

## The Island Cosmetic Clinic Ltd

# The Island Cosmetic Clinic

### Inspection report

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### Overall summary

We carried out an announced comprehensive inspection on 20 July 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

##### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

##### **Are services responsive?**

We found that this service was providing responsive care in accordance with the relevant regulations.

##### **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The services are provided to adults privately and are not commissioned by the NHS.

The service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. The Island Cosmetic Clinic Ltd. is registered with CQC to provide the regulated activities of Services in slimming clinics and Treatment of disease, disorder or injury. The types of services provided are doctor's consultation service and doctor's treatment service.

At the time of our inspection a registered manager was in place. 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.

We received five completed CQC comment cards from clients who used the service. Feedback was very positive about the service delivered at the clinic.

We were unable to speak with clients about their experience of the service they received. This was because,

# Summary of findings

on the day of our visit, no one was receiving treatment regulated by us. We were told a small number of clients attended for registered treatments each year. Most of the treatments provided did not require registration.

## **Our key findings were:**

- Care and treatment was planned and delivered in a way that was intended to ensure

people's safety and welfare.

- All treatment rooms were well-organised and well-equipped.
- Staff told us the service was for people over 18 years of age only.
- Clinicians regularly assessed clients according to appropriate guidance and standards, such as those issued by the National Institute for Health and Care Excellence.
- Staff were up to date with current guidelines and were led by a proactive management team.
- Staff maintained the necessary skills and competence to support the needs of clients.

- There were effective systems in place to check all equipment had been serviced regularly.
- The provider was aware of, and complied with, the requirements of the Duty of Candour.
- The provider had an effective system for ensuring the identity of clients who attended the service.
- Risks to clients were well-managed. For example, there were effective systems in place to reduce the risk and spread of infection.
- Clients were provided with information about their health and received advice and guidance to support them to live healthier lives.
- Information about how to complain was available and easy to understand.
- Systems and risk assessments were in place to deal with medical emergencies and staff were trained in basic life support.

There were areas where the provider could make improvements and should:

- Review chaperone training for staff.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

- The service had systems, processes and risk assessments in place to keep staff and clients safe.
- Staff had the information they needed to provide safe care and treatment, and shared information as appropriate with other services.
- The service had a good track record on safety.
- The staffing levels were appropriate for the provision of care provided.
- We found the equipment and premises were well-maintained with a planned programme of maintenance.
- There was no prescribing of medicines and no medicines were held on the premises with the exception of medicines to deal with a medical emergency.
- Staff had been trained in safeguarding vulnerable adults and children to an appropriate level. The lead for safeguarding had been trained to level three safeguarding.

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### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff used current guidelines such as National Institute for Health and Care Excellence, to assess health needs.
- Clients received a comprehensive assessment of their health needs which included their medical history.
- Staff encouraged and supported clients to be involved in monitoring and managing their health.
- The clinic had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness of the care provided.

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### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

- We were unable to speak to clients directly on the day of inspection. However, we received five comment cards. Comments showed that clients were pleased with the care they had received at the clinic.
- The clinic treated clients courteously and ensured that their dignity was respected.
- The clinic involved clients fully in decisions about their care and provided comprehensive reports detailing the outcome of their health assessment.
- Information for clients, including available treatment packages and the associated costs, were available prior to appointments.
- We found the staff we spoke to were knowledgeable and enthusiastic about their work.
- The clinic had a system for confirming the identification of clients at the start of every health assessment.

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### **Are services responsive to people's needs?**

We found that this service was providing responsive care in accordance with the relevant regulations.

- The clinic proactively sought client feedback and identified and resolved any concerns that were identified.
- There was an accessible complaints system. Information was available in both the waiting area of the clinic.
- The clinic had good facilities and was well-equipped to meet the needs of the clients.

