Care Quality Commission

Aesthetic Health Ltd

# Aesthetic Health Ltd

**Inspection report**

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Date of inspection visit: 4 July 2018
Date of publication: 02/08/2018

## Overall summary

We carried out an announced comprehensive inspection on Aesthetic Health Ltd on 4 July 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.

The provider had previously been inspected in February 2016 and was found to be providing services in accordance with the relevant regulations across all key questions.

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.

Aesthetic Health Ltd is situated in the Moortown area of Leeds, West Yorkshire. The provider operates as a doctor-led service which specialises in the combination of medical aesthetic treatments and anti-ageing medicine as well as offering general medical services. This service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines for the support of cosmetic or medical treatments. At Aesthetic Health Ltd the aesthetic cosmetic treatments that are also provided are exempt by law from CQC regulation. Therefore, we carried out the inspection in relation to medically related treatment only.

The lead clinician is the registered manager. A registered manager is a person who is registered with the CQC to manage the service. Like registered providers, they are

# Summary of findings

'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.

Sixteen patients provided feedback about the service. This feedback was all positive regarding the services they had received and noted the caring attitude of staff. Many stated that the service was excellent, and that staff were professional and friendly.

**Our key findings were:**

- The service was offered on a private, fee-paying basis only and was accessible to people who chose to use it.
- Procedures and prescribing had been safely managed and there were effective levels of patient support and aftercare.
- The service had systems in place to identify, investigate and learn from incidents relating to the safety of patients and staff members.
- There were systems, processes and practices in place to safeguard patients from abuse.
- Information for service users was comprehensive and accessible.
- Patient outcomes were evaluated, analysed and reviewed as part of quality improvement processes.
- Staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.
- The service shared relevant information with others or referred on to other services when required.
- There was a clear leadership structure, with governance frameworks which supported the delivery of quality care.
- The service encouraged and valued feedback from service users.
- Communication between staff was effective.

There was an area where the provider could make improvement and they should:

- Review and improve current access arrangements into the building via the main access door.

# 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.

- We found there was an effective system for reporting and recording significant events.
- The service had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable young people, relevant to their role.
- However, we found an area where improvement should be made relating to the safe provision of treatment. This was because the provider had not made available a defibrillator on site or had not, as an alternative, carried out a formal risk assessment to support the judgement that a defibrillator was not required at the service. After the inspection the provider sent us evidence to show that a defibrillator had been purchased for the site and that training for staff had been organised to support this.

**Are services effective?**

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

- Staff were aware of current evidence based guidance.
- Staff had the skills and knowledge to deliver effective care and treatment.
- The service had a process in place to assure the organisation that professionally registered staff maintained and updated their registration. This also included assurance regarding revalidation, update training and personal development.
- The service had developed protocols and procedures to ensure that consent for treatment was recorded.
- The service carried out outcome audits on each patient regarding treatments received. Other quality improvement audits carried out included those in relation to consent, prescribing, equipment and health and safety.

**Are services caring?**

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

- Via the service's own survey information, feedback we reviewed on the day of inspection, and interviews with patients demonstrated that service users felt they were treated with compassion, dignity and respect, and that they felt well informed regarding procedures and aftercare.
- Information for service users about the services available was accessible. For example, the service provided information on the website and patient feedback showed they were involved in decisions regarding their treatment options.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients had access to an out-of-hours contact with the service should this be required.

**Are services responsive to people's needs?**

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

- The service had good facilities and was well equipped to treat patients and to meet their needs.

# Summary of findings

- The website for the service was very clear and easily understood. In addition, it contained valuable information regarding the procedures on offer.
- Information about how to complain was available.
- However, we found an area where improvement should be made relating to the provision of services which were responsive to people's needs. Access into the building by patients who had a physical disability or a mobility issue was considered difficult. The building which housed the service was accessed via a small number of steps. However, the steps were not provided with either a handrail or ramp to ease access for such patients. We were informed by the service that prior to appointments staff discussed access needs with patients and if they had specific needs made themselves available to support them. Since the inspection we have been informed by the service that a decision has been taken to fit a handrail and that this has been organised for fitting in mid-July 2018.

