

Hotaki Cosmetic Dermatology

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

The provider was registered for the regulated activity of surgical procedures and treatment of disease, disorder, or injury at Hotaki Cosmetic Dermatology 22 February 2022. This is the first announced comprehensive inspection of the service following CQC registration.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to 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. Hotaki Cosmetic Dermatology provides a range of non-surgical cosmetic interventions, for example, skin rejuvenation and anti-ageing treatments, non-surgical eye lift blepharoplasty, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The services we have inspected and fall within the CQC scope of practice were thread lifts and treatment with botox of acne and excessive sweating

Dr Nur Hotaki 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:

- During the inspection, the registered manager was made aware of some areas of governance and risk that required improvements, these were either responded to on the day or shortly following the inspection. This meant that during the inspection the service was unable to demonstrate that they were embedded fully or that they were sustainable. For example, some of the expired medication and single use equipment, lack of fridge temperature monitoring, lack of oversight of the premises and fire risk assessments and lack of a system to encourage patient feedback.
- Patients received effective care and treatment that met their needs.
- Patients could access care and treatment in a timely way.

The areas 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.
- Ensure care and treatment is provided in a safe way to patients.

(Please see the specific details on action required at the end of this report).

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

- Carry out the appropriate calibration checks on the service equipment. For example, the fridge.
- Complete the correct level of safeguarding adult training.
- Display a oxygen symbol in the area the oxygen is stored.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC Inspection Manager and a GP specialist adviser.

Background to Hotaki Cosmetic Dermatology

provider is registered to carry out the regulated activity of surgical procedures and treatment of disease disorder and injury at:

Hotaki Cosmetic Dermatology

First Floor

69 Harley Street

London

W1G 8QW

The service provides cosmetic treatments to people over the age of 18 years.

Hotaki Cosmetic Dermatology registered with CQC under the Health and Social Care Act 2008 for thread lift treatments and treatment with botox of acne and excessive sweating. The treatment of thread lifts is carried out by a general practitioner who is registered with the Health Professions Council.

The service offered appointments at the convenience of the patients.

How we inspected this service

The methods that were used interviewing the provider, a site visit and review of documentation.

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:

- We found single use equipment and emergency medicines had passed their expiry date of safe use.
- The service did not have an up-to-date fire risk assessment or evidence the recommendations had been completed.

We identified a safety concern that was rectified on the day of soon after our inspection. The likelihood of this happening again in the future is low and therefore our concerns for patients using the service, in terms of the quality and safety of clinical care are minor. (See full details of the action we asked the provider to take in the Requirement Notices at the end of this report).

Safety systems and processes

- The registered manager was the only member of staff who worked at the service. They were a practising general practitioner and registered with General Medical Council, a Disclosure and Barring Service (DBS) check was undertaken. (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).
- The registered manager had not completed the appropriate level of safeguarding training. In 2023 they had completed level two safeguarding training for adults, the correct level is level three.
- The service did not see patients under the age of 18 years.
- The service had a safeguarding adult and children's policy in place, last reviewed in 2022 and the registered manager was aware of the processes to follow if they were concerned about a patient's welfare. At the time of the inspection, the registered manager had not made a safeguarding referral.
- The registered manager worked alone and did not employ any staff. The registered manager had a recruitment policy in place last reviewed in April 2021 and was aware of the necessary checks to make prior to employing staff.
- The registered manager explained that they did not use a chaperone and should a patient request one they would refuse the appointment.
- During the site visit we saw the service area was clean, and tidy. The provider was the lead for infection control, and had completed a infection prevention and control risk assessment April 2023 and completed a cross infection control policy statement in January 2023. The daily and weekly cleaning was carried out by the registered manager and had a service contract in place for the removal of clinical waste. The service used single use sterile equipment, however we found some of the single use equipment had passed the expiry date for safe use. For example, cannulars and syringes. Following the inspection, the registered manager informed us that they had removed and discarded the equipment that had passed the expiry date for safe use.
- The registered manager leased two rooms of a building on the first floor, with a concierge reception, and had oversight of the buildings risk safety risk assessments. For example, the fire alarm testing, fire equipment checks, and the quarterly water checks last carried out in March 2023. They explained they raised any maintenance concerns with the building management.
- However, the provider submitted a copy of the buildings fire risk assessment, which was completed in 2017, that had several improvements for the landlord to make that were not signed as completed.
- The provider submitted a health and safety risk assessment last reviewed in March 2022.
- The registered manager had carried out electrical annual portable appliance testing in February 2023 but did not have evidence of the calibration of the equipment such as the medicine fridge.

