

A Vita Limited

Inspection report

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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

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Overall summary

This service is rated as Requires improvement overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at A Vita Ltd in response to information received. CQC has not previously inspected this service.

A Vita Limited provides a private aesthetics service for fee paying clients. This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services they provide. 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. For example, they offered a range of non-surgical cosmetic interventions, such as dermal filler injections, anti-wrinkle treatments and laser hair reduction, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services. At the time of the inspection, the provider offered the following services which were within the scope of registration: -

- Excision of lesions
- Upper and lower blepharoplasty
- Nipple, areola reconstruction
- Short scar face lifts, Neck lifts

The nominated individual 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.

Our key findings were:

- The systems in place did not sufficiently assess, monitor and manage risks to patient safety.
- Care was provided to patients following consultation and in line with evidence-based practice.
- The provider had the skills, knowledge and experience to carry out procedures offered at A Vita.
- Patients were treated with kindness, respect and compassion.
- The provider understood the needs of their patients and had a process in place to provide responsive holistic care.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- There were some structures, systems and processes in place relating to leadership and improvements.

The area where the provider **must** make improvements as they are in breach of regulations are:

Overall summary

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Carry out and document risk assessments to support decisions on how frequently or not to repeat Disclosure & Barring Service (DBS) checks throughout a person's employment.
- The provider should review, risk assess and document any decision to carry out surgical procedures without the presence of a suitably skilled assistant in the room.

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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 a second inspector and a medicines inspector. The team also included a specialist adviser.

Background to A Vita Limited

A Vita Limited is located at 22 High St, Yarm TS15 9AE.

All consultation rooms are located on the ground floor of the building. Patients have access to toilet facilities which are also on the ground floor.

A Vita Limited is registered with the CQC to carry out the regulated activities treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures. The provider operates a clinician-led service which specialises in cosmetic surgery. Services are only offered to adults. The service does not offer NHS treatment. The service and the treatments within scope of registration are led and carried out by a plastic surgeon consultant (male) and 3 nurses, one of whom is currently on maternity leave (female). A Vita Limited is open Tuesday to Saturday with hours varying between 08:30-20:00.

How we inspected this service

Before visiting we reviewed a range of information we hold about the service and information provided pre-inspection by the service.

During our inspection we:

- Spoke with the Registered Provider
- Assessed care plans including pre and post operative documents.
- Reviewed documents and policies used by the service.
- Reviewed patient feedback received by the provider and by CQC.
- Examined the premises.

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 Requires improvement because:

- **Risks to patient safety were not always assessed, monitored and managed.**
- **Infection prevention and control arrangements could be strengthened.**
- **Not all staff had been trained in how to keep people safe.**
- **The arrangements to demonstrate the service learned and made improvements when things went wrong were not effective.**
- **There were no checks made on emergency equipment and medicines, and we found emergency medicines that were past their expiry date. These were replaced on the day of the inspection.**

Safety systems and processes

The service did not have clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. They had some appropriate safety policies in place, these required more regular updates and dissemination to staff. Staff did not have the required safeguarding training.
- The provider carried out pre-employment checks at the time of recruitment. The provider had not carried out a risk assessment to consider if it was appropriate to carry out checks on a periodic basis, once staff were employed, to check if there had been any change in criminal record history. (Disclosure and Barring Services 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).
- After the inspection the provider informed us that DBS risk assessments had been carried out and as a result, a number of DBS checks were in the process of being renewed.
- Services were offered to adults aged over 18 only; no services were provided to children and young people under the age of 18.
- The provider lacked an effective infection control system. We observed the premises to be visibly clean and well maintained on the day of the site visit. However, the provider did not demonstrate they had arrangements in place to assure themselves on an ongoing basis that the premises were sufficiently clean and arrangements for managing infection prevention and control were effective. For example, there was no evidence of cleaning schedules and no hand hygiene audits had been carried out. The provider had started an audit on infection rates but had not yet completed this. Clinical staff had received infection control training however the infection control lead was a non-clinical member of staff with no training in infection prevention and control.
- After the inspection the provider told us that the registered manager, who is a clinician, had now taken on the role of infection control lead. They also told us that hand hygiene training was in progress and the cleaning processes and schedules were under review.
- Staff who acted as chaperones were trained for the role and had received a DBS check. The provider told us that all patients were offered a chaperone for appointments should they require one.
- 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 some systems to assess, monitor and manage risks to patient safety.

Are services safe?