**Are services well-led?**

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

- An overarching governance framework supported the delivery of good quality care. This included arrangements to monitor and improve quality.
- The service held regular meetings. These included daily task focused meetings, weekly clinical meetings, monthly staff meetings and quarterly governance meetings. Records of these meetings were kept and were seen to be well laid out, detailed and contained details of actions to be taken by staff with target completions dates when required.
- The provider was aware of the requirements of the duty of candour.
- The provider encouraged a culture of openness and honesty. The service had systems for being aware of notifiable safety incidents. Systems were in place to share the information with staff and ensure appropriate action was taken.
- There was a focus on continuous learning and improvement at all levels.

Care Quality Commission

# Aesthetic Health Ltd

**Detailed findings**

## Background to this inspection

We carried out this inspection of Aesthetic Health Ltd on 4 July 2018. The inspection team consisted of a lead CQC inspector and GP Specialist Advisor.

As part of the preparation for the inspection, we reviewed information provided for us by the provider and specific guidance in relation to services provided. In addition, we reviewed the information we currently held on our records regarding this provider.

During the inspection we utilised a number of methods to support our judgement of the services provided, for example we interviewed the clinical and non-clinical staff, observed staff interaction with patients, reviewed documents and feedback relating to the service and spoke with patients.

Aesthetic Health Ltd operates from 305 Harrogate Road, Leeds, West Yorkshire, LS17 6PA. The building includes a reception and waiting area and treatment rooms some of which are located on a lower floor. There is no direct patient parking on the site, however there was on-street parking available immediately outside the building.

The provider operates as a doctor-led service which specialises in the combination of medical aesthetic treatments, dermatology services and anti-ageing medicine as well as offering general medical services. Services were available to adults, and with appropriate consent to those under 18 years of age. This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines for the support of cosmetic or medical treatments. At Aesthetic Health Ltd the aesthetic cosmetic treatments that are also provided are exempt by law from CQC regulation. Therefore, we carried out the inspection in relation to medically related treatment only.

The service is led by a doctor who is the lead clinical director and registered manager, a further doctor, a nurse prescriber, a clinical assistant and an assistant clinical assistant. This clinical team is further supported by a non-clinical team which consists of two senior aestheticians (who deliver solely cosmetic treatments) and a reception and administration team led by a manager.

The service operates:

- Monday, Thursday and Friday – 09:00 to 17:00
- Tuesday and Wednesday – 09:00 to 20:00
- One Saturday per month – 09:00 to 17:00

Patients can also contact the service out of operating hours via an emergency contact number.

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

**Safety systems and processes**

The service had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies, protocols, and operating procedures had been developed which covered subjects such as safeguarding and whistleblowing. Training had also been carried out to support this work.
- The service had procedures in place to check and confirm the identity of patients and when necessary those with parental authority. Identification checks included those linked to new patient financial deposits, and cross-referencing postcodes against patient medical history forms.
- We saw evidence that clinicians were up to date with all professional revalidation and training requirements. We saw that mandatory training records were kept and that training was up to date. The doctors and nurse prescriber were appropriately registered with the respective professional bodies and the clinical director was a member of the British College of Aesthetic Medicine for which they were also an appraiser.
- The service was effectively planned and staffing levels were sufficient to meet demand. The provider told us that the staff team had recently increased to meet a growing demand for their services.
- We reviewed personnel files for the clinical and non-clinical staff who delivered the service. Files contained appropriate details, which included CVs and details of staff training. We saw that there was evidence of indemnity insurance and liability insurance. We also saw that staff could evidence a Disclosure and Barring Service (DBS) check (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 persons who may be vulnerable).
- Staff who acted as chaperones were trained for the role and had received a DBS check (a chaperone is a person who serves as a witness for both a patient and a clinician as a safeguard for both parties during a medical examination or procedure). We were informed that the use of chaperones was recorded on the patient record by the clinician.
- Whilst the clinical staff did not meet with health visitors or other safeguarding professionals on a formal basis, the staff were aware of how to formally raise concerns with them.