Risks to patients

Are services safe?

- At the time of the inspection, the registered manager was the only staff member at the service.
- The registered manager did not use agency staff.
- The registered manager had completed up to date resuscitation training in October 2022 and they additionally worked as a GP so 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, for example sepsis.
- The registered manager had both employers and medical indemnity in place at the time of the inspection.
- The provider held oxygen and carried out monthly checks to ensure it was safe. However, they did not have the oxygen symbol on the door to inform staff of the possible hazard should there be a fire.

Information to deliver safe care and treatment

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available in an accessible way.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance if they ceased trading.
- The registered manager explained they do not refer to other services but would contact the patient's NHS GP should the patient require a referral and they took the patient's NHS GP details as part of the initial assessment.

Safe and appropriate use of medicines

- A review of the emergency medicines found the medicines were checked monthly however some medicines had passed their safe use expiry date. These were aspirin, hydrocortisone, adrenaline, and glycogen which had also not been stored at the correct temperature. Other emergency equipment such as single use syringes had also passed their expiry date. In addition, risk assessments were not in place where medicines recommended by national guidance were not available.
- The service held medicines (Botox) which should be stored in a refrigerator at temperature of 2° to 8°C. However, we found that the registered manager had not put into place a daily check of the fridge temperatures to ensure the correct temperatures were maintained.
- The provider used private prescriptions. The service kept prescription stationery securely for its use. They explained they only prescribed antibiotics for infections.
- The service did not prescribe Schedule 2, 3, 4 or 5 controlled drugs. Controlled drugs are medicines that have the highest level of control due to their risk of misuse and dependence.
- Staff prescribed and gave advice on medicines in line with legal requirements and current national guidance.
- The registered manager explained they did not prescribe medicines that were unlicensed.

Track record on safety and incidents

- The provider did not demonstrate they had full oversight of the premises risk assessments in relation to safety issues.
- The registered manager acted on and learned from external safety events as well as patient and medicine safety alerts.

Lessons learned and improvements made

- The service had an accident and incident policy (last reviewed April 2021) and a system for recording significant events.
- The registered manager explained the service had not had any incidents in the last twelve months.
- The registered manager was aware of and followed the requirements of the Duty of Candour.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

- The registered manager assessed needs and delivered care in line with relevant and current evidence-based guidance.
- We reviewed five patient records and found patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical well-being.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients, who may not require treatments.
- Staff assessed and managed patients' pain where appropriate.
- Patients completed a medical questionnaire and booked an appointment and paid a deposit for the first consultation online. At the first appointment for one hour, patients were assessed, and the treatments discussed and the patient's expectations managed. The cost of the treatments was discussed and recorded in the patient records.
- The initial appointment normally took place at least 72 hours prior to the treatment because allergy testing had to be undertaken.
- Follow up appointments were offered after two weeks to check the healing.
- Patients were provided with a mobile number to call should they experience any side effects.
- The registered manager explained they did not carry out any pathology testing.

Monitoring care and treatment

- The registered manager had not carried out any clinical or prescribing audits at the time of the inspection, but the registered manager stated that they had not experienced any patient infections following the treatments as they had not received any complaints about their work.
- The registered manager had carried out a hand hygiene audit and a medicines management audit.

Effective staffing

- The registered manager was the only member of staff at the time of the inspection. They practiced as a general practitioner and was registered with the General Medical Council.
- As part of their registration, they had an independent annual appraisal which included their cosmetic treatments.
- The registered manager had completed their resuscitation for children and adults, infection prevention and management, mental capacity, Deprivation of Liberty, preventing radicalisation training, but had not completed their information governance training.
- The registered manager explained in 2022 they had attended the CCR Aesthetic conference and regularly attended various webinars relevant to aesthetic medicine.

