

Xavier G. Medical Aesthetix Limited

Xavier G. Medical Aesthetix Limited t/a Dr Xavier G. Medi-Spa Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on Wednesday 11 October 2017 to ask the clinic the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

We found that this clinic was providing caring clinics in accordance with the relevant regulations.

Are services responsive?

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

Are services well-led?

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

Background

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 clinic was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The clinic had been previously inspected by the Care Quality Commission in 2013 under our previous methodology and was found to be compliant with the regulations at that time.

Dr Xavier G Medi-Spa Clinic offers a wide range of medical cosmetic, skin health and preventative treatments for the face, body and inner health. The clinic is led by co-director Dr Xavier Goodarzian, who is medically supported by a GMC registered doctor and is occasionally

Summary of findings

supported by an independent Nurse Prescriber There are also three clinic therapists, two reception staff and a clinic manager as well as clinic co-director Mr Martin MacKenzie who is the registered manager.

A registered manager is a person who is registered with the Care Quality Commission to manage the clinic. 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 clinic is run.

The clinic does not treat anyone under the age of 18 and its policy is that no accompanying under-18s are allowed with clients.

The clinic is open weekdays from 9am until 7pm, apart from Wednesdays when it closes at 6pm. All other times, the clinic has an out-of-hours telephone service in place with a call-minding company who have mobile telephone access to aftercare advice with the team at any time should a client have any issues when the clinic is closed.

Seven clients provided feedback about the clinic. All replies were very positive. They stated that there was a great service, very informative with lots of advice. Clients felt welcomed and safe and treated with compassion, respect and dignity.

Our key findings were:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.

- The clinic had clearly defined and embedded systems to minimise many risks to client safety however there were areas that could be improved upon.
- Staff were aware of current evidence based guidance. Staff had received training to provide them with the skills and knowledge to deliver effective care and treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- There was a clear leadership structure and staff felt supported by management. The clinic proactively sought feedback from staff and clients, which it acted on.
- The provider was aware of the requirements of the duty of candour.
- Due to the building being grade two listed in a conservation area physical modifications for wheelchair access was not possible. However the majority of treatments could be performed in a ground floor treatment room. Wheelchair users could be referred to a similar clinic nearby for better access if needed. The team was trained to ascertain a client's access requirements at the time of the telephone enquiry in order to better serve their needs.

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

Ensure staff are trained in children's safeguarding to level three for doctors, level two for nurses and level one for administration staff to better support those that may enter the clinic whether a client or visitor.

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 clinic was providing safe care in accordance with the relevant regulations.

- We found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the clinic. When things went wrong clients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The clinic had processes and services to minimise risks to client safety.
- Risk assessments relating to the health, safety and welfare of clients and staff using the clinic had been completed in full. For example: the clinic completed regular hand hygiene competency checklists. This ensured that staff understood the risks and need for effective hand hygiene.
- Staff demonstrated that they understood their safeguarding responsibilities and all had received training on safeguarding vulnerable adults relevant to their role.
- The clinic had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

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

- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of clients' needs.

Are services caring?

We found that this clinic was providing caring clinics in accordance with the relevant regulations.

- Survey information we reviewed showed that clients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for clients about the services available was accessible.
- We saw staff treated clients with kindness and respect, and maintained client and information confidentiality.

Are services responsive to people's needs?

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

- The clinic understood its client profile and had used this understanding to meet their needs.
- Customers could book appointments through the clinic itself, via the website or by telephoning direct.
- Clients said they found it easy to make an appointment.
- The clinic was well equipped to treat clients and meet their needs.
- Information about how to complain was available at the clinic and on their website.

Are services well-led?

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

Summary of findings

- The clinic had a clear vision and strategy to deliver high quality care and promote good outcomes for clients. Staff were clear about the vision and their responsibilities in relation to it.
 - There was a clear leadership structure and staff felt supported by management. The clinic had policies and procedures to govern activity and held regular governance meetings.
 - An overarching governance framework mainly supported the delivery of the strategy and good quality care. Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
 - There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
 - The provider was aware of the requirements of the duty of candour.
 - The clinic encouraged a culture of openness and honesty. The clinic had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
 - There was a focus on continuous learning and improvement at all levels. Staff training was a priority and protected time for training was built into staff rotas.
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Detailed findings

Background to this inspection

This announced inspection took place on 11 October 2017. The inspection was led by a CQC inspector with a GP specialist advisor.