- Clinicians and staff had received training on safeguarding children and vulnerable people relevant to their role. For example, senior clinicians were trained to child protection or child safeguarding level three.

- There was a system to manage infection prevention and control (IPC), and that an IPC audit had been carried out by an external consultant in June 2017 which showed 100% compliance against recognised requirements.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing both clinical and non-clinical waste.
- We reviewed the legionella risk assessment and confirmed that the provider had necessary control measures in place (Legionella is a bacterium which can contaminate water systems in buildings).

**Risks to patients**

The service had some arrangements in place to respond to emergencies and major incidents.

- Clinicians and non-clinicians had received basic life support training.
- The service had access to oxygen on the premises. A first aid kit and accident book were also available on-site. However, the provider had not made a defibrillator available on site or had not, as an alternative, carried out a formal risk assessment to support the judgement that a defibrillator was not required at the site. After the inspection the provider sent us evidence to show that a defibrillator had been purchased for the site and that training for staff had been organised to support this.
- Emergency medicines were safely stored, and were accessible to staff in a secure area of the building. Medicines were checked on a regular basis. All the medicines we checked were in date and fit for use.
- The service offered an out-of-hours contact telephone number for patients who had post procedural concerns or wanted additional advice.

# Are services safe?

- The service had developed a suite of health and safety policies and operating protocols, and had carried out health and safety risk assessments, fire safety checks and evacuations, and specific assessments for the operation of more complex equipment used such as lasers.
- All electrical equipment was checked to ensure it was safe to use.
- Clinical equipment was checked regularly to ensure it was working properly.

**Information to deliver safe care and treatment**

Whilst the opportunity for working with other services was limited, the service did so when this was necessary and appropriate. For example, when required and with the consent of the patient, the service would inform the patient's own GP when procedures had been carried out. Processes were in place to refer on patients who may need additional health assessments, care or treatment.

If a procedure was unsuitable for a patient we were told by the service that this would be documented in the patient's record.

The service had processes in place to share information with safeguarding bodies when required.

**Safe and appropriate use of medicines**

The arrangements for managing medicines, including emergency medicines in the service minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

Emergency medicines were safely stored, and were accessible to staff in a secure area of the service. Medication that we checked was stored safely and securely and was within date.

**Track record on safety**

The service had clearly defined and embedded systems, processes and practices in place to identify, record, analyse and learn from incidents and complaints.

There was a system in place for reporting and recording significant events. We saw that the significant event process was embedded in the organisation. Staff were clear about how to record incidents and how these would be investigated.

**Lessons learned and improvements made**

We were told that any significant events and complaints received by the service would be discussed by the clinicians and relevant staff involved, and we were able to review evidence to support this. For example, following a complaint regarding accessing the services of a specific clinician the provider had increased capacity which enabled that clinician to increase their availability.

The provider was aware of and complied with the requirements of the Duty of Candour. This means that people who used services were told when they were affected by something which had gone wrong; were given an apology, and informed of any actions taken to prevent any recurrence. The provider encouraged a culture of openness and honesty. There were systems in place to deal with notifiable incidents.

# Are services effective?

## (for example, treatment is effective)

## Our findings

**Effective needs assessment, care and treatment**

The provider assessed need and delivered medical care in line with relevant and current evidence based guidance. Some of the skin and anti-ageing treatments offered were purely cosmetic in nature and outside the scope of the inspection. However some treatments included those with medical indications such as medical needling,and laser therapy for the reduction of scarring. We saw that these treatments were selected dependent on, and supported by, medical evidence.

Patients who used the service completed an initial health assessment document. This was detailed and requested information such as:

- An overview of their medical health and any conditions they had experienced.
- Current medical care the patient was in receipt of, which included medication and supplements.
- Lifestyle details.
- Family medical history.

The service securely kept detailed records of the patient which included details of:

- Treatment received.
- Details of possible side effects.
- Consent

**Monitoring care and treatment**

There was evidence of quality improvement. This included a detailed audit of each person post-treatment. In addition, the service carried out reviews of patients. This gave an added opportunity for patients to discuss any concerns they had regarding their treatment. Audit findings were analysed and discussed with individual staff when required to promote learning and improvement. Other audits carried out included those in relation to:

- Consent
- Prescribing
- Equipment and health and safety.