Coordinating patient care and information sharing

- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. The registered manager explained patients would be signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The registered manager explained they do not routinely contact the patients NHS GP but did take the GP details and would contact them if there were any concerns.

Are services effective?

Supporting patients to live healthier lives

- Where appropriate, the registered manager gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. Such as smoking.
- 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 registered manager understood the requirements of legislation and guidance when considering consent and decision making.
- The registered manager supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

- The registered manager used Google reviews, asked for verbal feedback following a consultation and complaints to assess the quality of clinical care patients received.
- In the last 12 months the service had 20 google reviews all but three had scored 5, any with a lower score was responded to by the provider.
- The registered manager understood patients' personal, cultural, social, and religious needs. They displayed an understanding and non-judgemental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

- Clients who required Interpretation services were asked if they could be accompanied by a translation advocate.

Privacy and Dignity

- The registered manager recognised the importance of people's dignity and respect.
- If patients wanted to discuss sensitive issues or appeared distressed the premises were confidential and enabled them to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

- The provider understood the needs of their clients and improved services in response to those needs.
- At the entrance to the premises the service had a concierge to direct patients to the service.
- The service was located on the first floor and was accessible by a lift and stairs.
- A patient toilet was available on the ground floor.
- The facilities and premises were appropriate for the services delivered.

Timely access to the service

- 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

- Information about how to make a complaint or raise concerns was available.
- The registered manager explained should they receive a complaint about clinical care they would provide the patient with the details of who to raise the complaint with if they were unhappy with their response.
- The registered manager had carried out an annual complaints analysis and found they had treated 83 patients and had not received a complaint.
- The service had complaints and duty of candour policy and procedures in place.

Are services well-led?

We rated well-led as Requires improvement because:

- During the inspection, the registered manager was made aware of some areas of governance and risk that required improvements, these were either responded to on the day or shortly following the inspection. This meant that during the inspection the service was unable to demonstrate that they were embedded fully or that they were sustainable. For example, some of the expired medication and single use equipment, lack of fridge temperature monitoring, lack of oversight of the premises and fire risk assessments and lack of a system to encourage patient feedback.

Leadership capacity and capability.

- The registered manager was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Vision and strategy

- The registered manager had a clear vision and set of values to provide a high-quality service.

Culture

- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated by the registered manager. Who was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Governance arrangements

- During the inspection, the registered manager was made aware of some areas of governance and risk that required improvements, these were either responded to on the day or shortly following the inspection. This meant that during the inspection the service was unable to demonstrate that they were embedded fully or that they were sustainable. For example, some of the expired medication and single use equipment, lack of fridge temperature monitoring, a lack of oversight of the premises and fire risk assessments and lack of a system to encourage patient feedback.

Managing risks, issues and performance

- The registered managers had not carried out any clinical audits at the time of the inspection to demonstrate their performance.
- There were processes to identify, understand, monitor, and address current and future risks including risks to patient safety.
- The registered manager had oversight of safety alerts, incidents, and complaints.
- The registered manager did not have evidence of full oversight of the premises and fire risk assessments.

Appropriate and accurate information

- The registered manager was aware of the requirement to submit 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.

Engagement with patients, the public, staff and external partners

- The registered manager relied upon Google review to assess the quality of the service. In addition, they would ask the patients following the consultation about their feedback but did not keep a record of this.

Are services well-led?

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- The registered manager was focused on continuous learning.
- The service made use of internal and external reviews of incidents and complaints.
- There were systems to support improvement and innovation work.
- The registered manager had attended the conferences to improve their practice.

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 Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operated 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">• The service did not fully encourage, review and learn from patient feedback.• The service had not commenced a formal audit of any clinical procedures.• The registered manager did not have evidence of full oversight of the premises and fire risk assessments.• Some of the emergency medicines and single use sterile equipment had passed their safe use expiry date.• The service did not have risk assessments in place where they had chosen not to stock emergency medicines.• The service did not have a system in place to ensure fridge temperatures remained in the normal range.• The provider did not have oversight of a up to date fire risk assessment.• The provider did not have the arrangements in place to offer a chaperone to patients who request it and ensure this chaperone had the appropriate recruitment checks in place and had received suitable training to undertake the role.