

Health & Aesthetic Clinic Limited

Health & Aesthetic Clinic Limited T/A Health & Aesthetic Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 8 August 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

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

Are services well-led?

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

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

Health & Aesthetic Clinic is registered with the Care Quality Commission to provide the regulated activities of Treatment of disease, disorder or injury, Diagnostic and Screening Procedures, Family Planning Services and Services in slimming clinics. The address of the registered provider is Health & Aesthetic Clinic Ltd, 374 Shooters Hill, London, SE18 4LS.

The clinic's manager 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.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were all positive about the standard of care received at the clinic.

Summary of findings

Our key findings were:

- The clinic had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the clinic learned from them and improved their processes.
- The clinic routinely carried out audits required by the British College of Aesthetic Medicine and reviewed the effectiveness and appropriateness of the care it provided.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

- The clinic encouraged and valued feedback from clients.

There were areas where the provider should make improvements:

- Introduce ways to capture the information discussed during monthly clinical meetings, to mitigate risks after staff absence
- Implement processes to receive, implement and monitor medicines and safety alerts.
- Introduce a comprehensive process of quality assurance and quality improvement to enhance patient care and outcomes
- Complete an emergency medicines risk assessment and put in place arrangements to mitigate any risk identified.

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

- All staff received up-to-date safeguarding and safety training appropriate to their role. Staff demonstrated that they understood their responsibilities in safeguarding children and vulnerable adults from abuse.
- Clear systems were in place for identifying, investigating and learning from incidents.
- The staffing levels were appropriate for the provision of care and treatment offered by the clinic.
- Risk management processes were in place to manage and prevent harm.
- The clinic had an infection control policy and procedures were in place to reduce the risk and spread of infection.
- The clinic had arrangements to respond to medical emergencies and major incidents. However, the clinic had not risk assessed the decision to not keep certain emergency medicines on the premises.
- The clinic did not have a formal arrangement to receive and comply with patient safety alerts.

Are services effective?

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

- Patient outcomes were reviewed as part of quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- The clinic shared relevant information with other services appropriately and in a timely way.
- The clinic only carried audits that were required by the British College of Aesthetic Medicine. For example, the clinic had not reviewed the effectiveness of prescribing medication for skin conditions such as acne.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- Patients' feedback indicated they were satisfied with care and treatment, facilities and staff at the clinic.
- We saw the clinic had arrangements to ensure patients were treated with kindness and respect, and maintained patient and information confidentiality.
- The clinic complied with the Data Protection Act 1998.

Are services responsive to people's needs?

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

- The clinic had good facilities and was well equipped to treat patients and meet their needs.
- Patient feedback indicated they found it easy and convenient to make appointments at the clinic.
- The clinic had a comprehensive complaints policy. Patient feedback was encouraged.

Are services well-led?

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

- The clinic had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- 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. These were implemented and reviewed.

Summary of findings

- The provider was aware of the requirements of the duty of candour.
 - Senior staff encouraged a culture of openness and honesty.
 - There was a focus on continuous learning and improvement among the staff team.
 - Clinicians met monthly to improve efficiency and outcomes . However, these meetings had not been minuted, therefore there was no way to measure progress during the inspection.
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Health & Aesthetic Clinic Limited T/A Health & Aesthetic Clinic

Detailed findings

Background to this inspection

Health & Aesthetic Clinic Ltd was established in 2011. It is a private doctor-led aesthetic clinic that carries out non-surgical treatments such as skin peels, dermal fillers, laser liposuction, body contouring and a range of other treatments. At Health & Aesthetic Clinic Ltd the aesthetic cosmetic treatments that are provided are exempt by law from CQC regulation. Therefore, we carried out the inspection in relation to medically related treatment only.

This included, the provision of ultrasound, the removal of intrauterine contraceptive devices, providing advice and prescribing medicines for the purpose of weight loss and ongoing treatment for long-term conditions.

Services are available for people over the age of eighteen. The staff team comprises of one clinical director who is also the clinical lead for governance, a CQC registered manager, a practice manager, three aesthetician and a part-time private GP. The clinic operates from a converted premises; facilities include disabled parking, entrance ramp, platform lift, five large and fully air-conditioned treatment rooms, two accessible toilets, an off-reception waiting area and free guest wifi. The clinic's opening times are: Monday, 10am-7pm; Tuesday and Thursday, 10am-8pm; Wednesday and Friday, 10am-6pm and Saturday, 9pm-5pm. The clinic is closed on Sunday. Typically, the clinic has 30 clients per week.

