

Azthetics

Inspection report

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Bristol
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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?

Requires Improvement 

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 service was registered with the Care Quality Commission (CQC) in July 2021 and this is the first inspection since registration.

The key questions are rated as:

Are services safe? – Requires improvement

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 Azthetics as part of our planned inspection programme.

Azthetics is a doctor-led aesthetics clinic offering a range of cosmetic treatments including dermal fillers, fat dissolving injections, laser hair removal, tattoo removal, acne treatments, intravenous vitamin supplements and other facial and body aesthetic cosmetic treatments. 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. Azthetics provides a range of non-surgical cosmetic interventions, for example Botox injections that are not medical treatments, are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The co-director is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- The service provided treatment in a way that kept patients safe and protected them from avoidable harm. However, the service had not fulfilled its duty for ensuring fit and proper persons were employed in line with legal requirements.
- 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.
- Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

We found breach of Regulation 19 Fit and proper persons employed. The provider **must**:

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

Overall summary

- Review the patient consent process and document appropriately in line with current guidance.
- Review arrangements to allow for reasonable adjustments to be made for patients who might need additional support to access the services.

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 Azthetics

Azthetics operates from:

10a Whiteladies Road,

Clifton,

Bristol,

BS8 1PD.

The service is also provided from a satellite location at:

Sunnyside Road North,

Weston Super Mare,

BS23 3PZ.

We did not visit the satellite location as part of this inspection. No Regulated Activities are provided from this location.

The service registered with CQC in July 2021. The service is registered with the CQC for providing Regulated Activities of Surgical procedures, Diagnostic and screening procedures and Treatment of disease, disorder and injury. They are registered to provide care and treatment to people over the age of 18. The services offered include: minor surgery in relation to the removal of warts, moles, sebaceous cysts and skin tags and medical Botox treatments for hyperhidrosis, Bruxism and migraines. The service is treating up to 500 patients a month.

The service is open Monday to Saturday from 10am to 7pm.

The service's website is: <https://www.aztheticsclinic.co.uk/>

How we inspected this service

We gathered and reviewed information prior to and during the inspection which was obtained from the provider. We asked the provider to return provider information pack prior to the inspection and we reviewed it before the site visit. We spoke with the registered manager, lead physician and other staff members and reviewed patient feedback which had been obtained by the service.

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 Requires Improvement because:

We saw evidence and examples of the service providing safe care and treatment to patients in a way that protected them from avoidable harm, however provider must:

- Ensure all recruitment files are kept up-to-date and in line with current guidance.

Safety systems and processes

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

- The provider conducted health and safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. 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 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). However, we saw that not all of the staff had the references from their previous employment in files. (It is a requirement to have satisfactory evidence of conduct in previous employment or personal reference of good character for staff). Moreover, the service's policy stated they will check people's references as a part of their hiring process.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff understood how to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. 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 (IPC). The provider conducted a monthly infection control audit and there was an IPC risk assessment in place with all actions completed. The provider had a Legionnaire's disease risk assessment and guidance in place (Legionnaire's disease is a potentially fatal type of pneumonia, contracted by inhaling airborne water droplets containing viable Legionella bacteria. All hot and cold water systems in the premises are a potential source for legionella bacteria growth).
- 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.

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 staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. The provider told us they had decided not to store oxygen and a defibrillator on site. The type of the services provided meant the provider would not be providing care and treatment for unwell patients and the risk of sudden deteriorating patients was mitigated. This decision was risk assessed and reviewed regularly. The nearest defibrillator was available in the building next door and all staff were aware of it.
- 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.

Are services safe?

- There were appropriate indemnity arrangements in place.

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.
- 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 reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines and equipment minimised risks.
- Emergency medicines and equipment were kept in the service. The type of the service meant the provided would not provide care and treatment to unwell patients or those at risk of deterioration. Emergency medicines and equipment were risk assessed, as not all were in place (e.g defibrillator and the service only had Adrenaline to deal with any allergic reactions).
- The service carried out a medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. The medications considered in the prescribing audit were: medical Botox, intravenous vitamins and anaesthesia.
- The service does 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.

Track record on safety and incidents

The service had a good safety record.

- 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 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. However, the provider explained there had been no significant events in the last 12 months. The service recorded incidents and near misses, that did not meet the significant event threshold. For example, a laser machine was found not to be turned off one morning from the night before. This was discussed at a team meeting and a closing checklist was introduced to be filled in by the last person in the building to prevent that from happening again.
- 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.

