

Dew Aesthetics

Inspection report

Deva Court
Lightfoot Street, Hoole
Chester
CH2 3AD
Tel: 07802373616

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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?		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. This service has not previously been inspected.

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 Dew Aesthetics as part of our inspection programme

Dew Aesthetics is an independent clinic in Hoole, Chester which provides a range of services and treatments to adults and specialises in weight loss, skin rejuvenation including PDO thread lifts and treatment for excessive sweating.

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. Dew Aesthetics provide a range of non-surgical interventions, for example IPL laser hair removal, skin peels and dermal fillers which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The nurse provider 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.

The provider gave us details of patients who agreed to speak to us by telephone about the service that they had received. All were positive about the care and treatment from the provider.

Our key findings were:

- People were provided with information and advice regarding the treatments and services provided
- There were systems and processes in place to safeguard patients from abuse and staff were able to access relevant training to keep patients safe
- There was an infection prevention and control policy and procedures were in place to reduce the risk and spread of infection
- Information about how to make a complaint was available
- The provider conducted safety risk assessments and there were safety policies which were reviewed.
- The provider was aware of and complied with the requirements of the Duty of Candour
- The provider discussed all treatment options available and for the weight loss service recorded the rationale for choosing an unlicensed medicine when a suitable licensed medicine is available.

Overall summary

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

Background to Dew Aesthetics

Dew Aesthetics Ltd is the registered provider and is located at Deva Court, Lightfoot Street, Hoole, Chester, CH2 3HD.

The service registered with the Care Quality Commission in 2020 to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Surgical procedures

Dew Aesthetics provides treatments for men and women over 18 years of age and specialises in skin rejuvenation and anti-ageing treatments including thread lifts. Only specific treatments are regulated by The Care Quality Commission (CQC) and includes PDO thread lift which is a treatment to lift and support facial skin using threads and cogs, treatment for weight loss and treatment for excessive sweating. The clinic is run by a lead nurse who is the registered manager and at present does not employ any clinical or administration staff.

The location website can be found at www.dewaesthetics.co.uk

The clinic opening times are variable by appointment

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.

During our visit we:

- Spoke with the registered manager.
- Spoke with patients who consented to speak to us by telephone.
- Looked at information the clinic used to deliver care and treatment plans

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:

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 updated where necessary. They outlined clearly who to go to for further guidance. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. The provider took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider did not employ staff but had a policy to carry out staff checks at the time of recruitment should this change in the future.
- The provider received up-to-date safeguarding and safety training to level three. They knew how to identify and report concerns.
- The provider had an agreement with other providers in the same building to act as chaperones for each other. All were trained for the role and had received a Disclosure and Barring Service (DBS) check.
- There was an effective system to manage infection prevention and control. There was a legionella risk assessment in place. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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.

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.
- When there were changes to services the service assessed and monitored the impact on safety.
- 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

The provider 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 in an accessible way.
- The service had systems for sharing information with other agencies to enable them to deliver safe care and treatment.

Are services safe?

- 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.

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 and emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- 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.
- The provider 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 they 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.
- There were effective protocols for verifying the identity of patients including children.
- Some of the medicines this service prescribes are unlicensed. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. These medicines are not recommended by the National Institute for Health and Care Excellence (NICE).

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- 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. The provider understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and 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 service had systems in place for knowing about notifiable safety incidents
- The service had a complaints policy which would give affected people reasonable support, truthful information and a verbal and written apology
- The service acted on and learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

The provider had systems to keep up to date with current evidence based practice. We saw evidence that the nurse provider assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. The provider had carried out a clinical record keeping audit which showed that from 30 records chosen, five had a batch number missing. The appointment time was extended to give the provider enough consultation time to ensure all information was recorded in the clinical record.

Effective staffing

The provider had the skills, knowledge and experience to carry out their role.

- The nurse provider was appropriately qualified and had an induction programme for any future newly appointed staff.
- The nurse provider was registered with the Nursing and Midwifery Council and was up to date with revalidation.
- The nurse provider kept an up to date records of their skills, qualifications and training.

Coordinating patient care and information sharing

The provider 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.
- Before providing treatment, the provider ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We were told that patients would be signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Where patients agreed to share their information, we saw evidence of letters sent to their registered GP which was updated at the inspection to include blood pressure and blood glucose levels.
- The service monitored the process for seeking consent appropriately.

Are services effective?

Supporting patients to live healthier lives

The provider was consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, people were given advice so they could self-care.
- All patients treated for obesity were given advice on diet, exercise and healthy living. This support was offered regularly throughout the treatment as needed.
- Where patients needs could not be met by the service, they were redirected 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.

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

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 the provider treat people
- The provider 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 patients to be involved in decisions about care and treatment.

- Patients told us by a telephone call that they felt listened to and supported by the provider and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- The provider communicated with people in a way that they could understand.

Privacy and Dignity

The service respected patients' privacy and dignity.

- The provider recognised the importance of people's dignity and respect.
- The provider 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 made so that people in vulnerable circumstances could access and use services on an equal basis to others. For patients who did not wish to access the service remotely, face to face appointments were available and patients could collect medicines if they did not wish to have them 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 and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Weight loss treatment was mainly an online service and initial access was at the patients' convenience. Following initial screening the first contact by the provider who is also the nurse prescriber, was booked in. Further appointments were arranged for lifestyle support in consultation with the patient.
- Other treatments were available on an appointment system.

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. We were told that the provider had received no complaints in the last 12 months and that they would treat 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 a complaint policy and procedures in place.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

The provider 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 did not employ any clinical or administration staff but still had effective processes to develop future leadership capacity and skills if required, 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.
- The service developed its vision, values and strategy jointly with external partners (where relevant).

Culture

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

- 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.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service used performance information which was reported and monitored.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- 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

Are services well-led?

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 could be demonstrated through audit of consultations, prescribing and referral decisions. The provider 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 in case of 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.

Engagement with patients and external partners

The service involved/did not involve 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 and external partners and acted on them to shape services and culture.
- There were systems to support improvement and innovation work
- The service was transparent and open 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.