We carried out an announced comprehensive inspection at Health & Aesthetic Clinic Ltd on 8 August 2018. Our inspection team was led by a CQC Lead Inspector. The inspection team included a GP specialist advisor.

During our visit we:

- Interviewed the lead clinicians, senior managers and administrative staff.
- Reviewed a sample of the personal treatment records of patients.
- Spoke to the clinic's patients and reviewed 30 CQC comment cards where patients shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

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

Safety systems and processes

Processes and procedures within the service were sufficient to ensure patients were kept safe.

- Records completed by the provider confirmed each clinician was up to date with revalidation. (Revalidation is the process by which all licensed doctors are required to demonstrate on a regular basis that they are up-to-date and fit to practise in their chosen field and able to provide a good level of care).
- Appropriate recruitment checks were undertaken prior to employment. These included proof of identification, references, proof of qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS) check.
- Only staff that had undergone chaperone training and had received a DBS check acted as chaperones. The service was advertised in the reception area.
- All staff had received up-to-date safeguarding training for children and adults at a level appropriate to their role. Staff knew how to identify and report concerns.
- The premises was cleaned three times a week by an external cleaner and daily cleaning was carried out by the administrative staff as required. A formal cleaning schedule was in place at the time the inspection. Single use clinical supplies were used.
- Records showed a risk assessment process for legionella with appropriate processes in place to prevent contamination.
- An infection prevention and control (IPC) audit had been undertaken in the previous 12 months and staff had undertaken IPC training. An IPC lead with appropriate training had been identified.
- Portable appliance testing was carried out annually by an external service.
- The provider ensured that facilities and equipment were safe and that equipment was calibrated by an external company.
- There were systems for safely managing healthcare waste.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety. However, there were areas where the clinic should improve.

- Appropriate indemnity arrangements were in place to cover potential liabilities that may arise.
- There was an effective approach to managing staff absences and for responding to sickness, holidays and busy periods.
- There was an effective induction system for staff tailored to their role.
- The clinic did not have all the necessary emergency medicines available. We raised this with the provider and was informed that an emergency care centre was a two minute walk away from the clinic. However, the decision not to keep the medicines benzylpenicillin, glucagon and rectal diazepam at the clinic had not been risk assessed. However, since the inspection the provider created an 'Emergency Medicines Policy' which lists the emergency medicines held at the clinic and included two of the three medicines that were previously omitted. The clinic had not added benzylpenicillin to the list of emergency medicines kept on the premises. There was no evidence that this decision had been risk assessed.
- Resuscitation equipment was readily available and clinical staff were suitably trained in emergency procedures. Annual basic life support training was undertaken by all staff.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Staff knew how to identify and manage patients with severe infections.
- Staff had access to information relating to the steps the clinic would take in any particular event. This included emergency contact numbers.
- Adult and child safeguarding information was displayed in the clinics' reception area with contact numbers.
- The clinic took steps to minimise risk to patient safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Patient records were maintained electronically and were password protected. The clinic did not have a system in place for the retention of medical records in line with Department of Health and Social Care (DHSC) guidance

Are services safe?

if they were to cease trading. However, since the inspection the provider produced a 'policy on ending patient relationships should they cease to trade', which was consistent with DHSC guidance.

- The patient records we saw showed that information needed to deliver safe care and treatment was recorded and stored in an accessible way for relevant staff.
- The clinic had systems for sharing information with staff to enable them to deliver safe care and treatment.
- There was an appropriate system for the management of test results.
- All patients were required to complete a comprehensive registration form prior to their first appointment. This included the patient's personal details, past medical history, GP details and a signature. Patient ID, in the form of a passport or driving licence, was requested in circumstances when the provider was unsure of a patients' age.

Patients were required to complete a consent form for each appointment at the clinic.

Safe and appropriate use of medicines

Systems for the safe handling and storage of medicines were appropriate to minimise risks.

