

# River Aesthetics

## Inspection report

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Date of inspection visit: 28 September 2022  
Date of publication: 24/10/2022

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

The service was registered with Care Quality Commission (CQC) on 21 August 2020 and this is the first inspection since registration. The 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 River Aesthetics on 28 September 2022 as part of our planned inspection programme.

River aesthetics is a location and the registered provider is River Aesthetics Limited. The clinic provides services for privately funded patients who self-refer to the service.

The provider has one location at the address above in Bournemouth and a further satellite clinic at Harley Street in London. The service also has a clinic in Lyminster which does not provide CQC regulated activities.

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 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.

River Aesthetics, the service, provides a range of non-surgical cosmetic interventions, for example, laser hair removal, botulinum toxin injections and dermal fillers which are not within CQC's scope of registration. Therefore, we did not inspect these services. We inspected those procedures offered by River Aesthetics which are regulated activities, for example, Polydioxanone (PDO) thread lifts, Bio Hormone replacement therapy, intra venous vitamin treatments and BTL 360 femme vaginal tightening treatments.

River Aesthetics Limited is led by the two company directors. Both directors are doctors and one is also the nominated individual and 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.

Both directors/doctors work full time at the service and at the satellite clinic. The satellite clinic is located in London and is open one day a week. Both doctors are registered with the British College of Aesthetic Medicine. There is a further part time doctor working at the Bournemouth location who has an interest in aesthetic medicine. Further staff included a practice manager, an administrative assistant, an aesthetic practitioner and three receptionists.

# Overall summary

River Aesthetics in Bournemouth is in the town centre. There is parking available in a nearby public car park and a public disabled parking space is available near the location.

Consultations were provided face to face or online. As part of the inspection we looked at patient feedback via an electronic survey system available to patients treated at the service.

At this inspection we found:

- The service had clearly embedded systems, processes and operating procedures to keep patients safe, to manage a safe environment, to manage incidents and significant events and to safeguarded patients from abuse.
- The service monitored the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines and that staff had the skills, knowledge and training to provide an effective service.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The service organised and delivered services to meet patient's needs. Patients were well informed about aspects of the service provided. The service took complaints and concerns seriously and responded to them appropriately.
- Management had the capacity and skills to deliver high-quality sustainable care. There were clear responsibilities, roles and systems of accountability to support good governance and management. There were effective processes for managing risks, issues and performance. There were systems and processes for learning, continuous improvement and innovation.

The area where the provider should make improvements are:

- The provider should consider further monitoring to ensure all recruitment files contain all the necessary preemployment references.

**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

Our inspection team was led by a CQC lead inspector. The team included a CQC Inspection Manager.

## Background to River Aesthetics

- River Aesthetics is operated by River Aesthetics Limited and is registered with CQC to provide the regulated activities: Diagnostic and screening procedures, surgical procedures and treatment of disease, disorder or injury from the registered location:
- Unit 1 The Old Sorting Office, 5 Albert Road, Bournemouth. BH1 1AX
- River Aesthetics first registered with CQC in 2020 and is registered to provide services to patients over the age of 18 but rarely treat anyone under the age of 21. Children are not treated at the service and do not attend the premises.
- River aesthetics provides a range of non-surgical solutions such as: wrinkle reduction injections (Botox), dermal fillers, non-surgical face lift with PDO threads, Bio Hormone replacement therapy, IV vitamin treatments and BTL 360 femme vaginal tightening treatments.
- Patients can contact the clinic by telephone from 9am to 5pm from Monday to Saturday. Out of hours there is an answer service Monday to Friday 08.30-19.00 and Saturday 09:00 to 15.00. Outside these hours there was an answerphone message with mobile numbers to call for emergencies. People can contact the clinic by telephone or through the website [www.riveraesthetics.com](http://www.riveraesthetics.com)

### How we inspected this service

Before the inspection, we asked the provider to send us information about the service. This was reviewed prior to the site visit.

We also reviewed information held by CQC on our internal systems.

During the inspection we spoke with the provider, reviewed documentation and records including clinical records. We made observations of the premises, facilities and the service provided.

To get to the heart of peoples' 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:**

- The service had clearly defined and embedded systems, processes and operating procedures to keep patients safe, to monitor the environment and safeguard patients from abuse.
- Infection prevention and control systems (IPC) and processes were effective.
- There was a system in place for reporting and recording of incidents and significant events.
- However, not all recruitment files held two written references and needed to be audited and action taken to provide suitable assurances that patients were safe.