# Summary of findings

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- The clinic could accommodate clients with a disability or impaired mobility. All clients were seen on the ground floor of the premises.
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## **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

- The provider had a clear vision and strategy for the service and the service leaders had the knowledge, experience and skills to deliver high quality care and treatment.
  - The clinic had access to numerous policies, and systems and processes were in place to identify and manage risks and to support good governance.
  - The clinic actively engaged with staff and clients to support and promote improvement.
  - Regular staff meetings took place and these were comprehensively recorded.
  - There was a management structure in place and staff understood their responsibilities.
  - The culture within the clinic was open and transparent.
  - Staff told us they felt well supported and could raise any concerns with the management team.
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# The Island Cosmetic Clinic

## Detailed findings

### Background to this inspection

The Island Cosmetic Clinic is a small doctor led cosmetic clinic providing treatments for excessive underarm perspiration, tension headaches and migraine for people over 18 years of age. Additional non-regulated cosmetic treatments are also provided.

The Island Cosmetic Clinic is located at:

49 Station Road,  
Wootton Bridge,  
Ryde,  
PO33 4RA

The core opening hours for the clinic are, Monday 10am-6pm, Wednesday 10am-6pm and Friday 10am-6pm and fortnightly: Tuesday and Thursday 1-5pm. Treatments are by appointment only.

The staff team at the clinic consists of a doctor who is the medical director and aesthetic physician and an aesthetic practitioner who is also the registered manager. Between them they cover the five-day service offered. The clinic also has an assistant manager who is an aesthetic advisor.

We carried an announced comprehensive inspection at the Island Cosmetic Clinic on 20 July 2018. Our inspection team was led by a CQC Lead inspector. The inspection team included a GP Specialist Advisor.

Prior to the inspection, we reviewed a range of information we hold about the service, such as the last inspection report from July 2013, any notifications received, and the information provided from the pre-inspection information request.

During our visit:

- We spoke with the registered manager, the senior doctor and a member of the clinics reception team.
- We looked at equipment and rooms used for providing treatment.
- We reviewed records and documents.

To get to the heart of clients' 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?

## Our findings

We found that this clinic was providing safe services in accordance with the relevant regulations.

### **Safety systems and processes.**

The provider had clear systems to keep clients safe and safeguarded from abuse.

- The provider had safety policies including adult safeguarding policies which were regularly reviewed and communicated to staff. Although the service did not provide health assessments to clients under the age of 18 years, the service had access to a child safeguarding policy to safeguard any child that might attend the premises. Staff received safety information for the clinic as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- The provider had a clinician trained to level three child safeguarding and vulnerable adults as the safeguarding lead.
- Staff took steps to protect clients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- Information in the clinic waiting area and treatment rooms advised clients that staff were available to act as chaperones. Staff who acted as chaperones were awaiting training for the role and had received a DBS check.
- The provider carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. 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).
- There was an effective system to manage infection prevention and control.
- Daily checks were completed in each assessment room for cleanliness which included equipment.

- An infection prevention compliance audit was undertaken by the clinic manager to ensure compliance with infection prevention and control standards.
- There were systems for safely managing healthcare waste.
- The clinic ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

### **Risks to patients.**

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- The clinic was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. The clinic had access a defibrillator on the premises.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- The clinic had up to date fire risk assessments and carried out regular fire drills.
- All electrical equipment was checked to ensure that equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- A legionella risk assessment had been carried out by the clinic.

### **Information to deliver safe care and treatment.**

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

- Clients completed a full health assessment questionnaire before attending their treatment.
- Assessments included areas such as checking for diabetes, heart health, nutrition and postural health.
- Assessments were recorded on the service's electronic system. We found the electronic client record system was only accessible for staff with delegated authority which protected client confidentiality.
- We reviewed an anonymised report and found it contained relevant information recorded in a clear and structured manner.

# Are services safe?

## **Safe and appropriate use of medicines.**

- The service did not keep any medicines on the premises except for emergency medicines.
- The only emergency medicine found to be held on the premises was Adrenaline. (Adrenaline is most commonly used as a first line treatment for anaphylaxis). The provider had risk assessed the emergency medicines required and found this was adequate for their needs.
- The arrangements for managing emergency medicines at the service kept clients safe (including obtaining, recording, handling, storing and security).

## **Track record on safety.**

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity on a regular basis. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. We saw these were discussed at meetings.

- There was a system for receiving, reviewing and actioning safety alerts from external organisations such as the Medicines and Healthcare products Regulatory Agency (MHRA).

## **Lessons learned and improvements made.**

The clinic learned and made improvements when things went wrong.