Are services effective?

We rated effective as Good because:

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.
- Both doctors in the service were members of the Aesthetics Complications Exper (ACE) group, which is a paid membership group that supports medical practitioners in the management of non-surgical aesthetic complications by providing advice and workshops, conferences and online education.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. For example, all patients were asked to fill in a medical questionnaire before treatment. The questionnaire included questions about patient's mental health.
- 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. For example, the provider completed an audit to assess the improvement in patient follow-up rates at the location. In March 2021, a project was undertaken to follow up after fractional ablative laser therapy and as it is an invasive procedure (where instruments are introduced into the patient's body) the standard was set for 100%. The initial data collection showed 77% of patients being followed up in a two-month period. After making improvements to an online system, data demonstrated that the follow-up rate rose to 96%. The service continued to use the new system and aims to be at 100% follow-up.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. For example, the provider conducted a post-surgical infection audit. Patients that had any surgical procedures done were followed up three times to ask about any concerns they might have or signs of infection. The service kept a log of all those patients and advised patients accordingly if signs of infection were detected.

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) and 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.

Are services effective?

- The provider conducted a staffing level risk assessment to consider potential harm. This was regularly reviewed. Lone working was not permitted by the provider and staff confirmed they did not work alone in the premises.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, one of the doctors told us about liaising with a patient's NHS GP after a blood test had shown abnormal results.
- 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.
- Patient information was shared appropriately 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. For example, samples taken during surgical treatments were sent to the laboratory for histology. These were monitored and results were shared with the patients. If any results needed following up, the doctor would call the patient and advise them to contact their GP, or with their consent, the service would contact the GP and inform them of the results.

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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, the medical questionnaire completed by patients prior to receiving treatment was used to measure mental health scores. If the patient had shown signs of body dysmorphia (a mental health condition where a person spends a lot of time worrying about flaws in their appearance), further evaluation of needs took place and a second opinion within the service was sought.
- 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

The service verbally obtained patient consent to care and treatment but it was not always recorded 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. All staff had Mental Capacity Act training up to date.
- The service did not always record the consent in accordance with current guidance. For example, we reviewed patient notes for the removal of a mole for cosmetic reasons, and there was no consent recorded on the system. (The recording of consent is crucial when performing surgical activities to demonstrate the patient understood the benefits and risks of the treatment). We raised this with the provider who assured us they have always sought verbal consent from patients, however, they have not always recorded it on the system.

Are services caring?

We rated caring as Good because:

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
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgemental 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. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.
- Staff communicated with people in a way they could understand. However, at the time of the inspection there were no additional communication aids available, for those patients that might need extra support. In response to our findings, the provider developed an Accessibility Risk Assessment and risk assessed a variety of considerations for the service. For example intellectual, sensory, mental and physical disabilities. The staff completed Mental Capacity Act training and there was consideration for hearing loops, a British Sign Language interpreter and information in Braille to be made available, however, these were not in place at the time of the inspection.

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:

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.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been considered, so people in vulnerable circumstances could access and use services on an equal basis to others, however, these were not yet in place. The provider confirmed plans were in place to address this.
- The premises did not have disabled access. The Bristol location was not suitable for wheelchair users, as there were stairs leading to the front door. However, the Weston Super Mare location was suitable for wheelchair users and this was explained to patients and they would be offered to be seen at the other location. This would only be available for the services out of scope of CQC registration. We spoke with the provider about the importance of having their services available to all patients and to seek alternative arrangements for wheelchair users for the Bristol location.

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.

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.
- The service recorded two formal complaints in the last 12 months. Both were dealt with in a timely manner, following the protocol and resolved. Learning from both complaints was shared with the team.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

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.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- 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.
- 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 were proud to work for the service.
- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. 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 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.
- 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.

Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management 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.

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 and prescribing. 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.

- 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.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses and behaviours inconsistent with the services values and vision.
- 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.

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.
- Staff could describe to us the systems in place to give feedback. For example, patients were contacted by administrative staff following treatments and invited to give feedback about the service.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.

Are services well-led?

- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person had failed to take such action as is necessary and proportionate to ensure that persons employed remained of good character. In particular:

- Not all staff had references of good conduct in their previous employment or of good character in their files.