- The clinic had a cold chain policy and procedure in place for the management of vaccines and other medicines stored in the fridge. There was information available to staff to inform them of the correct procedure for monitoring fridge temperatures and action to take if temperatures fell outside of the acceptable range.
- Fridge temperatures and the resetting of the fridge temperature thermometer were monitored and recorded daily. We viewed the temperature monitoring log and saw no incidents of temperatures falling outside the recommended range.
- The systems for managing and storing emergency medicines, oxygen and equipment were appropriate.
- Annual service and calibration was carried out to ensure equipment was functioning appropriately.

Track record on safety

- The provider monitored and reviewed activity in order to understand risks and provide a clear and current picture to identify safety improvements.
- There were risk assessments in relation to safety issues within the premises such as health and safety and fire safety.

Lessons learned and improvements made

The clinic learned and made improvements when things went wrong.

- The provider informed us of an incident when a long-standing patient attended the clinic for their routine laser treatment. On commencing the treatment the clinician became aware that the patient was newly pregnant. The clinician informed the patient that the treatment could not continue due to the pregnancy. To mitigate this going forward, the practice introduced a system whereby, future patients would sign a 'consent to treatment form' prior to each appointment which specifically asked whether a patient was pregnant.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. We reviewed four team meeting minutes and saw that significant events were discussed. The clinics' clinical team met weekly but did not keep formal minutes.
- There was no formal arrangement in place to receive and comply with patient safety alerts, for example, those issued through the Medicines and Healthcare products Regulatory Authority (MHRA). The provider informed us that the clinic's part-time GP, who also worked part-time in a NHS GP practice, routinely emailed information about safety alerts received within the NHS GP Practice to the clinic's clinical staff. All clinicians demonstrated an awareness of the most recent safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Clinical audits undertaken included monitoring infection rates after treatment. All audits were found to be satisfactory.
- We looked at the care records of 14 patients who had treatments carried out in the last 12 months and found that the care and treatment provided was satisfactory.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Monitoring care and treatment

The provider routinely reviewed the effectiveness and appropriateness of the care provided.

- The clinic used information about care and treatment to make improvements.
- Clinicians carried out yearly audits for the British College of Aesthetic. The clinic did not have an internal planned programme of audit.
- The clinic was actively involved in quality improvement activity. For example, the

provider carried out patient surveys to identify areas for improvement.

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Effective staffing

- The clinic provided an induction programme for newly appointed staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- There was an induction log in each staff file, signed off when completed. There was also role specific induction training which ensured staff were competent for the role to which they had been appointed.
- An appraisal system was in use to ensure competency was demonstrated and reviewed.

Coordinating patient care and information sharing

Staff worked together and with other health care professionals to deliver effective care and treatment.

- We saw records that showed that appropriate staff were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they were referred. The clinic shared reports of consultations, test results and treatments with patients.
- The patient registration requested the details of patient's GP and clinicians encouraged them to consent to the clinic sharing information with them. The clinic

Are services effective?

(for example, treatment is effective)

declined to carry out cosmetic treatments if patients did not give permission to take photographs for medical notes. In addition, minor treatments were declined if a patient did not send a specimen in cases where a doctor's opinion was required. Patient consent was documented within their record. Information was shared in line with the General Medical Council's guidance.

Supporting patients to live healthier lives

Staff were proactive in helping patients to live healthier lives.

- Consultations, included advice on smoking, weight loss, and general lifestyle improvements.

- Patients were directed to relevant services as appropriate. This included patients at risk of developing a long-term condition.

Consent to care and treatment

The clinic 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.
- Patient consent forms were completed fully and signed appropriately in all of the 14 records we reviewed.

Are services caring?

Our findings

We found that this service was providing a caring service in accordance with the relevant regulations.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- We observed staff were respectful and courteous to patients.
- The patient we spoke with was positive about the care and treatment they received.
- Patient feedback received from an internal patient survey 2017/18 was positive for all aspects of the service.
- Feedback obtained during the inspection, highlighted staff professionalism and a high standard of patient care.