**Effective staffing**

Staff had the skills, knowledge and experience to deliver effective care and treatment.

The clinical team who carried out medically related procedures was composed of two doctors, a nurse prescriber and two assistants. Other non-clinical staff had appropriate qualifications and experience to support their roles.

We saw that the service had a process in place to assure the organisation that professionally registered staff maintained and updated their registration.

**Coordinating patient care and information sharing**

Whilst the opportunity for working with other services was limited, the service did so when this was necessary and appropriate.

**Consent to care and treatment**

We found that staff sought patients' consent to care and treatment in line with legislation and guidance.

- The service had developed protocols and procedures to ensure that consent for care and treatment had been obtained and documented. Where any procedure was carried out on a child or young person, we were told that consent was required by those with parental authority.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

# Are services caring?

## Our findings

**Kindness, respect and compassion**

During our inspection we observed that all staff within the service were courteous and helpful to patients and treated them with dignity and respect.

**Involvement in decisions about care and treatment**

Staff we spoke to on the day told us that they actively discussed treatments and procedures with patients. This was supported by results from surveys carried out with patients, Care Quality Commission comment cards which had been completed by patients and from conversations held with patients on the day of inspection.

The service made extensive use of feedback as a measure to improve services. They used a survey questionnaire which was sent to new patients and another which could be accessed by all patients who had received care or treatment. We saw that these results had been analysed and actions taken when these had been identified. Results obtained from surveys completed showed that patients experienced an overall satisfaction with the services provided.

We also received 14 Care Quality Commission comment cards. These were also extremely positive regarding the care delivered by the service and the caring attitude of staff. Many stated that the service was professional and that the standard of care they received was excellent.

The service had a detailed website and information was available to raise their awareness of care and treatment options and the procedures offered. Treatment plans were detailed and staff stressed the importance of keeping patients involved and informed throughout their treatment journey.

**Privacy and Dignity**

Treatment rooms were private and protected patient privacy and dignity during consultations and treatment. Doors were closed during consultations and conversations taking place in these rooms could not be overheard.

The reception area did not allow for conversations between staff and patients to be overheard, and the waiting area was separate from the reception desk. The service told us that confidentiality was extremely important to them and their patients. The service had in place a confidentiality policy and staff confidentiality agreements in place and records were stored securely.

The service had a good understanding of information security and their duties under relevant legislation.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting people's needs**

The provider demonstrated to us on the day of inspection that they understood their service users and had used this understanding to meet their needs:

- The provider had developed a range of information and support resources which were available to service users.
- The website for the service was very clear and easily understood. In addition, it contained valuable information regarding treatments, procedures and aftercare.
- The service offered an out of hours contact telephone number for patients who had post procedural concerns or wanted additional advice.

The service was offered on a private, fee-paying basis only, and as such was accessible to people who chose to use it and who were deemed suitable to receive the procedure. If it was decided that a potential patient was unsuitable for a procedure then this was formally recorded.

When required patients were referred to other services. For example, if a clinician was concerned with the specific health of the patient and felt it required detailed examination and testing outside the capabilities of the provider.

The building from which Aesthetic Health Ltd operated from was fitted out to a very high standard and we saw that high levels of hygiene and cleanliness were being adhered to. The waiting area was comfortable and the consultation and treatment rooms were well designed and equipped.

The provider offered appointments to anyone who requested one and did not discriminate against any client group. Staff had received equality and diversity training to support this. It was noted however that access into the building would be difficult if a patient had a physical disability or other mobility issue. The building was accessed via a small number of steps and was not fitted with either a handrail or ramp. The service told us that they were aware of the issue and were examining options to improve the situation. In the interim, prior to patients attending staff checked with them to ascertain any specific needs they had such as those in relation to mobility. If this was highlighted as an issue staff told us that they would make themselves available to support the individual to access the building. Since the inspection we have been informed by the service that a decision has been taken to make a reasonable adjustment to facilitate access and to fit a handrail adjacent to the steps to the main door. This had been organised for fitting in mid-July 2018.