## **Safe Systems**

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

- The provider conducted safety risk assessments to ensure a safe environment. External companies provided risk assessments for aspects of health and safety. Safety policies were regularly reviewed, and staff were updated with safety information from the provider as part of their induction and refresher training.
- The provider had systems to safeguard vulnerable adults from abuse. Policies were accessible to all staff and outlined clearly who to go to for further guidance. Children and under 18 year olds were not treated at the service and patients were advised not to bring children when they attended for treatment. Patients date of birth would be checked as part of any assessment and so would rule out any patients under 18 years.
- 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 at the service and had received a DBS check.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. An example was provided of when a potential risk to a patient was recognised by staff and appropriately acted upon.
- 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, not all checks had been recorded and as a result, all staff DBS checks had been reapplied for. Written references were also not available for all staff, although they had been received verbally. Following the inspection, the provider confirmed that all written references not available, were reapplied for and all recruitment files were audited to ensure no other checks had been missed.
- The premises were clinically suitable for the assessment and treatment of patients. Facilities and equipment were safe, and equipment was maintained according to manufacturers' instructions. There was an effective system to manage infection prevention and control. There were systems for safely managing healthcare waste.

## **Risks to patients**

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

- There was an appointments system for planning and monitoring the number and mix of staff needed to ensure patient safety. Staff providing treatments were easily identifiable and available for staff to escalate any concerns.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. All staff had completed basic life support training and a defibrillator was maintained at the premises.

# Are services safe?

- The doctors identified risks associated with the treatments they provided and ensured they had the appropriate medicines to manage any emergency.
- Staff advised patients what to do if after treatment they felt unwell. A call line was always available with a staff member available for advice. Advice leaflets were available post treatment and follow up calls by the service were made after 48 hours, two weeks and three months.

## 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. A comprehensive previous medical history was taken at each consultation to ensure any changes were recorded. We saw three care records which 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 deliver safe care and treatment. For example, bloods and swabs for diagnostic purposes were sent by tracked post to a laboratory and results were securely emailed back to the service.
- Clinicians made appropriate and timely referrals in line with evidence-based guidance. We saw that if needed, a referral to another clinician was made to ensure the patient received the appropriate care needed.

## Safe and appropriate use of medicines

### The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for safe management of medicines, including medical gases, emergency medicines and medicines requiring refrigeration. Processes were in place for checking medicines and staff kept accurate records of medicines and the appropriate storage conditions.
- Staff prescribed, administered or supplied a limited range of medicines to patients and gave advice in line with legal requirements and current national guidance. Medicines were reviewed at each consultation as some medicines were contra indicated for some treatments.
- The medicines this service prescribed for Bioidentical Hormone Replacement Therapy 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) or the British Menopause Society. NICE Guidance NG23 states that clinicians must explain to women that the efficacy and safety of unregulated compounded bioidentical hormones are unknown. These risks were explained to patients before treatment and recorded in the patients consent form.
- The service had audited the infection rates for the non-surgical procedure of Thread Lifts. Thread Lift is a type of non-surgical procedure where temporary sutures are used to produce a visible lift to the skin. As a result of the audit, patients receiving the treatment were prescribed antibiotics to prevent the risk of infection. Any prescriptions issued were private prescriptions which were recorded when provided. There was a plan to repeat the audit after 12 months to establish that the course of action had reduced infection risk.

## Track record on safety and Incidents

### The service had a good safety record.

# Are services safe?

- There were comprehensive risk assessments in relation to safety issues for both the environment and clinical practice. Rooms containing medical gases and laser equipment had clear signage to ensure staff and patients were aware of any risks.
- The service monitored and reviewed activity. The service could provide up to 6000 appointments in the year and monitored attendance and demand. This helped to understand risks and gave a clear, accurate and current picture of any changes in the service.
- There was a system for receiving and acting on safety alerts. The service had systems in place for receiving alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA), also alerts from the British College of Aesthetic medicine (BCAM) and from Save Face, which is a register for medical professionals providing non-surgical cosmetic treatments.
- Reviews of incidents were carried out by the doctors at the service and when identified changes to practice and learning was implemented.

## 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 and incidents. Staff understood their duty to raise concerns and report incidents. Leaders and managers supported them when they did so, and staff confirmed an open-door policy was used to support staff raise issues.
- The provider told us they had five incidents or events which were unexpected or avoidable. These were incidents were investigated, audited and assessed for themes and trends. It was found that the incidents related to infections. The treatment provided required the face not to be touched and while patients were encouraged to not touch their faces, this could not be prevented by the practice. A change in practice had been implemented to prevent reoccurrence.

# Are services effective?

## We rated effective as Good because:

- The provider assessed and delivered care and treatment in line with current legislation, standards and guidance.
- The provider kept up to date in their specialist field and reviewed and monitored care and treatment to ensure the treatments provided were effective.
- Staff had the skills, knowledge and experience to carry out their roles and they had protected time for learning and development.

