

Dr Victoria Cosmetic Dermatology and Anti-Ageing Medicine Clinic





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	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services well-led?	Good	

Overall summary

This service is rated as Good overall. (Previous inspection July 2019 – rated Requires improvement)

The key questions are rated as follows, with the ratings of Good for caring and responsive carried over from the previous inspection:

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 focused inspection at Dr Victoria Cosmetic Dermatology and Anti-Ageing Medicine Clinic to follow up on a breach of regulations and areas identified for improvement from the previous inspection. When we previously inspected in July 2019, we rated the key questions Safe and Well led as Requires improvement. For this inspection in June 2021, we inspected Safe, Effective and Well led. The ratings of Good for caring and responsive were carried over from the previous inspection.

At the last inspection there was a breach of Regulation 17 of the Health and Social Care Act Regulations 2014, which relates to Good governance. The provider's systems and processes were not in place or working effectively to enable the registered person to assess, monitor and improve the quality and safety of the services. The Care Quality Commission (CQC) inspected the service on 2 June 2021 and checked the areas identified in the last report and found the breach had been resolved.

One of the two directors of the company 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 '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.

In advance of the inspection, the provider had collected feedback from patients using comment cards. All 18 comment cards provided highly positive feedback, with patients describing the team as welcoming, professional, caring and informative. People wrote that staff ensured patients were well informed about the procedures and options, and there was an emphasis on individual care and safety. People also said the additional infection control measures in place during COVID-19 were evident and reassuring.

Our key findings were:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- The practice was led and managed to promote high-quality, person-centred care.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

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

Background to Dr Victoria Cosmetic Dermatology and Anti-Ageing Medicine Clinic

Dr Victoria Cosmetic Dermatology and Anti-ageing Medicine Clinic is located at 34 St Thomas Street, Winchester, Hampshire, SO23 9HJ. Dr Victoria Cosmetic Dermatology and Anti-Ageing Medicine Clinic is the registered location of the provider Sain Baba Aesthetics Limited and is registered to provide the following regulated activities: surgical procedures and treatment of disease, disorder or injury. They provide tailored aesthetic treatments to men and women over the age of 18. Aesthetic medicine is a term for improving cosmetic appearance. Only specific treatments are regulated by the Care Quality Commission (CQC) and these include Polydioxanone (PDO) thread lifts, Botox injections for treatment of excessive sweating, and the removal of minor skin lesions.

The clinic is run by two doctors who also undertake the consultations and procedures. They are supported by two staff members, one of whom is an aesthetic practitioner, who also supports the receptionist. A full-time receptionist had been recruited since the last inspection. Further information about the clinic can be found on their website: <https://drvictoriag.co.uk/>

Dr Victoria Cosmetic Dermatology and Anti-ageing Medicine Clinic is open Tuesdays, Wednesdays and Fridays from 9am to 6pm, Thursdays 9.30am to 7pm and on Saturdays 10am to 5pm. The clinic is closed Sundays and Mondays.

Further information about the clinic can be found on their website: <https://drvictoriag.co.uk/>

How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections in a way which enabled us to spend a minimum amount of time on site. We conducted staff interviews using video conferencing, requested documents to be reviewed in advance and carried out a short site visit. We did not speak with patients directly however the provider had independently collected recent feedback from patients for this inspection.

Are services safe?

We rated safe as Good because:

At our last inspection we rated Safe as Requires improvement. This was because systems and processes to maintain safety for staff and clients were not always in place, or when they were, they were not consistently embedded or in line with the clinics own policies or best practice guidelines. This inspection in June 2021 showed the service had reviewed policies and procedures and had could evidence they had implemented safe processes.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which had been reviewed and shared with staff. The polices outlined who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.
- The service had systems to safeguard vulnerable adults from abuse. The service's safeguarding vulnerable adults policy included contact details for other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- 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.
- At the last inspection, we found not all staff had completed safeguarding training or chaperone training as appropriate. At this inspection, we found all staff had received up-to-date safeguarding training, and were trained to level 3 to gain in-depth understanding of how to identify different types of abuse, how to respond and the law. Staff knew the registered manager was the safeguarding lead.
- Staff who acted as chaperones were trained for the role and had received a DBS check. The clinic displayed signage inviting patients to request a chaperone if they wished.
- There was an effective system to manage infection prevention and control. At the last inspection we found that some of the infection prevention and control measures were not embedded, and there was neither a risk assessment nor management procedures to minimise the risk of Legionella. Legionella is a bacterial infection which can cause respiratory problems. Since the last inspection, the service had implemented a systematic approach to defining and monitoring the cleaning carried out by the contracted cleaner. This included requiring the contractor to confirm they had completed the required daily, weekly and monthly cleaning tasks, using appropriate methods and materials. Clinic staff were also tasked with checking on the quality of cleaning daily and carrying out monthly audits. The registered manager, who was also the infection prevention and control lead, had completed a Legionella risk assessment and carried out weekly water temperature checks. They had commissioned a Legionella inspection in December 2020, which had identified no additional actions.
- Since the COVID-19 pandemic, the service had developed an enhanced infection control policy, and implemented a range of measures to promote patient and staff safety. This included reducing the range and number of procedures offered during different phases of the pandemic, making changes to the premises to promote social distancing, screening patients before seeing them on site, providing guidance and hand sanitiser and wearing appropriate PPE. The doctors used respirators for additional protection.

