

VL Aesthetics

Inspection report

VL Aesthetics Unit 1
Kingmoor Road
Carlisle
CA3 9QJ
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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?

Outstanding 

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? – Outstanding

We carried out an announced comprehensive inspection at VL Aesthetics as part of our inspection programme.

VL Aesthetics provides aesthetic treatments such as the diagnosis and treatment of skin conditions like acne and rosacea, and minor surgical interventions. 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. VL Aesthetics provides a range of non-surgical cosmetic interventions, for example massage and laser hair removal, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

Our key findings were:

- There were systems and processes in place to ensure that care was delivered safely
- The service was proactive in empowering patients, and supporting them to manage their own health and maximise their independence
- Staff displayed an understanding and non-judgmental attitude to all patients
- The service had received very positive feedback from patients about the care they had received
- Access to care was timely
- Leaders had the capacity and skills to deliver high-quality, sustainable care
- There was a strong focus on continuous learning and improvement

We saw the following outstanding practice:

- The service manager and medical lead carried out health promotion webinars on social media which were open to both patients and the general public. During lockdown, the number of webinars had increased and the focus had been shifted to discuss topics such as stress management, the importance of exercise, and emotional wellbeing, in order to support people who may have felt isolated at that time. The service also carried out “wellbeing checks” with patients over the phone during lockdown.
- The service had changed their treatment of skin conditions such as acne and rosacea to remove the need to prescribe antibiotics. As a result, since January seven patients had been treated without the use of antibiotics. This was important as there is a drive to reduce antibiotic use in healthcare in order to lower the prevalence of antibiotic-resistant infections.

Overall summary

- The service worked with a domestic violence charity to raise awareness and offer support to anyone affected by this. They donated wellbeing treatments to the charity which were then offered to people affected by domestic violence to help support their physical and mental wellbeing.

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 VL Aesthetics

Vibrallife Wellness Limited 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:

- VL Aesthetics, Unit 1, Kingmoor Road, Carlisle, Cumbria, CA3 9QJ

We visited this location as part of our inspection.

VL Aesthetics provides aesthetic services such as medical treatments for skin conditions like acne and rosacea; treatment of hyperhidrosis with prescribed toxin injection; topical/systemic therapy for eczema, psoriasis, and acne; microsclerotherapy for thread vein; acne scar management through microneedling and medical chemical peel. The service sees approximately 200 to 500 patients per month and offers treatments to people over the age of 18.

The service provides both face-to-face and online consultations. The core opening times of the service are as follows:

- Monday 10am-7pm
- Tuesday 10am-7pm
- Wednesday 10am-6pm
- Thursday 10am-8pm
- Friday 10am-6pm
- Saturday 10am-4pm
- Sunday – closed

When the service is closed, patients have access to a 24-hour phone number they can call for advice and support.

The service consists of three directors and eight staff members, including a service manager, a medical director, and a nurse practitioner.

How we inspected this service

Prior to visiting this service we reviewed information from stakeholders (e.g. online reviews, CQC notifications) and data submitted by the provider.

We interviewed staff, and undertook observations and a review of documents both remotely and during a site visit.

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:

There were systems and processes in place to ensure that care was delivered safely.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The provider 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 provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

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.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- 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. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

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.

Are services safe?

- 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.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

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, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- 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.
- Staff prescribed, administered or supplied 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 staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive 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.
- The practice had been a finalist in a national industry-wide award for safety in 2021.

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. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, the service kept sugary drinks in reception to give to any patient who felt dizzy following a consultation, but moved these to each of the clinical rooms following a significant event.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Are services effective?

We rated effective as Good because:

The service had been proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

Effective needs assessment, care and treatment

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

- 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 and the Aesthetic Complications Expert (ACE) Group.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians 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 patients' 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. The service made improvements through the use of completed audits. There was clear evidence of action to resolve concerns and improve quality. The medical director at the service was actively involved in research in the cosmetic surgery field and had written a book as well as presented at numerous conferences. We were given examples of how their work had led to improvements at the service, such as the introduction of different anti-ageing techniques other than Botox with the aim of improving long-term outcomes for patients.

