the provider had not risk-assessed the need for other emergency medicines recommended in national guidance. For example, it did not stock hydrocortisone injection for treatment of anaphylaxis. Anaphylaxis is a severe allergic reaction. There was no defibrillator in the premises.

The provider did not have a formal policy on sepsis awareness. Sepsis is a life-threatening reaction to an infection. It happens when a person's immune system overreacts to an infection and starts to damage their own body's tissues and organs.

At this inspection we were shown evidence there was effective working relations between the provider and the premises landlord over the management of fire risk. The actions recommended in the fire risk assessment had now been implemented. These had been paid for by the provider and reimbursed by the building landlord. The provider had introduced a record of fire alarm checks. We saw evidence the fire extinguishers had been re-inspected and certified by a qualified consultant since our previous visit.

The provider showed us evidence it had carried out a risk assessment of the emergency medicines suitable for the type of service it operated. It had sought guidance from the service practitioners' organisation and implemented the organisation's recommendations. The provider had obtained a defibrillator and had a portable oxygen supply for use in emergencies. Emergency medicines and equipment were checked regularly to ensure that sufficient stocks of medicines were available and within date, and the equipment was ready for use.

We saw the provider had established a written sepsis awareness policy. Sepsis was covered in the IPC training staff were given at induction and in ongoing refresher training.

Are services well-led?

At our previous inspection, we identified issues relating to the key question Well-led:

There were limited systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. There were limited effective governance arrangements for the undertaking of safety risk assessments and checks for the premises. The provider did not have an effective system to ensure oversight of staff training requirements. Leaders had not established proper policies, procedures and activities to ensure safety and to assure themselves that they were operating as intended.

This constituted a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection in August 2023, we found the provider had taken appropriate action to comply with the regulation and have revised the rating in respect of the key question Well-led to Good.

Governance arrangements

At our previous inspection visit, we found that although staff were clear on their roles and accountabilities, leaders had not established proper policies, procedures and activities to ensure safety and to assure themselves that they were operating as intended.

Previously, there were areas where the provider had not met all the regulatory requirements. For example, mandatory staff training requirements had not been defined and there was no effective system to monitor essential staff training.

The provider had not been able to evidence that staff had completed mandatory training relevant to their role and had not had a system to flag in an effective way when training was due for renewal. Following our visit, the clinic director told us they would review all essential training monthly to ensure staff remained up to date with mandatory requirements.

At this follow up inspection, we were shown the provider had revised its training governance policy, to define the training mandatory for staff. It had introduced a system to monitor ongoing training needs and highlight when refresher training courses were due. We saw that all staff were up to date with their training. A new locum nurse was in the process of being inducted and training was being provided before they took up their role in the service.

Managing risks, issues and performance

At our previous inspection, we found there was insufficient clarity around processes for managing risks, issues and performance.

The processes to identify, understand, monitor and address current and future risks including those to patient safety were not always effective. Staff had told us risk monitoring and assessment relating to the premises were the responsibility of the premises landlord. However, the provider had not been assuring itself that the risk monitoring and management were conducted effectively.

There had been limited evidence of monitoring the performance of staff. Previously, there was no formal supervision or review of the locum nurse, in relation to their practice.

At this follow up inspection, we saw evidence of effective co-ordination with the premises landlord over risk. Systems had been put in place in relation to Health and Safety risks, IPC and emergency procedures.

Are services well-led?

The provider had introduced weekly staff meetings to share relevant information, for example safety alerts and good practice guidance. An intranet had been set up for government policies to be stored and shared with all staff. Policies were reviewed on an annual basis and updated when appropriate. The provider reviewed and implemented, where appropriate, guidance on good practice issued by the service practitioners' organisation.

A new locum nurse was being inducted and suitable systems for supervision, review and appraisal were in place for when they started work within the service.

A regular system of clinical auditing had been introduced. We saw examples included reviews of infection rates and other post-treatment complications.