Are services safe?

- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Portable appliances had been safety checked and calibrated, and this was completed under contract. At the previous inspection, we found a lack of documentation of equipment checks. During this inspection, we found systems were in place to monitor and record safety checks, equipment calibration and routine maintenance.
- There were systems for safely managing healthcare waste. This was removed under contract and appropriately segregated.
- The provider leased the premises and the landlord had commissioned a fire risk assessment of the entire building in October 2020. As a result of this, the landlord had arranged the installation of a new fire alarm system. The provider carried out their own local fire risk assessment and tested the fire alarms each week.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. The clinic had recruited a receptionist since the last inspection, who was training to take on additional managerial duties. As well as the two doctors who were the directors of the company, the clinic also employed an experienced aesthetic therapist.
- There was an effective induction system for staff tailored to their role. The induction training was included in the staff files.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly and overseen by the registered manager. This included an automated external defibrillator. The emergency equipment was kept in a room secured by keypad entry. This had been improved since the last inspection, where we found that checks had not been documented.
- There were appropriate indemnity arrangements in place for the two doctors.

Information to deliver safe care and treatment

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

- The records were written and managed in a way that kept patients safe. Individual care records were maintained on the clinic's cloud-based records management system. The records management system was tailored by the clinicians to reflect the care pathways for the different treatments offered. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. The system was password protected and there was controlled access to different parts of the patient record, so only clinicians had permission to access the medical record.
- The service had systems for sharing relevant information with staff and other agencies to enable them to deliver safe care and treatment. This included with the patient's GP, with their consent, if assessed as necessary.
- Staff completed training in information governance and signed confidentiality agreements.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

Are services safe?

- At the last inspection we found the service did not have a safe system for managing medicines. Since the last inspection, the registered manager had set up systems to review the stocks and expiry dates of emergency medicines. The clinic had also improved the process for monitoring the storage of medicines that required refrigeration. There was a dedicated medicines fridge, recently purchased, and staff monitored and noted the temperature three times a day. The fridge was alarmed should it go out of range and the data logger provided automatic monitoring. The records showed the temperature had not been out of range.
- The doctors rarely prescribed antibiotics, but when necessary, did so on their own headed paper and in line with their policy. Details of any items prescribed were included in patient records. The doctors only prescribed Roaccutane, a medicine used to treat severe acne, after appropriate screening tests and issued a prescription for a four week treatment course only. Antibiotics were only prescribed after a risk assessment of the patient's treatment.
- There were effective protocols for verifying the identity of patients, which was understood and applied by all staff.
- Some of the medicines this service prescribed were 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 this risk to women. The provider confirmed the risk of prescribing bioidentical hormones was explained to patients and they were asked to sign their consent to proceed. The prescriptions were emailed directly to the specialist issuing pharmacy, which then arranged delivery to the patient. The prescribing of bioidentical hormones was included in the provider's medicine prescribing policy.

Track record on safety and incidents

The service had a good safety record.

- There were risk assessments in relation to safety issues. These included risks associated with the premises, fire and equipment.
- The provider had routine maintenance contracts with equipment suppliers. In some cases, the contractors had delayed their servicing visits due to the COVID-19 pandemic and travel restrictions, but the provider monitored this and had made arrangements to book these as soon as possible.
- The service monitored and reviewed activity which had reduced considerably during the COVID-19 pandemic. The providers understood the various risks associated with the pandemic and communicated these clearly to patients and staff. There had been no recorded incidents since the last inspection.

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. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. There had been no incidents in the past year, but we saw the standard meeting agenda prompted the provider to raise and discuss incidents should they occur, for reflection and learning.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- The service had systems in place for knowing about notifiable safety incidents
- The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Are services effective?

We rated effective as Good because:

At the previous inspection we found the clinic was providing effective care in accordance with the relevant regulations.

We inspected Effective again during this inspection, in line with our methodology for re-inspecting services with an overall rating of Requires Improvement.

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 (relevant to their service)

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. The clinic had developed their own screening process to assess the patients who might have body dysmorphia; a mental health condition where a person worries about their appearance. Records showed clinicians assessed patients' medical history, previous procedures and side effects and expectations in detail.
- Clinicians had enough information to make or confirm a diagnosis or to recommend alternative treatments or no treatment. As part of the assessment process the clinicians determined a patient's views on treatments and ensured they understood the various treatment risks, options and benefits.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate. For example, the clinic used radiofrequency micro-needling equipment, where the patient could control the application of chilled air to reduce pain. The clinic used topical anaesthetics for some treatments and advised patients to take pain relief in advance of their treatment, where this would be of benefit.
- The clinicians ensured they kept up to date with developments within the aesthetic cosmetic sector and related evidence-based practices. This was through membership of the British College of Aesthetic Medicine and the British Medical Association, as well as ongoing professional development.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service used information about care and treatment to make improvements. For example, the clinic completed annual audits for the British College of Aesthetic Medicine (BCAM) and compared performances and complication rates across different clinics. The results for the Botulinum toxin treatment from 20 patients showed there had been no complications. Further audits were planned as the clinic resumed normal services. An audit of lesion removal procedures showed no infections.
- The clinical staff also presented audit activity as part of their appraisal and revalidation activities.