- Staff were aware of the location of emergency equipment on the premises. There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately. However, we found that systems were not in place to support the regular checking of emergency medicines and equipment. We saw some medicines had passed their expiry date. The provider replaced these immediately. There were no records in place to demonstrate that emergency equipment was being routinely checked.
- After the inspection the provider told us that emergency medicines and equipment had been checked and a log sheet had been put in place to support this.
- Staff had up to date Basic Life Support training.

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 examined demonstrated good record keeping.
- There was a process in place for staff supervision.

Safe and appropriate use of medicines

The service had some gaps in the appropriate and safe handling of medicines.

- The service kept prescription stationery stored securely and monitored its use.
- 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.
- There was a refrigerator available for storage of temperature sensitive medicines. However, arrangements were not in place to assure themselves that temperature sensitive medicines were maintained at an appropriate temperature in the event of a refrigerator failure. There was no evidence of refrigerator temperatures being recorded. The Provider began to rectify this immediately.
- After the inspection the provider told us that temperature checking was in place and shared a log sheet template with us that would be used to support the recording of this.
- We found no checks were made on emergency medicines and some stock was expired. These were removed and replaced on the day by the provider.
- After the inspection the provider told us that a check sheet had now been placed in the surgical room to be signed and monthly checks were now in place and supervised by clinic manager.”

Track record on safety and incidents

The service had a good safety record in some areas, but not others.

- The service were up to date with fire risk assessments.
- We found that other areas were not always being monitored effectively. For example, there were no effective processes in place to support the regular checking of emergency medicines and emergency equipment.
- After the inspection the provider sent us a copy of their emergency and contingency plan policy, which they had updated.

Lessons learned and improvements made

Are services safe?

The arrangements to demonstrate the service learned and made improvements when things went wrong could be improved.

- The provider told us there had not been any significant events occur or been recorded.
- The provider was able to describe the process they would go through should such an event occur, but at the time of the inspection this was not formally documented.
- After the inspection the provider sent us a copy of their emergency and contingency plan policy, which they had updated.
- The provider did not have evidence of learning from incidents and events or the sharing of lessons learned with staff. They told us they had received 2 complaints from patients and had responded to those people individually, but that no changes or improvements had been made as a result.
- A Vita Limited responded to the complaints they received in an appropriate manner.
- The provider kept written records of verbal interactions as well as written correspondence.
- There was no documented evidence staff were receiving regular clinical supervision. After the inspection the provider informed us steps had been taken to record clinical supervision taking place.
- After the inspection the provider informed us that monthly one to ones & bi-monthly team meetings were now in place to include sharing and learning from complaints, events, and incidents.

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

- The provider 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. Evidence was provided in patient notes.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate with an adequate plan in place for post operative care.

Monitoring care and treatment

The service lacked quality improvement activity.

- The provider could not demonstrate they were carrying out quality improvement activity.
- There was an ongoing audit relating to infection rate in progress, however this has not been completed as a full audit cycle yet.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. There was evidence that staff had completed some mandatory training with training still required in some areas.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) or the Nursing and Midwifery Council (NMC) and were up to date with re validation.

Coordinating patient care and information sharing

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

- Patients received holistic person-centred care.
- Patient information was handled appropriately by all members of staff.
- 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.

- Staff provided patients with a post operative care plan which provided advice on how to self-care following procedures.
- The Provider clearly outlined risk and benefits to patients from the first point of contact.

Are services effective?

- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs. We saw evidence of this in consultation notes of prospective clients.

Consent to care and treatment

- The service monitored the process for seeking consent appropriately.

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

- Staff supported patients to make decisions.

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 via a popular search engine review process.
- The service gave patients timely support and information and offered an out of hours contact for patients.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- The provider had concise information available to patients. Patients were able to make an informed decision regarding procedures.
- Patients were provided with informative aftercare information and followed up after procedures.
- The provider ensured patients expectations were managed in line with procedures and results.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Patients had access to private consultation and treatment areas.
- The provider safely stored patient information. Procedure photographs were taken and stored on a cloud device that was accessed with a PIN.

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 was able to identify the needs of patients.
- The facilities and premises were appropriate for the services delivered.
- The provider was open and honest with patients and set expectations.

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.

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.

- There was a complaints procedure in place. Staff advised they would amend the website to make it clear for patients on how they should complain.
- The service had a complaints policy in place. This was available for all members of staff to access.
- The provider had received 2 complaints in the last 12 months. These were handled appropriately.

Are services well-led?

