

# Ai Beauty Clinic

## Inspection report

147 Oxford Street  
London  
W1D 2JE  
Tel:

Date of inspection visit: 05 May 2022  
Date of publication: 24/05/2022

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 Ai Beauty Clinic as part of our inspection programme of a new provider registration for the service. This was a first rated inspection for the service that was registered with the Care Quality Commission (CQC) in July 2020. During this inspection we inspected safe, effective, caring, responsive and well led key questions.

Ai Beauty Clinic is an independent private clinic providing medical aesthetic treatments located in Central London, the Borough of Westminster.

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. Ai Beauty Clinic provides a range of non-surgical cosmetic interventions, for example dermal fillers, lip fillers and Botox injections which are not within the CQC scope of registration. Therefore, we did not inspect or report on these services.

## **Our key findings were:**

- The service had a range of policies and procedures to govern activity.
- The provider organised and delivered services to meet patients' needs.
- Patients could access care and treatment from the service within an appropriate timescale for their needs.

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

- Review emergency medicines and implement a risk assessment for any not stocked.
- Display sharps injury poster in clinical rooms.
- Review and update medicines prescribing policy.
- Develop communication with NHS GP.

**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 specialist advisor.

## Background to Ai Beauty Clinic

Ai Beauty Clinic is an aesthetic beauty clinic providing services to privately funded adult patients at 147 Oxford Street London W1D 2JE.

The premises comprise of four floors with one entrance. The reception desk is based on the first floor; this can be accessed via stairs. On the first floor there is a patient waiting room.

There are toilets on the first and second floor, there are nine treatment rooms. There is no available access for patients with mobility issues.

The service offers a range of non-surgical cosmetic interventions, for example dermal fillers and lip fillers, Botox injections which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The location is registered with the CQC to provide the following regulated activities; diagnostic and screening, surgical procedures; and treatment of disease, disorder or injury.

The majority of patients are Asian, the majority of patients speak Mandarin 95% of the business is predominantly aesthetic treatments, with just five% of the business undertaking regulated activity.

The clinic only sees patients 18 and above.

The service is made up eight clinical staff, nine admin staff and two directors in relation to regulated activities there is one lead doctor who is registered with the General Medical Council (GMC), the doctor is not on the GP register or the specialist register.

The service is open Monday to Sunday 10.30am-6.30pm.

The service website address is [www.ai-beauty.co.uk](http://www.ai-beauty.co.uk). We visited Ai Beauty Clinic on 05 May 2022. The team was led by a CQC inspector, accompanied by a GP specialist advisor. Before the inspection, we reviewed notifications received about the service, and a standard information questionnaire completed by the service. During the inspection, we interviewed staff, made observations and reviewed documents.

### How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

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.

We carried out this inspection on 05 May 2022. The inspection was led by a CQC inspector who was accompanied by a GP specialist advisor. Before visiting, we looked at a range of information that we hold about the service. We reviewed information submitted by the service in response to our provider information request. During our visit we interviewed staff observed practice and reviewed documents.

To get to the heart of patients' experiences of care and treatment, we asked the following 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:**

## **Safety systems and processes**

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The clinic informed us they did not see children under the age of 18 years old and therefore they would only ask patients for identification when they deemed it necessary. All patients had to complete a medical assessment. If at any point in the booking process or on completion of the medical questionnaire there were any concerns regarding the patients age or if the patient appeared to look under the age of 18 then specific identification, such as passport or driving licence would be requested.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. It was in Ai Beauty Clinic policy to request a Disclosure and Barring Services (DBS) check for all staff. The level of DBS check was determined by the activities and the type of access staff had with patients. The lead doctor undertaking regulated activities had an enhanced check.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. We saw an infection prevention and control policy and an infection ditto last comment control audit undertaken in April 2022.
- We saw a COVID-19 policy.
- The service had undertaken a legionella risk assessment in June 2020.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them, for example we saw the service had undertaken a fire risk assessment, health and safety, infection control.

## **Risks to patients**

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. However, on the day of the inspection we identified some of the recommended emergency medicines were not kept on site, and an appropriate risk assessment had not been undertaken to inform this decision. Shortly after the inspection the service undertook risk assessments for any medicines they did not stock.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

# Are services safe?

- There were appropriate indemnity arrangements in place.
- We did not see displayed in the clinical rooms what to do in the event of a needle stick injury, however shortly after the inspection the service informed us posters were now displayed in all clinical rooms detailing what to do in the event of a sharps injury.