## 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 patients' needs and delivered care and treatment in line with clear clinical pathways and protocols.
- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used the information to help ensure that patients' needs were met. The provider monitored that these guidelines were followed.
- Telephone and face to face assessments were carried out using a records system to record information securely. Patients' needs were fully assessed and included their clinical needs and their mental and physical wellbeing. Where patients need could not be met by the service, staff redirected them to the appropriate service for their needs.
- 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. The provider had a schedule of clinical and non-clinical audits to ensure the people using the service had effective outcomes for their treatments.
- The practice manager audited incidents and complaints looking for themes and trends. Recruitment files had been reviewed but required further audit to ensure they were fully completed.
- The provider had also participated in the British College of Aesthetic Medicine Save Face Audit which resulted in accreditation.

## 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 and a staff handbook for all newly appointed staff. The staff handbook included the policies required for new staff to be equipped for their role.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation. The provider ensured that staff worked within their scope of practice and had access to clinical support when required.
- 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.
- The provider maintained ongoing staff support, which included one-to-one meetings and appraisals.
- There was a clear policy for supporting and managing staff when their performance was poor or variable.

## Coordinating care and treatment



# Are services effective?

## **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.
- Before providing treatment, the clinician at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We that patients were signposted to more suitable sources of treatment to ensure ongoing safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP if needed.

## **Helping 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 patients advice so they could self-care and provided them with any pre-treatment advice and support. Where patients need could not be met by the service, staff redirected them to the appropriate service for their needs.
- The clinicians gave patients advice so they could self-care following their treatment. Risk factors were identified and highlighted to the patient. Following the treatment, if a person was concerned or experienced any discomfort, they could access a 24-hour telephone line provided by the service.
- All patients receiving Thread lift treatment were provided with a bag of items to support them. These included a neck pillow, an ice pack, a skin treatment, a drink and chocolate. These items were provided to support the patient to be comfortable on their journey home.

## **Consent to care and treatment**

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making. Montgomery consent was used, this is the law of informed consent and is the duty of the health professional to advise the patient of the risks of a treatment.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to decide. The service did not undertake treatments for any patients who could not independently consent to treatment.
- The provider monitored the process for seeking consent appropriately. Should the patient need a translation of a consent form to another language to be understood, this could be accessed by the service.

# Are services caring?

## **We rated caring as Good because:**

- Staff treated patients with kindness, treated them respectfully and involved them in decisions about their treatment.

## **Kindness, respect and compassion**

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

- Staff understood the importance of patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to patients.
- The service sought feedback on the quality of clinical care patients received, which included ongoing patient satisfaction surveys. Feedback from patients who used the service was mostly positive. Any issues raised were managed by the doctors or practice manager to ensure a prompt response.
- The service gave people timely support and information.

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

### **Staff helped people to be involved in decisions about care and treatment.**

- Interpretation services were available for people who did not have English as a first language or needed a sign language service. A hearing loop was available for patients with hearing loss.
- There was access available for patients using a wheelchair and nearby public disabled parking.
- Before providing any treatments, people attended for a face to face or virtual consultation where the clinician discussed the risks and benefits of any treatment and answered any questions. The clinician also discussed realistic outcomes and the costs involved.

## **Privacy and dignity**

### **The service respected and promoted patients' privacy and dignity.**

- Staff recognised the importance of patients' dignity and respect. Consultations were conducted behind closed doors and conversations could not be overheard.
- Staff respected patient confidentiality. We saw staff speak to patients in a friendly but quiet way so as not to be overheard. The waiting room had been designed to enable patients to wait without being seen from outside and so protect their confidentiality.
- A second waiting area had been provided to enable patients to sit quietly post treatment away from the main waiting area.
- All clinical records were stored on a secure electronic system.

# Are services responsive to people's needs?

## We rated responsive as Choose a rating because:

- The service organised and delivered services to meet patient's needs.
- The service took complaints and concerns seriously and responded to them appropriately.

## Responding to and meeting people's needs

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

- The provider understood the needs of its population and tailored services in response to those needs. While most appointments were during normal working hours, appointments outside of those hours could be arranged.
- The service had a clinical system that alerted staff to any specific safety or clinical needs. As part of the patient's pathway staff told us that they were aware of patients who had travelled a longer distance or who had specific care needs.
- 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 mostly telephoned to make an enquiry or make an appointment. People were advised of the waiting times for an appointment at their initial consultation. Staff told us that occasionally people would attend the service in person to make enquiries.
- Patients had timely access to initial assessment, test results, diagnosis and treatment. Patients were provided with aftercare information and contact details for advice and support 24 hours a day seven days a week. Telephone access was available by the doctor or overnight by the practice manager who could in turn contact the doctor if needed.
- People were not provided with same day treatments. All non-surgical thread lift treatments were subject to a two-week cooling off period before a final decision was accepted by the service. People were declined treatment if considered under the influence of any substance, or if they were considered a risk or unsuitable by the assessing doctor.