- There was an effective system and policy for recording and acting on significant events and incidents. Significant events were recorded on the service's computer system which all staff had received training to use. We were told by the service that they had not had any significant events in the last 12 months.
- Staff understood their duty to raise concerns and report incidents, managers supported them when they did so.
- The provider was aware of and complied with the requirements of the Duty of Candour.

# Are services effective?

(for example, treatment is effective)

## Our findings

We found that this service was providing effective services in accordance with the relevant regulations.

### **Effective needs assessment, care and treatment.**

The service had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- We saw no evidence of discrimination when making care and treatment decisions.
- Assessments and screening were monitored using information from a range of sources, 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.
- The service had systems in place to keep all clinical staff up to date with new guidance.
- Staff had access to best practice guidelines and used this information to deliver care and treatment that met clients' needs.
- The service was monitoring that these guidelines were adhered to through regular routine audits of client records and clinician performance.

### **Monitoring care and treatment.**

The clinic had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- All staff were actively involved in monitoring and improving quality and outcomes.
- Audits were carried to demonstrate quality improvement and all relevant staff were involved to improve care and clients' outcomes.

### **Effective staffing.**

Staff had the skills, knowledge and experience to carry out their roles. For example, the clinic had an induction programme for newly appointed staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

- 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 and held centrally.

- Staff learning needs were identified through a system of meetings and appraisals which were linked to organisational development needs.
- Staff were supported through one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors.
- All staff had received an appraisal within the last 12 months.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### **Coordinating patient care and information sharing.**

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- The service shared relevant information with the client's permission with other services. For example, when referring clients to secondary health care or informing the client's own GP of any concerns.

### **Supporting patients to live healthier lives.**

Staff were consistent and proactive in helping clients to live healthier lives

- The aims and objectives of the service were to support clients to live healthier lives. This was done through a process of assessment and screening as well as the provision of individually tailored advice and support to assist clients.
- Each client was provided with a detailed report covering the findings of their assessments and recommendations for how to reduce the risk of ill health and improve their health through healthy lifestyle choices.
- Client reports also included fact sheets and links to direct clients to more detailed information on aspects of their health and lifestyle should they require it.

### **Consent to care and treatment.**

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- The provider did not provide services for children and young people below the age of 18 years.



# Are services effective?

(for example, treatment is effective)

- We saw evidence of consent forms used to obtain written consent before undertaking procedures and specifically for sharing information with outside agencies, such as the client's GP.
- The clinic monitored the process for seeking consent appropriately. The process of seeking consent was demonstrated through records. We saw consent was recorded in the client's electronic record, in line with legislation and relevant national guidance.
- Information about fees for the service provided by the clinic was transparent and available online prior to clients booking an appointment. Additional fees, were discussed prior to procedures being undertaken.

# Are services caring?

## Our findings

We found that this service was providing effective services in accordance with the relevant regulations.

### **Kindness, respect and compassion.**

Staff treated clients with kindness, respect and compassion.

- During our inspection, we observed that members of staff were courteous and helpful to clients and treated them with dignity and respect.
- Staff understood clients' personal, cultural, social and religious needs.
- The clinic gave clients timely support and information.
- Staff were trained to provide motivational and emotional support to clients in an aim to support them to make healthier lifestyle choices and improve their health outcomes.

### **Involvement in decisions about care and treatment.**

Staff helped clients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that clients and their carers can access and understand the information they are given).

- Staff communicated with clients in a way that they could understand, for example, communication aids and easy read materials were available.
- The clinic could arrange for an interpreter to be on-site if a client indicated the need for one at point of booking.
- The clinic confirmed that they would identify a client as a carer, but the information would be shared during the health assessment consultation. If such information were to be shared, staff were aware to signpost clients to external local services to access additional support.

### **Privacy and Dignity.**

The clinic respected clients' privacy and dignity.

- Staff recognised the importance of clients' dignity and respect, and the clinic was aware of the requirements of General Data Protection Regulations (GDPR, 2018).
- All confidential information was stored securely on computers.
- Doors to the rooms used for consultations with the doctor were closed and we noted that conversations taking place could not be overheard.
- We were told clients identified themselves to front of house staff by name only. Full confirmation of client identification was completed within the treatment room.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We found that this service was providing responsive care in accordance with the relevant regulations.

### **Responding to and meeting people's needs.**

The clinic organised and delivered to meet clients' needs. It took account of client needs and preferences.