During our visit we:

- Spoke with a range of staff including, the directors, the registered manager, the clinic manager, therapists and receptionists. We also spoke with clients who used the clinic.
- Observed how clients were being cared for in the reception area.

- Reviewed comment cards where clients and members of the public shared their views and experiences of the clinic.
- Looked at information the clinic used to deliver care and treatment plans.

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

Reporting, learning and improvement from incidents

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 clinic had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The clinic 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.
- We reviewed safety records, incident reports, safety alerts and minutes of meetings where significant events were discussed. The clinic carried out a thorough analysis of the significant events.
- The clinic staff also attended an annual conference and lectures where significant events concerned with any complications from aesthetics were discussed.
- The common post procedure complications in aesthetic practice are: Pigmentary alterations - Hyperpigmentation/Hypopigmentation. Scarring. Infections. Dissatisfied patient through unrealistic expectations of treatment.

Reliable safety systems and processes (including safeguarding)

Arrangements for safeguarding clients reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.

Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding vulnerable adults and the Mental Capacity Act 2005 relevant to their role. The clinic does not treat anyone under the age of 18 and its policy is that no accompanying under-18s are allowed with clients. The clinic did not provide childrens safeguarding on the basis that they only saw clients from age 18 years and did not encourage children to attend with the person needing treatment.

Medical emergencies

The practice had adequate arrangements to respond to emergencies and major incidents.

All staff had received annual basic life support training.

The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

The clinic had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating doctors and nurses. Staff had received an appraisal within the last 12 months.

Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

All doctors and nurses at the clinic were registered with the General Medical Council or the Nursing and Midwifery Council and we saw they all had up to date indemnity insurance in place.

Monitoring health & safety and responding to risks

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

Are services safe?

There was a health and safety policy available and regular assessments were completed. It is a legal requirement for every employer and self-employed person to make an assessment of the health and safety risks arising out of their work.

The clinic had a fire risk assessment checklist which was reviewed in June 2017 and carried out regular fire drills. There were designated fire marshals within the clinic. There was a fire evacuation plan which identified how staff could support patients with mobility needs to vacate the premises.

Infection control

We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.

The registered manager was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Premises and equipment

Since June 2007 the clinic has been located in a Georgian grade two listed building at 25 Queen's Terrace, in central Southampton.

The clinic building was leased from a landlord with a lease running until 2027 and the landlord was responsible for major maintenance issues. The landlord ensured that the building's five yearly electrical checks were up to date as well as arranging that the gas boiler checks were completed with a certified engineer.

All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. For example the ultra sound machine had been tested and calibrated in September 2017 and the weighing scales were tested in November 2016.

Safe and effective use of medicines

The arrangements for managing medicines, including emergency medicines, in the clinic minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

There were processes for handling private prescriptions.

Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The clinic also has a medicines book which records what medicines have been used by date and by whom.

Are services effective?

(for example, treatment is effective)

Our findings

Assessment and treatment

Clients care and treatment was planned and delivered in line with evidence based guidelines, best practice guidelines and current legislation.

There was evidence of a comprehensive assessment to establish clients' individual needs and preferences. This included:

- An up-to-date medical history.
- Explanation of the presenting complaint or purpose of the appointment.
- A clinical assessment (including diagnosis, referral and ongoing management).

Discrimination on the grounds of age, disability, gender reassignment, pregnancy and maternity status, race, religion or belief were avoided when making care and treatment decisions.

Client outcomes were monitored using personalised treatment programmes and in-depth information and after care advice. The clinic also used a customer experience contact mapping tool kit. This mapped the customer experience from first contact to client being asked to provide a post treatment satisfaction feedback form.

Staff training and experience

Staff had the right qualifications, skills, knowledge and experience to do their job when they started their employment, took on new responsibilities and on a continual basis.

Staff were supported to deliver effective care through opportunities to undertake training, learning and development and through meaningful and timely supervision and appraisal. All medical staff had current registrations and all team members had regular training provided in basic life support, anaphylaxis, infection control, safeguarding vulnerable adults and mental capacity. Registered professionals were up-to-date with their Continuing Professional Development (CPD) and supported to meet the requirements of their professional

registration. For example the provider was a member and past committee member of the British College of Aesthetic Medicine and an advisor to the Association for Medical Aesthetics.

