

Samantha Pierce Aesthetics

Inspection report

51 Hoole Road
Chester
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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.

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 at Samantha Pierce Aesthetics as part of our inspection programme. The service has not been previously inspected.

Samantha Pierce Aesthetics is registered with CQC to provide surgical procedures and treatment of disease, disorder or injury. At the time of the inspection treatments being provided that required CQC registration included surgical thread lifts, botox to treat medical conditions such as hyperhidrosis (excessive sweating) and vitamin B12 injections.

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. Samantha Pierce Aesthetics provide a range of non-surgical cosmetic interventions which are not within CQC scope of registration, for example anti-ageing injections and dermal fillers. Therefore, we did not inspect or report on these services.

The service has one clinician conducting regulated activity, this person is the registered provider. The provider is also 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.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The service organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- There was a system in place to manage and respond to complaints. The provider was aware of the Duty of Candour.
- The provider invited feedback from patients to inform the provision of services.
- The service demonstrated a culture which focused on the needs of patients and commitment to driving improvement.

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

- Continue to review emergency medication and equipment held against national guidance.

Overall summary

- Review the level of information recorded in client consultation notes to ensure these are consistently sufficiently detailed.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

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

Our inspection team

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

Background to Samantha Pierce Aesthetics

Samantha Pierce Aesthetics is registered with the Care Quality Commission (CQC) to provide the regulated activities surgical procedures and treatment of disease, disorder or injury from the following address:

51 Hoole Road

Chester

CH2 3NH

The registered provider is Aesthetic Sense @ Chester Limited. The service is provided by one clinician, who is also the registered provider and registered manager. The clinician is qualified as an advanced nurse practitioner (ANP) and non-medical prescriber. Samantha Pierce Aesthetics offers patients a range of services. Those provided that required CQC registration include surgical thread lifts, botox to treat medical conditions such as hyperhidrosis (excessive sweating) and vitamin B12 injections. Treatments are provided for adults aged 18 and over. The service also offers a range of other aesthetic procedures that fall outside the scope of CQC registration. The range of services provided are listed on the provider's website.

The service is based in a detached property, in Hoole village on the outskirts of Chester. Parking is available on-site and in the village. There is one consultation room for regulated activities which is situated on the first floor of the property.

The service is open:

Tuesday: 9.30am-5pm

Thursday: 12pm-8pm

Friday: 9.30am-5pm

Saturday 9am – 2pm (once a month)

Appointments are available on a pre-bookable only basis.

The service website can be accessed at: <https://samanthapierceaesthetics.co.uk>

How we inspected this service

Before the inspection visit we reviewed a range of information we hold about the service and information sent by the provider.

During the inspection we spoke with the provider and a member of staff, reviewed key documents supporting the delivery of the service, reviewed a sample of treatment records and made observations about the areas the service was delivered from.

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 systems to keep people safe and safeguarded from abuse.

- The provider had a range of safety related policies and procedures which had been communicated to staff.
- Staff were provided with safety related information as part of their induction and training.
- Policies and procedures were in place to safeguard children and vulnerable adults from abuse. These included details as to the types of abuse and details of the local agencies to refer to in case of suspected abuse. Links to other organisations were included in the policies and procedures for additional information if required.
- There was a lead for safeguarding and staff knew what action to take if they had any concerns or suspected potential abuse.
- Staff had received up-to-date safeguarding training appropriate to their role.
- A chaperone was available should patients request this. Chaperone training had been provided.
- Staff recruitment processes included ensuring appropriate pre-employment checks had been carried out prior to appointment. These included Disclosure and Barring Service (DBS) checks. (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).
- Procedures were in place to ensure appropriate standards of hygiene were maintained and to prevent the spread of infection.
- The premises were equipped to meet infection prevention and control requirements.
- Infection and prevention checks and audits were carried out on a regular basis.
- Cleaning schedules were in place and cleaning checks were carried out on a regular basis.
- There were systems for the management of healthcare waste.
- The premises and equipment were appropriately maintained.
- The provider carried out health and safety risk assessments and checks. For example, legionella had been risk assessed and an action plan was in place.

Risks to patients

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

- There was sufficient staff availability for the running of the service.
- Staff had been provided with training in managing emergencies.
- There was a business continuity plan in place in case of major disruption to the service.
- The provider assessed, monitored and reviewed risks and took action to mitigate risks to the safety of people who used the service and staff.
- Risk assessments were reviewed on a regular basis.
- Health and safety checks and audits were carried out on a regular basis.
- A fire risk assessment had been carried out and action taken to address actions required.
- There were appropriate indemnity arrangements in place.

Are services safe?

- There were medicines and equipment to deal with medical emergencies. These were stored appropriately and checked regularly. A defibrillator and oxygen were not kept on the premises and a risk assessment for this had been completed. Emergency medication had been risk assessed. We noted that two types of medication had not been risk assessed to assess if they needed to be held on-site. This was completed following the inspection.