Involvement in decisions about care and treatment

- The clinic was offered on a private, fee-paying basis only and was accessible to people who chose to use it.
- Patients were involved in decisions about their care and treatment.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Privacy and Dignity

- Staff gave matters of privacy and dignity due consideration. For example, the provider informed us that the practice reviewed their reception area and decided to convert a ground floor clinical room into a large waiting area to provide patients with privacy while waiting for their appointment.
- Conversations with doctors could not be overheard by patients in the waiting room.
- Privacy screens were available when required.
- A copy of the clinic's Privacy Policy was available on their website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing responsive care in accordance with the relevant legislation.

Responding to and meeting people's needs

- The clinic organised and delivered services to meet patients' needs.
- A free guest wifi service was offered to improve patients experience at the clinic.
- The clinic had a hearing loop at the reception desk. Nine languages were spoken between the staff team.
- The facilities and premises were appropriate for the services delivered.
- Appointment times were scheduled to ensure peoples' needs and preferences were met.
- The clinic's website contained a range of information for patients relating to the clinical experience and included skincare tips. Additionally, it included the facility to ask a GP a question. Patients could complete a form and receive a response within 24 hours during the week and 48 hours during the weekend. The clinic had a lift, which was suitable for people who used a wheelchair. However, the lift was not in operation on the day of our visit.

Timely access to the service

Patients were able to access care and treatment from the service within an acceptable timescale for their needs.

- During our inspection, the treatment lists ran on time. The inspection did not highlight any concerns relating to the admission, or discharge of patients from the clinic.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Feedback from patients showed that they felt the appointment system was easy to use.

Listening and learning from concerns and complaints

- The complaints policy and procedures were in line with recognised guidance. The policy included details of information for the Parliamentary and Health Service Ombudsman (PHSO) and was displayed in the reception area. However, the PHSO is only appropriate in relation to the handling NHS complaints."The practice had not received any complaints.
- Patient feedback was promoted throughout the clinic. There was a patient feedback book at reception. Information on how to complain was visible at reception.

Are services well-led?

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

Our findings

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

Leadership capacity and capability

The provider had the capacity and skills to deliver high-quality, sustainable care.

- The provider had the experience, capability and integrity to deliver the strategy of the service and address risks to it.
- 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 and manager were visible and approachable. They worked closely together and with staff to make sure they prioritised compassionate and inclusive leadership.
- The provider had an effective strategy to develop leadership capacity and skills, including planning for the future development of the service.
- The clinic held weekly staff meetings and monthly clinical management meetings. Although, clinical meetings had not been formalised or minuted.

Vision and strategy

The provider had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values with a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the clinic.
- The provider had systems in place to act on behaviour and performance inconsistent with the vision and values.
- Staff we spoke with told us they were able to 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 needed. This included appraisal and career development conversations. All staff had received an annual appraisal in the last year.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The clinic actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

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.
- Staff were clear on their roles and accountabilities including in respect of safeguarding.
- The provider had established policies, procedures and activities to ensure safety and assure themselves that they were operating as intended.
- There were arrangements in place to identify and manage risks. We saw evidence of environmental risk assessments and the providers' health and safety policy.

Managing risks, issues and performance

There were clear processes for managing risks, issues and performance. However, in some areas improvements were needed to ensure that these were effective.

- The practice had carried-out audits which had been required by the British College of Aesthetic however, there was no culture within the clinic of carrying out additional audits to drive quality improvement.
- The clinic did not have a system in place to risk assess the range of emergency medicines to be available for their clinicians.
- The clinic had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations.
- The clinic implemented service developments and where necessary efficiency changes were made.
- The providers had plans in place and had trained staff for major incidents.

Are services well-led?

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

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- The information used to monitor performance and the delivery of quality care was accurate and useful.
- We reviewed team meeting minutes and saw that quality and sustainability were discussed.
- There were arrangements in place to manage patient information in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients and staff in the development of quality sustainable services.

- The views of staff were encouraged and acted on to inform the development of services. For example, the clinic introduced beauty and spa treatments in response to staff suggestions on how to develop the treatments they offer. These treatments were run by the clinic's aestheticians.
- The clinic was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

- The clinic supported staff learning through its induction and training programme for staff.
- The clinic made use of internal reviews of incidents. Learning was shared and used to make improvements.
- The provider had taken steps to collaborate with local NHS GP practices to develop partnership working by sharing information.