

The Face

Inspection report

15 Radford Way
Billericay
CM12 0AA
Tel: 01277563635

Date of inspection visit: 11 July 2022
Date of publication: 18/08/2022

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at The Face as part of our inspection programme. This service has not been inspected before.

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. The Face provides a range of non-surgical cosmetic interventions which are not within the CQC scope of registration. Therefore, we did not inspect or report on these services.

The service has one dentist conducting the regulated activities, who is also the registered provider. The individual provider is registered with 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.

At this inspection we found:

- The service provided care in a way that kept patients safe.
- All treatment and consultations that were in scope were carried out by the registered individual.
- The premises were clean and hygienic and infection prevention and control was well managed with appropriate cleaning processes in place.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Patients were treated with respect and staff were kind, caring and involved them in decisions about their care.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- The service demonstrated a culture which focused on the needs of patients and commitment to driving improvement.

Whilst we found no breaches of regulations, the provider **should:**

- Improve the recruitment procedure regarding the checks of immunisation of staff and implement a system for checking staff clinical status.
- Implement a system for recording professional registration checks.

Overall summary

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC inspector and a specialist adviser.

Background to The Face

The Face is located at:

15 Radford Way,

Billericay,

CM12 0AA.

The Face is a dentist led independent aesthetic and skin clinic, which also provides medical treatment for a limited range of medical conditions. The treatments that were in scope of registration included Polydioxanone thread lifts, Kenalog injections to treat hayfever, Botulinum Toxin injections to treat hyperhidrosis, migraines and jaw tension. The staff involved in the regulated activities comprise of the dentist and a clinic manager. The registered provider is The Facial Aesthetic Skin Clinic Limited.

There is a website <https://www.theface.org.uk/>

The provider is registered with CQC to provide the following regulated activities:

- Surgical procedures
- Treatment of disease, disorder or injury

The clinic is open Monday and Tuesday 9.30am to 7pm, Wednesday to Friday 9.30am to 6pm and Saturday 9am to 2pm. The clinic is located within a two-minute walk of Billericay train station. There are two private car parking spaces available for clients which are accessed via a side road and public parking is available directly in front of the clinic. The premises has a clinical treatment room and beauty rooms, a waiting room facing away from the street and public display and a toilet. The reception desk is located on the ground floor.

How we inspected this service

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements. This included requesting evidence from the provider before the inspection. We then conducted a short site visit to inspect the building, interview the dentist and clinic manager and review patient records.

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:

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

Safety systems and processes

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

- The provider conducted safety risk assessments. There were safety policies in place which were regularly reviewed and communicated to staff. The policies related to the premises inspected and were available to all staff working at the location.
- The service had systems to safeguard children and vulnerable adults from abuse. Although the service only treated adults, staff were able to describe the system for any children that attended the clinic with a patient. All staff had received safeguarding training appropriate to their role and knew how to identify and report concerns. At the time of the inspection there had been no safeguarding concerns.
- We saw that there were recruitment processes in place. At the time of the inspection the provider was the person running the service and undertaking care and treatment under their General Dental Council (GDC) registration. There was a clinic manager employed who dealt with the day to day running of the clinic and was also the initial contact for patients interested in the treatments provided. Other staff recruited were therapists who undertook the non-regulated treatment.
- On the day of the site visit, we reviewed staff files and saw 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). We found the provider did not keep a record of immunisations for staff.
- We spoke to staff and were informed that yearly professional registration of the dentist was checked, however we did not see proof that this was done.
- There was an effective system to manage infection prevention and control. The provider conducted daily checks of the clinic room and there was an infection control policy in place. We found all areas on site to be clean and hygienic. There were systems for safely managing healthcare waste.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions.
- There was a legionella risk assessment in place. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings)

Risks to patients

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

- The provider 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.
- 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.

Information to deliver safe care and treatment

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

Are services safe?

- 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.
- The service had systems for sharing information with staff and other agencies when necessary, to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals when necessary, 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 service stored minimal medications and we saw the arrangements for managing medicines kept patients safe, they were stored safely and checked to ensure they did not pass their expiry date.
- The service did not hold any stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).

Track record on safety and incidents

The service had a good safety record.

- We saw there were risk assessments in relation to safety issues.
- The service monitored and reviewed activity on a weekly and monthly basis. 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 to learn and make improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. The provider and clinic manager understood their duty to raise concerns and report incidents and near misses. There was a process to review and investigate if things went wrong. However, there had been no incidents recorded at the time of the inspection.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

Are services effective?

We rated effective as Good because:

People received effective care and treatment that met their needs.