Working with other clinics

There were clear protocols for referring clients to specialists / colleagues based on current guidelines.

When clients were referred to another professional / service, all information that was needed to deliver their ongoing care was appropriately shared in a timely way.

There were clear and effective arrangements for following up on clients who had been referred to other services. At this clinic we saw examples of where the doctors had referred clients back to their GP when there were suspected body dysmorphia issues and there was GP liaison for clients who had diabetes and changes in blood pressures due to weight loss.

Body dysmorphic disorder (BDD) is an anxiety disorder that causes a person to have a distorted view of how they look and to spend a lot of time worrying about their appearance. For example, they may be convinced that a barely visible scar is a major flaw that everyone is staring at, or that their nose looks abnormal.

Consent to care and treatment

The provider had made information and support available to help people understand the care and treatment options. We saw examples of client consent forms which required the client to read and initial each page to indicate they had understood the information.

Staff understood and applied the legislation and guidance, including the Mental Capacity Act 2005. Staff could demonstrate when people may require support in obtaining consent and work within the ethos of the Mental Capacity Act 2005.

All the client replies reported that they were supported to make decisions. We were told that questions were always answered professionally and they were not pressured by staff to make decisions. We were told that clients were always asked to take the information away and take time to decide if they wanted to continue with treatment.

Are services effective?

(for example, treatment is effective)

The process for seeking consent was monitored to ensure it complied with legislation and relevant national guidance. For example with the consent of the client the clinic would record consultations in order to confirm that seeking consent was properly conducted.

Full, clear, detailed information was provided about the costs of initial / further consultations, all treatment,

including any options or choices and responding to any queries or concerns during or after treatment. The information also included costs of medicines supplied, tests (including reporting timescales), further treatment / follow up.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Clients reported that they were treated with dignity and respect at all times.

The environment was conducive to supporting people's privacy. There were well appointed consulting rooms and we saw that staff supported client's privacy. An example was given of a client who wished to keep their treatment private and was allowed to enter the practice via another private entrance.

Staff took time to interact with clients and we saw numerous compliment letters from clients confirming that the clinic had treated them and those close to them in a respectful, appropriate and considerate manner. Clients reported that staff responded to pain, distress and discomfort in a timely and appropriate way.

Involvement in decisions about care and treatment

Clients reported that they felt the doctor and other members of the team listened to them and involved them in making decisions about their care and treatment. Treatment was fully explained, including the cost of treatment, and clients reported they were given enough time to think and ask questions about their consent to care and treatment.

Client survey results for the past several years scored very satisfied or satisfied in this area with no clients saying that they were either slightly or very dissatisfied. For example the 2016 survey showed 96% of clients were overall very satisfied and 4% were overall satisfied.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting clients' needs

The facilities and premises were appropriate for the services that were planned and delivered.

Appointment times were scheduled to ensure clients' needs and preferences (where appropriate) met. The provider made reasonable adjustments to the environment, for choice of doctor (or other professional / service) or treatment options to enable clients to receive care and treatment.

The provider took into account the needs of different clients on the grounds of age, disability, sex, gender reassignment, race, religion or belief, sexual orientation, pregnancy and maternity.

There was evidence that the provider gathered the views of patients when planning and delivering services. We saw client survey results for the past three years which showed clients were extremely happy with the services provided.

Tackling inequity and promoting equality

All reasonable efforts and adjustments were made to enable patients to receive their care or treatment.

Clients reported they had access to, and received, information in the manner that best suited them and that they could understand.

There was evidence of reasonable effort and action to remove barriers when people found it hard to access or use

services. For example, the building was grade two listed in a conservation area and physical modifications for wheelchair access was not possible. The majority of treatments could be performed in a ground floor treatment room and where necessary wheelchair users can be referred to a similar clinic that does have suitable access that is a few streets away. The team is trained to ascertain a client's access requirements at the time of the telephone enquiry in order to better serve their needs.