We rated well-led as Requires improvement because:

- Governance arrangements were not effective across a number of areas.
- The systems in place did not sufficiently assess, monitor and manage risks to patient safety.
- We were not assured there was good governance of infection prevention and control arrangements.
- The systems in place to support the oversight of staff training were not effective. Some staff had not all been trained in how to keep people safe.
- The arrangements to demonstrate the service learned and made improvements when things went wrong were not effective.
- There were no systems in place to support the checking of emergency equipment and medicines.
- Management were available to staff via an 'open door policy'. However, they did not have regular recorded meetings.
- After the inspection the provider informed us steps had been taken to record all staff meetings.
- The provider was not up to date with staff appraisals.
- After the inspection the provider told us staff appraisals were due to be held in August 2023 and they shared a copy of the template they had developed to support this.

Leadership capacity and capability

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

- Leaders had some knowledge of service improvements and the reason they should be implemented.

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 set of values which all staff were expected to follow.

Culture

The service had a culture of high-quality sustainable care, although there were no formal structures in place to support staff

- Staff felt valued and supported by management.
- The service focused on the needs of patients.
- Staff stated they felt they could raise concerns with management.
- There was no evidence of staff receiving clinical supervision or protected time for professional revalidation.
- After the inspection the provider told us systems had now been put into place to ensure clinical staff receive clinical supervision and protected time for revalidation.
- There was no evidence of staff having regular or structured one to ones with management.
- After the inspection the provider told us monthly one to one meetings with all staff were now in place.

Governance arrangements

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

- Governance arrangements were not effective across a number of areas.

Are services well-led?

- After the inspection the provider told us governance systems had been put into place to be effective and sustainable. We will assess this at our next inspection of the service.
- The systems in place did not sufficiently assess, monitor and manage risks to patient safety.
- After the inspection the provider told us arrangements had been put in place to assess, monitor and manage risks to patient safety. We will assess this at our next inspection of the service.
- We were not assured there was good governance of infection prevention and control arrangements.
- After the inspection the provider told us they were in the process of reviewing their infection control arrangements with an external company.
- The systems in place to support the oversight of staff training were not effective. Some staff had not all been trained in how to keep people safe.
- After the inspection the provider told us safeguarding adults level 1 and health and safety training was in the process of being organised for all staff.
- The arrangements to demonstrate the service learned and made improvements when things went wrong were not effective.
- After the inspection the provider told us steps had been taken to ensure all staff had the required knowledge and received support for when things went wrong.
- There were no systems in place to support the checking of emergency equipment and medicines.
- After the inspection the provider told us that a log sheet had been put in place to support this.
- Staff were clear on their roles and accountability.
- There was evidence of policies being in place. We reviewed the Infection Control and Safeguarding Policies. We also reviewed the complaints policy. There was evidence that policies had been updated.
- The leadership lacked awareness of the importance of service improvement. There were some gaps in this area. We noted an infection rate audit was in place, but a cycle had not been completed.
- The provider immediately implemented changes highlighted as risks by inspectors during the site visit.

Managing risks, issues and performance

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

- There was a system in place for health and safety and fire risk assessments.
- Leaders and managers had oversight of safety alerts, incidents and complaints.
- The service did not have systems in place to show that emergency medicines or equipment were being checked.
- The provider immediately implemented changes highlighted as risks by inspectors during the site visit.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- The provider told us they monitored staff who were qualified to prescribe by carrying out audits on prescribing and documentation. It was unclear how often these checks were carried out and if they were on a formal basis as they were not documented.
- The provider carried out checks on staff record keeping.

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 accepted feedback from patients and clients. We did not see evidence of any changes that had been made following patient feedback.
- Staff had some knowledge of the complaints procedure and the information patients were provided with.

Continuous improvement and innovation

There were evidence of systems and processes for learning, continuous improvement and innovation.

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. However this was done on an informal basis with no documented evidence available to support this.
- After the inspection the provider told us that steps had been taken to monitor feedback and where necessary improvements to be made, so that all staff can learn from this.”

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury Services in slimming clinics Diagnostic and screening procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>This section is primarily information for the provider</p> <p>Requirement Notices</p> <p>Action we have told the provider to take</p> <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• There was not an appropriately trained Infection and Prevention Control lead.• There was not a system in place for ensuring emergency medication and equipment was regularly checked.• The provider did not have assurance mechanisms in place to check temperature sensitive medicines were stored at the correct temperature.• There was not a documented process in place to support the recording of significant events and how to investigate and share learning from them..• There was no system in place for staff appraisals, or meetings. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>