- The facilities and premises were appropriate for the services delivered. Treatment rooms were all on the ground floor and first floor. There were adequate toilet facilities.
- The clinic offered flexible opening hours and appointments to meet the needs of their clients.
- Clients were also provided with a range of additional information to increase their knowledge and awareness of their health and lifestyle choices.
- Staff reported the clinic ensured that adequate time was scheduled for client assessments and for staff to complete the necessary administration work which followed.

### **Timely access to the service.**

- The core opening hours for the clinic are, Monday 10am-6pm, Wednesday 10am-6pm and Friday 10am-6pm and fortnightly: Tuesday and Thursday 1-5pm. Treatments are by appointment only.

- Delays and cancellations were minimal and managed appropriately

### **Listening and learning from concerns and complaints.**

The clinic took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- The complaints policy and procedures were in line with recognised guidance. Staff were aware of how to handle formal and informal complaints from clients.
- Information about how to make a complaint or raise concerns was available in the clinic waiting area.
- The clinic learned lessons from individual concerns and complaints, and from analysis of trends. It acted as a result to improve the quality of care. The clinic told us that they had not had any complaints in the last 12 months.
- We reviewed the complaints system and noted there was an effective system in place which ensured there was a clear response with learning disseminated to staff about the complaint.
- The provider was aware of and complied with the requirements of the Duty of Candour.

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

## Our findings

We found that this service was providing well-led care in accordance with the relevant regulations.

### **Leadership capacity and capability;**

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

- Leaders at the service had the experience, capability and integrity to deliver the service's strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- 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 told us they felt well supported by management and that management were approachable and always took the time to listen to them.

### **Vision and strategy**

The provider had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The provider had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The provider planned its services to meet the needs of their clients.
- The provider monitored progress against delivery of the strategy.

### **Culture.**

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

- Staff stated they felt respected, supported and valued. They were proud to work in the clinic.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- The management of the clinic was focused on achieving high standards of clinical excellence and provided daily supervision with peer review and support of staff.
- There was a strong emphasis on the safety and well-being of all staff.
- The clinic actively promoted equality and diversity. 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 clinic had a number of policies and procedures in place to govern activity and these were available to all staff. All the policies and procedures we saw had been reviewed and reflected current good practice guidance.
- Staff were clear on their roles and accountabilities including in respect of safeguarding, mental capacity and infection prevention and control.
- Clinic leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Systems were in place for monitoring the quality of the service and making improvements. This included having a system of key performance indicators, carrying out regular audits, carrying out risk assessments, monitoring staff performance, including report writing and content, and quality checks and actively seeking feedback from clients.
- A range of meetings were held, including clinical meetings.

### **Managing risks, issues and performance.**

There were clear and effective processes for managing risks, issues and performance.

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to client safety.
- Risk assessments we saw were comprehensive and had been reviewed.
- There were a variety of daily, weekly, monthly, quarterly and annual checks in place to monitor the performance of the service.
- The provider had plans in place and had trained staff for major incidents.
- There was clear evidence of action to change practice to improve quality.

## **Appropriate and accurate information.**

The clinic acted on appropriate and accurate information.

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of client identifiable data, records and data management systems.
- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of clients.
- A programme of audits ensured the clinic regularly monitored the quality of care and treatment provided, and made any changes necessary as a result. For example, the clinic had completed an audit for the confidential client survey in October 2017. 100% of the clients who completed the survey rated the service provided as excellent.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. Meetings were held monthly where issues such as safeguarding, significant events and complaints

could be discussed. We saw comprehensive minutes taken from a random selection of these meetings. Outcomes and learning from the meetings were cascaded to staff.

- 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.

## **Engagement with patients, the public, staff and external partners.**

The service encouraged and valued feedback from clients, the public and staff.

- After treatment, clients were asked to complete a survey about the service they had received. This was constantly monitored and action was taken if feedback indicated that the quality of the service could be improved.

## **Continuous improvement and innovation.**

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the clinic.
- The organisation made use of internal reviews of audits, incidents and complaints, and consistently sought ways to improve the service.
- The clinic had received a What Clinic 2018 Patient Service award in recognition of excellence in the field of customer communication.
- We saw that the clinic had also received several other industry awards over a period of years.