The provider had the ability to access interpreting services if required. Alternatively, staff told us that patients could bring with them a family member, carer or other person to support them with language and communication needs.

**Timely access to the service**

The service operated:

- Monday, Thursday and Friday – 09:00 to 17:00
- Tuesday and Wednesday – 09:00 to 20:00
- One Saturday per month – 09:00 to 17:00

The service offered flexible appointments to meet the needs of the patient and the specific care and treatment required. Staff explained the booking and scheduling process and saw that enough time had been allocated to meet needs. Staff and patients, we spoke to on the day confirmed that waiting times of the day of the appointment were minimal and that consultations and treatment generally ran to time.

**Listening and learning from concerns and complaints**

The provider had a complaint system in place which included a complaint procedure. However, the provider had not received any formal complaints. Minor issues or concerns raised by patients were dealt with immediately by the provider. The complaints process was supported by in-house patient satisfaction surveys. Outcomes of these were analysed and when necessary action taken to improve services or patient experience.

Materials were available within the service and on the website to inform patients how to raise concerns and complaints.

# Are services well-led?

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

# Our findings

**Leadership capacity and capability;**

There was a clear leadership structure in place. The provider was responsible for the organisational direction and development of the service, along with the day to day running of the services provided.

**Vision and strategy**

The provider had a clear vision and philosophy to combine advanced science with innovative anti-ageing medicine and to optimise health both inside and out.

**Culture**

The provider was aware of, and complied with, the requirements of the Duty of Candour. When unexpected or unintended safety incidents occurred, the service told us they would give affected patients reasonable support, truthful information and a verbal and written apology.

Staff we spoke to on the day of inspection told us that working at the service was a positive experience and that they felt able to deliver services in a supportive and blame-free environment. They said the management team were approachable and that they were able to raise concerns with them. The management team told us that they worked hard to develop care and treatment to the highest possible standards, and looked to support and integrate new staff members into the team.

**Governance arrangements**

The service had a governance framework in place, which supported the delivery of quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure. Staff, both clinical and non-clinical were aware of their own roles and responsibilities.
- Service specific policies and protocols had been developed and implemented and were accessible to staff in paper or electronic formats. These included policies and protocols regarding:
- Dignity, care and protection
- Consent
- Infection prevention and control
- Complaints
- Compliance with professional codes of practice
- The service held a number of meetings which supported good governance these included daily task focused meetings, weekly clinical meetings, monthly staff meetings and quarterly governance meetings. Records of these meetings were kept and were seen to be well laid out, detailed and contained details of actions to be taken by staff with target completions dates when required.
- Staff received appraisals when issues in relation to performance and training needs were discussed. In addition, staff also had one to one meetings with line managers which were not directly performance related.

**Managing risks, issues and performance**

Arrangements were in place for identifying, recording and managing risks and issues. The service had clearly embedded processes in place to record and act on significant events or incidents.

The service also had risk assessments in place to manage any risks associated with the premises. For example, a legionella risk assessment for the premises and confirmed that the provider was aware of the control measures in place (Legionella is a bacterium which can contaminate water systems in buildings), and assessments covering specific procedures such as the use and operation of lasers.

The service conducted a programme of audits to give assurance regarding safety and quality of care; this was used to drive improvement.

**Appropriate and accurate information**

Data and information sources were available and records were seen to be kept up to date. The provider had appropriate controls in place regarding information governance and data security.

The sharing of information and communication was facilitated by structured meetings.

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

The service encouraged and valued feedback from patients and staff. It proactively sought and acted on feedback from:

- Patient complaints and incidents.
- Verbal feedback post procedure and at reviews.
- Feedback from clinical and non-clinical meetings.

**Continuous improvement and innovation**

# Are services well-led?

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

Staff were expected to, and supported to continually develop and update their skills.

The clinical director informed us on the day of inspection that they sought to be at the cutting edge of aesthetic treatment and care and were constantly looking for areas to develop further in this field.