

# Dermalogix Aesthetics

## 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?

Requires Improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Overall summary

## **This service is rated as Good overall.**

This is the first inspection for the service.

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? – Good

We carried out an announced comprehensive inspection at Dermalogix Aesthetics as part of our inspection programme.

This was the first rated inspection for the service since its registration in 2022.

Dermalogix Aesthetics is registered under the Health and Social Care Act 2008 to provide the regulated activities:

- Surgical procedures
- Treatment of disease, disorder or injury.

Services provided which fall under the scope of registration include prescription only medicines for slimming, treatments for hyperhidrosis (excessive sweating), bruxism (teeth grinding) and PDO thread lifts (a face lift procedure carried out under local anaesthesia using dissolvable sutures).

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. Dermalogix Aesthetics provides a range of non-surgical cosmetic interventions, for example dermal fillers and skin treatments, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The owner 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:**

# Overall summary

- There was an open and transparent approach to safety and systems in place for reporting and recording incidents and complaints.
- Patients received effective care and treatment that met their needs.
- Staff were appropriately trained to carry out their roles.
- Staff treated patients with compassion, respect and kindness and involved them in decisions about their care.
- There were safe systems around infection control, equipment, and storage of medicines.

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

- We could not confirm from the available records whether serious side effects of some unlicensed medicines, including allergic reaction and pancreatitis, had been fully discussed with patients. There was insufficient evidence to establish whether patients were always told when to inform their GP or seek emergency assistance.
- The service did not have systems in place to ensure that an adult accompanying a child had parental authority.
- The service had no systems in place to assure themselves risk assessments completed by the landlord, as part of a tenancy agreement, had been completed and findings acted upon, such as obtaining proof of the safety of fire and electrical systems.

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

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

- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.
- Be able to demonstrate that patients are asked about changes in their health conditions or medications at each consultation.
- Consider ways in which to demonstrate governance of prescribing and clinical supervision to ensure ongoing best practice.
- Consider the likelihood of need for chaperones, and therefore chaperone training.
- Consider how to tailor the Medical Emergencies Policy to better reflect the individual service, in particular how to raise the alarm and care for a patient whilst lone working.

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

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. The team included a CQC specialist adviser.

## Background to Dermalogix Aesthetics

Dermalogix Aesthetics is run by the provider Dermalogix Aesthetics Ltd. It is based at 110a High St, Redcar, TS10 3DL, and comprises one clinic room and one clinician. We visited this premises as part of our inspection. The building includes a reception/ waiting area and a treatment room. Customer parts of the building are fully accessible. There is on street parking outside.

Dermalogix Aesthetics is registered under the Health and Social Care Act 2008 to provide the regulated activities of Surgical procedures, and Treatment of disease, disorder or injury. The service is registered to treat the service user bands of children aged 4-12, children aged 13-18, and adults. In practice, the service treats mainly adults and a very small number of teenagers.

The service does not have a website and has advertised mainly through social media channels since 2014. It first registered with CQC in 2022. The service is open Tuesday- Saturday, between the hours of 9am and 5pm as required by patients. There is one registered nurse (female) who carries out the treatments.

In addition to a number of cosmetic services which do not fall under the scope of registration, services provided include prescription only medicines for slimming, treatments for hyperhidrosis (excessive sweating), bruxism (teeth grinding) and PDO thread lifts (a face lift procedure carried out under local anaesthesia using dissolvable sutures). In the previous 12 months the service had 500 clients, of which approximately half were for CQC regulated activities.

### How we inspected this service

Before the inspection, we asked the provider to send us some information, which was reviewed prior to the inspection day. We also reviewed information held by CQC on our internal systems.

During the inspection we spoke with the registered manager. We made observations of the facilities and service provision and reviewed documents, records and information held by the service.