Information to deliver safe care and treatment

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

- Information needed to deliver safe care and treatment was available to staff in line with their roles and responsibilities. However, we did note some inconsistency in the level of information recorded in consultation notes. The provider told us that they would develop a template to follow to ensure this was addressed.
- Individual care records were managed in a way that protected patients confidentiality.
- Confidentiality and information governance policies were in place.
- The service had systems for sharing information with staff and other agencies 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 cease trading.

Safe and appropriate use of medicines

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

- The service had systems for the appropriate prescribing and handling of medicines.
- Checks were carried out on emergency medicines on a regular basis.
- Processes were in place for the safe prescribing of medicines and staff kept appropriate records of medicines.
- Patient information leaflets provided advice to patients on side effects of medicines.
- Patients were advised to report suspected adverse drug reactions to the provider. Not all patient information leaflets also indicated that this could be reported to Medicines and Healthcare Products Regulatory Agency (MHRA). This was addressed following the inspection.
- There were no medicines stored at the service with the exception of those required in case of an emergency. Emergency medication had been risk assessed. We noted that two types of medication had not been risk assessed to assess if they needed to be held on-site. This was completed following the inspection.

Track record on safety and incidents

The service had a good safety record.

- Risk assessments in relation to safety issues were completed. Where actions were indicated these were carried out.
- 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 had systems in place to learn from and make improvements when things went wrong.

- There was a system for recording and acting on significant events.

Are services safe?

- Staff understood their duty to raise concerns and report incidents and near misses. Staff told us they felt confident to raise issues and felt that they would be supported if they did so.
- No significant events had occurred since the registration of the provider. We discussed how significant events would be responded to which would include an investigation and action to remedy the issue and to make changes to the service to prevent a reoccurrence.
- The provider was aware of the requirements of the duty of candour. They told us how they encouraged a culture of openness and honesty.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had a system in place to receive and act upon safety alerts.

Are services effective?

We rated effective as Good because:

Patients received effective care and treatment that met their needs.

Effective needs assessment, care and treatment

Clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- We looked at the care and treatment provided to a sample of people who used the service.
- People who used the service had their immediate and ongoing needs assessed.
- Treatment was delivered 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.
- Arrangements were in place to deal with repeat patients. For example, a new medical history was gathered.
- We saw no evidence of discrimination when making care and treatment decisions.
- The provider attended regular educational events for training and to keep up to date with best practice.
- The provider had risk assessed the services they offered. These were appropriate to the qualifications, skills and experience of the clinician and nature of the service provided.
- The provider used the World Health Organisation checklist for safe surgical procedures prior to carrying out procedures and an aftercare plan was provided to support clients in their recovery.

Monitoring care and treatment

The provider carried out quality improvement activity.

- Quality improvement activity was undertaken to review the effectiveness and appropriateness of the care provided. This activity included;

A review of surgical checklists to ensure these had been completed appropriately, a review of patient records (including consent), and a review of thread lift procedures and outcomes. The results of this activity had resulted in improvement, for example, a review of checklists to ensure they include all information to be documented in consultation notes.

Effective staffing

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

- There was one clinician (the provider and registered manager) and one newly appointed administrator working at the clinic at the time of our inspection.
- An induction had been put in place for the newly appointed staff member.
- The clinician was registered with the Nursing and Midwifery Council and was up to date with revalidation. The clinician kept their skills and knowledge up to date by attending training and conferences. They belonged to local and national organisations that offered training, advice and support.
- The provider understood the learning needs of staff and provided protected time and training to meet them.
- The member of staff told us they were encouraged and given opportunities to develop.
- Up to date records of staff qualifications and training were maintained.
- Staff were required to undertake regular mandatory training.
- Staff were provided with on-going support to assist them in their roles and responsibilities.

Are services effective?

Coordinating patient care and information sharing

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

- The information needed to plan and deliver care and treatment was available to relevant staff through an electronic patient record system.
- Before providing treatment the clinician sought details of the persons' medical history to ensure care and treatment was provided appropriately. Patients were directed to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- The provider worked with people who used the service to develop a treatment plan.
- The people who used the service were directed to their GP if any potential health concerns were noted during their consultation.
- The provider was aware of services that vulnerable patients could be referred to if there were concerns about their well-being.
- The service monitored the process for seeking consent.

Supporting patients to live healthier lives

Staff supported patients to manage their health.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified and highlighted to patients.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Advice was displayed for patients to refer to, such as maintaining healthy skin.

Consent to care and treatment

The provider 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 clinician supported people who used the service to make decisions about their treatment.
- The provider had a policy and procedure for consent. The provider would not progress with treatment where there may be concerns about a persons' mental capacity to make decisions.

Are services caring?

We rated caring as Good because:

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

Kindness, respect and compassion

Patients received care and treatment in a caring manner from staff who treated them with kindness and respect.

- The provider sought feedback on the quality of care people who used the service received.
- Feedback from patients was positive about the way staff treat people.
- The provider described how they had a person-centred approach to patient care.
- Staff understood patients' diverse needs and staff displayed an understanding and non-judgmental attitude.
- The service gave patients timely support and information.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The provider told us how following assessment, patients' had been recommended alternative treatments or procedures that were more appropriate for their needs.