## 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 people who made complaints compassionately.
- The service had a complaint policy and procedure in place. The service had received one complaint related to a regulated activity within in the last 12 months. The service learned lessons from individual concerns and complaints and used these to improve the quality of care. For example: they had adjusted the assessment process and had refunded patients when appropriate.
- The service recognised that managing patients' expectations from the initial consultation to the end of treatment was important in managing complaints. The provider informed patients of any further action that may be available, for example referral to another clinician should they not be satisfied with the response to their complaint.

# Are services well-led?

## We rated well-led as Good because:

- Management of the service had the capacity and skills to deliver high-quality sustainable care.
- The staff worked together to ensure the continuity and flexibility of the service met patient expectations
- There were clear responsibilities, roles and systems of accountability to support good governance and management. There were clear and effective processes for managing risks, issues and performance.
- The service involved patients and staff to support high-quality sustainable services.
- There were systems and processes for learning, continuous improvement and innovation.

## Leadership capacity and capability

### Leaders had the capacity and skills to deliver high-quality, sustainable care.

- River Aesthetics as a limited company of two doctors and was operated by the doctors, one of whom was also the registered manager and nominated individual. The two full-time doctors worked closely with staff on a day to day basis.
- Staff told us the doctors were visible and approachable. They worked closely with staff and others to make sure they provided compassionate and inclusive leadership.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

## 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 ethos within the service. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff spoke clearly about the patient's pathway and their role in meeting the ethos of the service.
- The provider monitored progress against delivery of the company ethos to ensure that the business continued in the planned way.

## Culture

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

- Staff felt respected, supported and valued. They told us they enjoyed working at the service.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Leaders and managers acted on any staff behaviour and performance inconsistent with the vision and values.
- 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 staff with the development they need. This included appraisal and career development conversations. Staff received regular supervision and annual appraisals in the last year.

## Governance arrangements

# Are services well-led?

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

- The service directors had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. For example, the provider looked at conversion rates from consultation to treatment to establish how many patients were accepted or declined for treatment and why.
- Structures, processes and systems to support good governance were clearly set out, understood and effective. A series of meetings between staff were ongoing each month. These meetings were used to share information and widen learning.
- Staff were clear on their roles and accountabilities in respect of safeguarding and infection prevention and control.

## **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 that included risks to patient safety. A risk register was being developed to incorporate the ongoing monitoring and any service issues.
- The provider had processes to manage current and future performance of the service. Leaders had oversight of MHRA alerts, incidents, and complaints. Performance was regularly discussed at staff, management and board level meetings.
- 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 providers had plans in place and had trained staff for major incidents.
- The areas of recruitment had not been recognised as a risk but once identified were addressed promptly and changes in systems implemented to prevent any further reoccurrence or risk.

## **Appropriate and accurate information**

### **The service acted on appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings. Staff had enough access to information to enable them to be effective in their role.
- The service used information technology systems to monitor and improve the quality of care.

Close Circuit Television was used by the reception door and a notice informed patient of its use.

## **Engagement with patients, the public, staff and external partners**

### **The service involved patients and the public, staff a to support high-quality sustainable services.**

- Patient and staff concerns were encouraged, heard and acted on to shape services and culture. The provider encouraged and heard views and concerns from patients who used the service. Patients were asked to complete feedback forms following their care and treatment.
- Systems used to request feedback which included an annual patient survey, comment cards and a survey after each consultation.
- Staff were able to describe to us the systems in place to give feedback.

# Are services well-led?

## Continuous improvement and innovation

### **There were systems and processes for learning, continuous improvement and innovation.**

- There was a focus on continuous learning and improvement at all levels within the service. The provider told us the service received a Commended award at the Aesthetic Awards 2022 for best Clinic South England and Best Reception Team March 2022.
- The service doctors participated in aesthetic medicine conferences and provided feedback about trials and initiatives being developed. The service director/doctor had spoken at a recent conference about the trialling of a new thread lift product.
- One of the doctors was part of a collaborative piece of work with the Complications in Medical Aesthetic Collaborative (This is an organisations formed to support practioners worldwide in diagnosing and managing complications in medical aesthetics) looking at reducing complications in thread lift procedures and working on a global paper to encourage a standardised approach to managing complications.