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 service offered consultations to all prospective patients and did not discriminate against any client group. However, we were told that the service was on occasions selective to who they were able to offer a service to, this was based on certain criteria in the best interest of the patient. For example, if a treatment would not be suitable, we were assured the provider would reject treatment.
- Patients had a minimum of one consultation prior to any procedure being performed which included a needs assessment. This ensured the patient had adequate time to reflect on the procedure and ask any questions to ensure they fully understood the procedure. There was also a “cooling off” period and patients were able to change their minds
- Patients were given a verbal explanation of the procedure and were involved in the decision-making process. We saw documented consultations supporting this.
- Audits were undertaken regularly to monitor the quality of service being delivered.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service routinely reviewed the effectiveness and appropriateness of the care provided.
- The service collected and monitored information on patients’ care and treatment outcomes to help make improvements to the service delivery.
- We saw that patients who received hay fever injections were provided with appropriate after care monitoring, this was through a phone call following the process as well as a six-week review.
- We saw completed audits of patient satisfaction survey, infection control protocols and participation in training courses.
- We saw evidence of attendance to learning days with other dentists, this was part of the providers subscription to external dental business coaching which also offered the clinic oversight as well as access to further support and mentoring if required.

Effective staffing

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

- The provider was registered with the General Dental Council (GDC), they had received revalidation and were up to date with mandatory training.
- The clinic manager was appropriately qualified. The provider had an induction programme for all newly appointed staff.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work.

Are services effective?

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care.
- There was a system to communicate and share information with medical professionals if required.
- Before providing treatment, the provider ensured they had adequate knowledge of the patient's health and medicines history.
- The provider signposted patients to more suitable sources of treatment where it was not suitable to deliver services offered by the clinic. For example, we saw dermatology referrals completed for patients where treatment was not suitable.
- The provider had risk assessed the treatments they offered.
- We reviewed records and found formal written consent was obtained for each procedure provided. Patients were assessed for suitability and their clinical history was recorded. We found discussions around the benefits of the treatment, risks and any possible complications before any procedures were undertaken.

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.

- We reviewed records and found evidence of appropriate advice and support offered to patients in relation to the patient's condition, the treatment and after care.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- We saw evidence of written information for patients for care advice following the procedure to help aid recovery and achieve the best results.

Consent to care and treatment

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

- The provider understood the requirements of legislation and guidance when considering consent and decision making.
- Patients were asked if they consented to information, if necessary, being shared with their GP and this was documented.

Are services caring?

We rated caring as Good because:

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. This was gathered from patients following their treatment.
- There were no patients at the clinic on the day of the inspection. We reviewed feedback the service had received and found this was all positive, patients commented on feeling welcomed, informed and comfortable. One patient specifically commented on not feeling pressured to have treatment following the consultation.
- 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.
- All information about procedures and their prices were available on the website as well as from the clinic. Enlarged information leaflets were also available if needed.
- We saw there was a hearing loop at the reception desk and staff knew how to use this.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Patients were seen in the privacy of the consulting room and consultation and treatment doors remained closed during this.
- 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:

Services were tailored to meet the needs of individual patients and were accessible.

Responding to and meeting people's needs

The service organised delivered services to meet patients' needs. It took account of patient needs and preferences.

- The premises and facilities at the service were appropriate for the services delivered.
- Consultations were offered to patients who requested and paid the appropriate fee and did not discriminate against any patient group. However, the provider reserved the right to refuse treatment if they felt it was unnecessary or would cause harm to any patient.
- The information available made it clear to the patient what procedures were available to them.
- The website contained information about the qualifications and experience of all healthcare professionals who carried out all of the procedures.

Timely access to the service

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

- Patients were able to book appointments by telephone or online.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The service was closed for a length of time because of COVID-19. We found evidence of infection control procedures that were introduced and maintained since re-opening.

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.
- The service had a complaint policy and procedures in place. This outlined that 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. No complaints had been received at the time of the inspection.

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 high-quality, sustainable care.

- The provider was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The provider was visible and approachable, they worked closely with staff to make sure they prioritised compassionate and inclusive leadership.

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 credible strategy to deliver high quality care and promote good outcomes for patients.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff we spoke with felt respected, supported and valued. They were proud to work for the service.
- Leaders were clear about the patient consultation process and the standard of care expected.
- There were processes for providing staff with the development they needed. This included appraisal and development conversations.
- The provider was aware of and had systems 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 that these would be addressed.
- There was a strong emphasis on the safety and well-being of all staff.

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.
- Staff were clear on their roles and accountabilities.
- The provider had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Regular meetings were held, and minutes were produced and circulated.

Are services well-led?

- The service submitted data or notifications to external organisations as required.
- 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.
- The provider had oversight of safety alerts, incidents, and complaints.
- 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.

- Quality and sustainability were discussed in monthly governance meetings and information was used to improve performance.

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 patients, staff and external partners and acted on them to shape services and culture.
- There were systems to support improvement and innovation work. The clinician attended regular courses and conferences to keep up to date with innovative work in the industry, this was reflected in the services provided.
- Staff could describe to us the systems in place to give feedback.
- The service gathered feedback from complaints and comments received following treatments at the clinic as well as feedback shared online.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The provider took time out on a monthly basis to review objectives, processes and performance.

The clinician was an ambassador for a separate training company and trained others in the services that were provided at the clinic.