Involvement in decisions about care and treatment

The provider helped people who used the service to be involved in decisions about care and treatment.

- Interpretation services could be made available for patients who did not use English as a first language.
- A hearing loop was available.
- Patients were offered face to face consultation to discuss their individual needs and wishes and discuss their treatment options.
- The provider told us that information could be made available in different formats to help patients be involved in decisions about their treatment if this was required.
- Staff had undertaken training in equality and diversity.
- A patient passport for patients with additional needs was utilised so returning patients could be provided with any support they required.
- People were supported to express their views and be actively involved in making decisions about their treatment. The booking system sent out an automatic request for feedback a day after treatment. Prospective patients could view this feedback before booking.
- We reviewed the feedback from patients since the provider had been registered with CQC. This was positive. Patients said the provider was professional, knowledgeable and explained any treatments thoroughly. They had confidence in the provider, were happy with the results and had time to ask any questions and discuss treatment.

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.
- The provider sought feedback from patients. This indicated they felt the provider was professional and showed kindness and empathy in their dealings with them.

Are services responsive to people's needs?

We rated responsive as Good because:

The service organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

Responding to and meeting people's needs

The provider organised and delivered services to meet the needs of people who used the service.

- The provider understood the needs of people who used the service and they planned services in response to those needs. For example, they had changed their hours of opening to meet the needs of patients.
- The premises were overall appropriate for the services delivered. However, they did not provide disabled access as the treatment room was only accessible via stairs. This was discussed with all new patients contacting the service and the provider directed patients to a service with disability access in accordance with the patients wishes.
- People using the service were asked if they had any specific additional needs that they required support with to access the service.
- To support the differing needs of patients, double appointments and flexible appointments times were made available.

Timely access to the service

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

- People who used the service had timely access to initial assessment and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The provider surveyed patients following their treatment.

Listening and learning from concerns and complaints

Systems were in place for dealing with complaints and concerns and responding to them appropriately to improve the quality of the service.

- The service had a complaints policy and procedure and a system was in place for receiving, investigating and acting on complaints.
- Information about how to make a complaint was available in the waiting room. This was not yet available on the provider's website but the provider was addressing this.
- The service informed patients of further action that was available to them should they not be satisfied with the response to their complaint.
- The service had not been subject to a formal complaint so we were not able to assess how complaints had been managed.

Are services well-led?

We rated well-led as Good because:

The service demonstrated a culture which focused on the needs of patients and commitment to driving improvement.

Leadership capacity and capability

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

- The provider was knowledgeable about issues and priorities relating to the quality of the service.
- Staff told us that the provider was visible and approachable.
- Regular opportunities for meetings, discussion and development were provided.
- Business development was being planned.
- The provider had effective processes to develop staff capacity and skills, including planning for the future development of the service.

Vision and strategy

The service had a vision and strategy to deliver high quality care and promote good outcomes for patients.

- The provider had a clear vision for the service.
- Staff felt included in discussing and shaping the vision and strategy and understood their role in achieving this.

Culture

The service had a culture of providing good quality sustainable care.

- Staff told us they felt respected, supported and valued and that they were happy to work in the service.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The provider and staff demonstrated a patient centred focus to their work during our discussions with them.
- There were processes for providing all staff with the development they need. This included career development conversations.
- The provider told us how the well-being of all staff was promoted.
- Staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

There were clear responsibilities, roles and systems of accountability.

- Systems to support governance and management were set out.
- The provider had policies, procedures and activities to ensure safety and assure themselves that they were operating as intended.
- There was a schedule of quality assurance checks and audits.
- Staff were clear on their roles and accountabilities.
- The provider carried out risk assessments and put in place plans to mitigate identified risks.
- Risk assessments were reviewed on a regular basis.

Are services well-led?

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There was a system in place to identify, understand, monitor and address risks including risks to patient safety.
- The provider monitored the performance of the service.
- The provider had oversight of safety alerts and there was a system to respond to and learn from incidents and complaints.
- A business continuity plan was in place.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- The provider was aware of requirements to submit data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient records.
- The provider used feedback to monitor the quality of the service provided and improve performance.

Engagement with patients, the public, staff and external partners

The provider involved staff in planning, developing and making improvements to the service.

- The provider encouraged feedback from patients and staff and acted on this to shape services.
- Staff attended regular meetings where they could discuss the operation of the service and their learning and development needs.
- The provider valued feedback from patients and acted upon this.
- Staff could describe to us the systems in place to give feedback.

Continuous improvement and innovation

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

- There was a focus on learning and improvement. The clinician was completing a Masters Degree in Aesthetic Medicine.
- Since their registration with CQC the provider had employed a member of staff to assist them with the running of the service.
- The provider was in the process of updating their website to provide improved information for patients.
- Staff were involved in discussions about how to develop the service and encouraged to provide feedback about the service through regular staff meetings.