## 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.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- The service did not always communicate with patients NHS GP, they explained this was because the majority of the work they did was for aesthetics procedures, which patients often preferred to keep private. After the inspection the service informed us, they would start to communicate with NHS GP if patients consented and they showed us an information to transfer information form they would start using to enable them to communicate with NHS GPs.
- We saw there was a system in place to check staff immunisation status.

## 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, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service did not prescribe controlled drugs.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues, we saw a range of risk assessments including electricity, fire, legionella, disability access, health and safety.
- 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.

# Are services safe?

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. There was a significant event policy the service informed us there had not been any significant events in the last 12 months.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service.
- 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
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

# 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 informed us they 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.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. The service informed us before any treatments took place, patients had to sign consent forms, and alternative treatments were always discussed to offer less invasive treatment.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- Staff assessed and managed patients' pain where appropriate.
- An electronic patient recording system was used to document patients' consultations.

## **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, we saw the service performed audits on their notes. We saw each record had a screening questionnaire filled and signed, this detailed history, medicines used, previous aesthetic procedures, previous surgeries, allergies, and age. The service reviewed notes regularly to ensure they captured all relevant information.
- All records seen had a consent form signed by both patients and practitioner.

## **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) were registered with the General Medical Council (GMC) 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.
- We saw the service used a training matrix to ensure all staff had completed role specific training and were up to date with training. The service also had a mandatory training policy.
- We saw a recruitment/staff induction and checklist policy.

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

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

# Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- Prior to treatment patients' medical history was obtained and discussed in depth with the patient to ensure they were suitable for the treatment and had no contraindications. The patient would be given the realistic outcome of the treatment to ensure the expectations of the patient were fully understood. The service said this helped patients to make an informed decision. A cooling off period would also be clearly evident in the patients notes.
- The provider had risk assessed the treatments they offered.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- The service monitored the process for seeking consent appropriately.

## **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.
- 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 obtained consent to care and treatment in line with legislation and guidance.**

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

# Are services caring?

**We rated caring as Good because:**

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received. A survey was given to patients to complete after each consultation. The service informed us that they scored 4.9 out of 5 from 689 reviews completed between 2021 until May 2022.
- 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-judgmental attitude to all patients.
- The service gave patients timely support and information.

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

### **Staff helped help 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 were informed the majority of patients were Asian and most patients spoke Chinese, Japanese, or Cantonese. The service also had patient co-ordinators to help translate. Patients were also told about multi-lingual staff who might be able to support them. The service website could also be viewed in another language.
- We saw the service analysed patient survey results sent out after each consultation, feedback from patients was that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

## **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.
- Initial consultations were 30 minutes and then procedures could be 45-60 minutes.
- The clinic premises were not suitable for access by wheelchair users and some less abled patients. However, the service informed us they always informed patients prior to visiting.
- The facilities and premises were appropriate for the services delivered.

## **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.
- 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. Although the service had not received any complaints in relation to any regulated activities, the service had systems in place and showed us examples of complaints they had received in relation to non-regulatory procedures. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

# 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 clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.**

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners.
- 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.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints.
- 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.
- 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.
- 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. At the time of the inspection we identified that the medicines and prescribing policy was not robust and did not include exclusion criteria for example, controlled drugs however shortly after the inspection the service sent us an amended prescribing policy.

## Managing risks, issues and performance

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

- On the day of the inspection we identified that some of the recommended emergency medicines the service did not stock, however shortly after the inspection the service submitted risk assessments which demonstrated why they did not stock them.
- At the time of the inspection sharp injury posters were not displayed in clinical rooms, however shortly after the inspection the service showed they were now displaying posters.
- The service did not always communicate with patients NHS GP, they explained this was because the majority of the work they did was for aesthetics procedures, which patients often preferred to keep private. After the inspection the service informed us, they would start to communicate with NHS GP if patients consented and they showed us an information to transfer information form they would start using to enable them to communicate with NHS GP.
- 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.
- 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.
- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients.
- 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.

## 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.**

# Are services well-led?

- The service encouraged and heard views and concerns from 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, each patient was emailed a survey to complete after each consultation.
- The service was transparent, collaborative and open with stakeholders about performance.

## **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 service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work.