Effective staffing

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

- All staff were appropriately skilled and qualified. The provider had an induction programme for all newly appointed staff. We saw that staff files were maintained showing staff induction and training records. At the last inspection, we found staff completed training but this was not routinely logged. During this inspection we found the provider had arrangements for logging and monitoring when training was completed.

Are services effective?

- Practitioners completed and logged training on the use of the different types of specialist equipment.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider supported staff to gain skills and complete training. Staff had protected time to complete training and this included on-line as well as face to face training. Up-to-date records of skills, qualifications and training were maintained. Staff told us they were encouraged and given opportunities to develop and were always supported to achieve competency and confidence before applying new skills. They said they were encouraged to develop their training within the clinic.

Coordinating patient care and information sharing

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

- Patients received person-centred care. Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, their medicines, family history and any previous history of cosmetic procedures. The doctors provided examples of when they had advised patients against treatment, for example due to their medical history.
- The doctors advised patients to seek medical treatment from their GP where this was clinically appropriate, for example in relation to concerns identified when assessing lesion removal.
- The provider had risk assessed the treatments they offered and patient feedback showed they participated in assessments and were fully informed of the risks and benefits of different treatments.
- There were clear and effective arrangements for following up on people who had been referred to other services.

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.

- Where appropriate, staff gave people advice so they could self-care. This included advice on protection against sun damage to the skin as well as clear after-care advice following treatments.
- Risk factors were identified and highlighted to patients.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making. The electronic record system was set up to prompt informed consent for each treatment.
- Staff supported patients to make decisions. Patient feedback showed clinicians explained procedures carefully and gave time for questions. Patients commented on having comprehensive consultations about any treatment and receiving professional person-centred advice. Where appropriate, staff advised against treatments requested by patients, and gave clear reasons and explanations for this opinion.

Are services well-led?

We rated well-led as Good because:

At the last inspection in July 2019 we rated well-led as requires improvement, and issued a requirement notice due to a breach of Regulation 17 of the Health and Social Care Act (RA) Regulations 2014 Good governance. At this inspection, we found the provider had implemented systems and processes, including a system for reviewing policies, recruitment protocols, training and development. The provider had improved its governance arrangements.

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They recognised that they had not provided sufficient oversight at the time of the last inspection and had subsequently implemented a range of changes and improvements. They understood the current and potential challenges and had systems for managing them. These challenges included those related to the COVID-19 pandemic.
- The two directors were visible and approachable. Staff confirmed they provided a compassionate and inclusive leadership and were always available to provide assistance or guidance when required.
- The leaders encouraged staff to take responsibility and develop their own leadership skills. They had allocated staff specific roles and provided them with sufficient support and training to carry these out to the required standards.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- The directors had a clear vision and set of values for the clinic. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the clinic's values and their role in achieving them. There was a focus on patient-centred care and offering effective, safe treatment, and emotional support where appropriate.
- The service monitored the quality of care provided and client feedback.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the clinic and described the culture as open, professional and caring.
- The service focused on the needs of patients. We saw feedback from patients describing staff as caring and professional, and going 'the extra mile'.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- The clinicians ensured they kept up to date with developments in the medical aesthetics field, through attending conferences (in person and virtually) and on-line training. Staff were given protected time for development and learning.

Are services well-led?

- There were positive relationships between staff and the clinic directors. There was a strong emphasis on the safety and well-being of all staff and staff appreciated the culture of teamwork. Staff felt they were treated fairly and equally.

Governance arrangements

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

- At the previous inspection we found systems were not in place to record staff recruitment or training. During this inspection, we found the registered manager had implemented processes for providing and monitoring staff training and development. This included induction, new-staff performance reviews and appraisals. Staff told us they received effective role-specific training and were given time and support to develop their skills and confidence.
- At the previous inspection we found risk management processes were not embedded. During this inspection, it was evident the registered manager had undertaken risk assessments, sought advice and external inspection where necessary and maintained records of tests, audits and equipment servicing. 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.
- Whereas at the previous inspection, we found policies were in place but had not been tailored to the service or reviewed, during this inspection it was evident that leaders had reviewed policies effectively. This provided leaders with the assurance they had safe operational procedures in place.
- The service used performance information, which was reported and monitored, and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audits of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Are services well-led?

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.

- The service encouraged and heard views and concerns from the public, patients and staff and acted on them to shape services and culture.
- The registered manager was reviewing alternative ways of obtaining patient feedback, since the pandemic had meant they had removed their normal feedback box from the clinic. However, they asked patients to provide feedback specifically in support of this inspection. All 18 comment forms showed positive reviews.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

There was a focus on continuous learning and improvement. For example, the provider had made improvements in response to the previous CQC inspection, including setting up improved monitoring systems