Access to the clinic

The clinic is open weekdays from 9am until 7pm, apart from Wednesdays when it closes at 6pm. All other times, the clinic had an out-of-hours telephone service in place with a call-minding service who have mobile telephone access to aftercare advice with the team at any time should a client have any issues when the clinic was closed.

Waiting times, cancellations and delays were kept to a minimal and clients had timely access to urgent treatment.

Concerns & complaints

There was a complaints system in place, which was publicised, accessible and understood by staff and clients who used the clinic.

There was openness and transparency in how complaints were dealt with. Information was provided about the steps clients could take if they were not satisfied with the findings or outcome once the complaint has been responded to.

We reviewed details of three complaints that had been dealt with in a timely and proper way.

Are services well-led?

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

Our findings

Governance arrangements

Staff were supported and managed at all times and were clear about their lines of accountability.

There was a senior clinical lead responsible for the governance of the safe and effective use of medicines. Care and treatment records were complete, legible and accurate, and were kept secure.

There was a registered manager in post who understood their responsibilities and was supported by the provider.

Staff were supported to meet their professional standards and follow their professional codes of conduct, with regular appraisals and training.

Records relating to employed staff include information relevant to their recruitment. We looked at three personnel files and they contained all the relevant information about role description, recruitment processes, employment contracts, past employment and qualifications.

There was an effective approach for identifying where quality and / or safety was being compromised and steps were taken in response to issues. These include audits of clinical care, prescribing, notes, infection prevention and risks, incidents and near misses.

Leadership, openness and transparency

The provider had systems in place to support communication about the quality and safety of services and what actions had been taken as a result of concerns, complaints and compliments. Training had been provided to the team to identify every moment of contact the clinic had with clients both before their first visit (phone calls, emails, website enquiry forms, advertisements, website content) and at their first and subsequent visits (initial consultation, treatments, follow-ups, surveys, emails, call). The purpose was to ensure that at every contact moment the service provided was on-brand and in keeping with the desired client experience.

Candour, openness, honesty and transparency and challenges to poor practice were evident.

Learning and improvement

Audit processes had a positive impact in relation to quality governance, with clear evidence of action to resolve

concerns. We saw details of infection control audits, client satisfaction audits and two clinical audits. For an example an audit was conducted in 2017 to look at dermal filler complications. A sample of 30 clients were audited and there were no significant complications found.

Dermal fillers are injections used to fill out wrinkles and creases in the skin. They can also be used to increase the volume and definition of the lips and cheeks. The fillers are made from a variety of materials and the effects can be either temporary or permanent, depending on the type of filler:

Information about the quality of care and treatment was actively gathered from a range of sources, including client feedback. As part of an annual doctor appraisal through The British College of Aesthetic Medicine (BCAM) required a patient feedback survey of around 40 patients. This provided a useful additional survey from which feedback could be obtained.

Staff reported that information was shared for continuous learning and improvement during monthly and weekly meetings.

Provider seeks and acts on feedback from its clients, the public and staff.

The provider had processes in place to actively seek the views of clients who used the service and those close to them. Each October/November the clinic asked 100 patients who had had a treatment to complete a questionnaire to rate the service provided in a number of aspects. There was also a section for patients to write their own comments. The results were collated into a management report that gave information on patient views, as well as ideas and suggestions. We saw three years survey results. For example the 2016 survey showed 96% of clients were overall very satisfied and 4% were overall satisfied.

Following a visit to the clinic, each client who had provided a mobile number was sent a link to a short survey inviting them to give feedback about their recent experience at the clinic. Copies of all feedback texts were read and retained at the clinic and these were almost exclusively positive.

Examples of how the clinic acted on feedback from clients included:

Following client feedback the clinic invested in two magnifying glasses with in-built LED lights to help those

Are services well-led?

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

that needed to be able to read larger text size when completing consultation and treatment paperwork. The clinic also invested in a set of general reading glasses that help a number of clients with near-sight issues.

If the clinic appointment list was running late and it meant that a client's parking would run out, the clinic offered to go to the client's car for them to add extra car parking time on the ticket, where this was allowed by the parking contractor. The clinic would pay for the extra parking time.

The clinic offered a plant-protein-based chocolate or cranberry bar to those who attended for blood tests who had fasted so that they did not leave the clinic feeling unwell because of fasting.