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 for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

Coordinating patient care and information sharing

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

Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, we were shown evidence of a time when a doctor at the service suspected a patient had a melanoma during a consultation and spoke to the patient's GP (with the patient's permission) to ensure they were referred for further assessment and treatment.
- The service had changed their treatment of skin conditions such as acne and rosacea to remove the need to prescribe antibiotics. As a result, since January seven patients had been treated without the use of antibiotics. This was important as there is a drive to reduce antibiotic use in healthcare in order to lower the prevalence of antibiotic-resistant infections.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care. Patients were given maintenance plans which gave them advice on self-care routines to ensure their treatments remained effective for as long as possible.
- We were told that when patients came to the service they were assessed to ensure that the treatment they were requesting was the right one for them, and if a different procedure or treatment was more appropriate for their health needs, this would be recommended instead. We saw testimony from patients that said that this approach was appreciated.
- During lockdown, the service had increased the number of webinars and shifted the focus to discuss topics such as stress management, the importance of exercise, and emotional wellbeing, in order to support people who may have felt isolated at that time. The service also carried out "wellbeing checks" with patients over the phone during this time.
- We saw health promotion information on display in the clinical rooms and in the waiting area. We saw there was a particular focus on sun safety and use of sunscreen when we visited the service in late spring.
- The service worked with a domestic violence charity to raise awareness and offer support to anyone affected by this. They donated wellbeing treatments to the charity which were then offered to people affected by domestic violence to help support their physical and mental wellbeing.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

Are services effective?

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 patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Good because:

Staff at the service displayed an understanding and non-judgmental attitude to all patients and the service had received very positive feedback from patients about the care they had received.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people. The service had 244 patient reviews on Google (which it used as its main source for capturing feedback) with an average of 4.9 stars out of five. Of these 244 reviews, 234 people gave the service five stars out of five.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- We saw from publicly-available reviews of the service that patients felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

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.

Are services responsive to people's needs?

We rated responsive as Good because:

The provider understood the needs of their patients and improved services in response to those needs. Access to care was timely and we saw that complaints were taken seriously.

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. For example they made multiple changes to their service in response to the coronavirus pandemic, not only to protect patients' safety but their wellbeing too.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The building was fully accessible building with all patient areas on the ground floor. There were protocols in place for patients in wheelchairs and accessible toilets. Easy read information was available.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The service offered an out of hours line that patients could call when the clinic was closed. This was always operated by a member of staff who could help any patients with concerns at any time.
- Appointments were available online, both in terms of booking and video appointments with a clinician.

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. Staff treated patients who made complaints compassionately.
- 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 complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, the practice changed their process for gaining consent for sharing patient images as a result of a complaint to make the process clearer.

Are services responsive to people's needs?

The service had signed up to the Independent Sector Complaints Adjudication Service (ISCAS). This is a voluntary scheme that provides independent complaints adjudication for patients who are not happy with how their complaint has been handled by an independent healthcare provider.

Are services well-led?

We rated well-led as Outstanding because:

Leaders had the capacity and skills to deliver high-quality, sustainable care. There were very clear and effective processes for managing risks, issues, and performance. We saw that the leadership drove continuous improvement and safe innovation was celebrated. There was a clear approach to seeking out and embedding new ways of providing care and treatment.

Leadership capacity and capability

The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, they had taken made changes to their processes during the Covid-19 pandemic to protects their patients' mental health as well as physical health.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff we interviewed spoke highly of the support they received.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

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 supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They told us they were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We saw letters that had been written to patients to explain the outcome of their complaints. The provider was aware of and had systems in place 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 these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.

Are services well-led?

- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

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 governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Wherever possible they had signed up to external agencies that monitored the safety and performance of the practice, such as “Save Face” who are an organisation who monitor the safety of treatments and procedures not regulated by CQC, and the Independent Sector Complaints Adjudication Service (ISCAS) who provide independent complaints adjudication for patients.
- External companies had been sourced to provide human resources, legal, public relations, and accountancy advice or services.
- The service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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 service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

Are services well-led?

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

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. For example, the service had changed their process for gaining patient consent to share images based on feedback from a patient.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.
- The service had several public outreach initiatives to inform patients about cosmetic services; these included information booklets written by the medical director, a monthly column in a local lifestyle magazine, and webinars on social media. The latter were open to the general public and hosted by the service manager and medical director with the aim of educating people around the advantages and disadvantages of various cosmetic treatments. Since starting the webinars the medical director has had to increase the number of clinical sessions they carry out from one a week to four per week.

Continuous improvement and innovation

The leadership drove continuous improvement and staff were accountable for delivering change. Safe innovation was celebrated. There was a clear approach to seeking out and embedding new ways of providing care and treatment.

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work, such as:
 - The medical director was involved in research in the field, having written a book and presented at national and international conferences to share learning with other services;
 - Webinars had been launched to increase patient awareness, wellbeing, and engagement;
 - The medical director and service manager regularly attended conferences and exhibitions to ensure the treatments and interventions they offered were up-to-date.
 - The service had been recognised by others in the industry, having been made a finalist in a national award for safety and a regional award for “best clinic” in 2021.