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

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

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

# Are services safe?

**We rated safe as Requires improvement because:**

## **Safety systems and processes**

**The service had some systems in place to keep people safe and safeguarded from abuse.**

- The provider had recently conducted safety risk assessments, including fire, health and safety and a clinical room audit. Some identified risk had not yet been actioned; such as obtaining safety and service certificates for the fixed electrical installation and fire detection systems from the landlord.
- The service provider had recently carried out a safeguarding audit using a standard tool. The service had systems to safeguard children and vulnerable adults from abuse. The manager had been trained to safeguarding level 3 and was aware of how to spot and report concerns.
- The service did not have systems in place to ensure that an adult accompanying a child had parental authority. Children who were being treated were asked to supply proof of identification, but the adult was not.
- As the manager was a lone worker and had no staff there was no current need for recruitment systems. The manager was aware of requirements should she decide to recruit in the future.
- There was a chaperone policy in place. However, as the manager was a lone worker there was no recognised process in place for how to source a chaperone, other than calling on a relative, who had not received chaperone training. There was also no risk assessment in place for whether this relative would need 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 adults who may be vulnerable).
- An infection prevention and control risk assessment and a legionella risk assessment had been carried out. We did not witness any problems with the infection control systems.
- The provider ensured that equipment was safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

## **Risks to patients**

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

- The manager understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Signposting and advice for aftercare was given; although this generally meant ringing the manager at any time of the day or night. We discussed how sustainable this was. The manager was aware of the pressure this could create and we discussed signposting to GP or 111 services if necessary.
- The information leaflet given out by the service for slimming injections listed the most common side effects, but not all, including serious side effects such as allergic reaction and pancreatitis. The manager said this was discussed with patients, but we could not confirm this from the records available. We discussed the need for additional safety netting documentation, such as guidance for when patients should inform their GP or seek emergency assistance. More information has now been added to the leaflet following the inspection.
- There were appropriate professional indemnity arrangements and public liability insurances in place.
- There were medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly, however there was no written risk assessment in place to inform the decision as to what was kept.
- There was a generic medical emergencies policy in place. The registered manager was up to date with basic life saving mandatory training. The registered manager had considered how to act in an emergency, such as a patient collapse, but there were no written procedures in place for this, addressing potential difficulties of raising an alarm and caring for a patient at the same time, as a lone worker.

# Are services safe?

## 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 saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- Due to the nature of treatments provided, patients did not require referral by their NHS GP to access services and treatment information was not routinely shared with the GP.
- 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.

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including emergency medicines and equipment minimised risks.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Processes were in place for checking medicines, although these were not always documented. The service provider had recently carried out a medicines audit. This had identified there was no written record of expiry date checks on medicines, but it was not clear what corrective actions had been taken as a result. However, there were low stock levels, a small number of different types of medicines, and we did not find any out of date medicines. The risk is therefore likely to be low.
- The medicines this service prescribes for weight loss are unlicensed ('off-label') for weight loss and are a treatment to control type 2 diabetes. 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. The British National Formulary states that 'Drug treatment should never be used as the sole element of treatment (for obesity) and should be used as part of an overall weight management plan'.
- The service also prescribes for hay fever unlicensed corticosteroid injections. These medicines are not recommended by the National Institute for Health and Care Excellence (NICE). The NHS has determined that any potential benefits associated with administering a steroid injection for hay fever do not outweigh the risks. Patients' clinical records did not show that the patients were fully aware of the additional risks of using medicine off label, although the registered manager said this was discussed as part of the consultation.
- As the registered manager was a lone worker, there was no oversight or regular medicines audits within the service to ensure prescribing was in line with best practice guidelines for safe prescribing.

## Track record on safety and incidents

### The service had a good safety record.

- There were risk assessments in relation to safety issues, although it was not always clear whether corrective actions had been taken.
- There had been no safety incidents, although the registered manager was able to describe procedures to deal with these.

## Lessons learned and improvements made

# Are services safe?

## **The service learned and made improvements when things went wrong.**

- There was a system for recording and acting on significant events. There were adequate systems for reviewing and investigating when things went wrong. No incidents had been recorded, however the registered manager was able to demonstrate how they would be recorded and investigated.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider demonstrated a culture of openness and honesty. The service had systems in place for notifiable safety incidents.
- If there was to be an unexpected or unintended safety incident, the service had systems in place to ensure that affected people would be given reasonable support, truthful information and a verbal and written apology
- The registered manager received patient and medicine safety alerts and was able to demonstrate how they would act on these.

# 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(relevant to their service).**

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical well-being.
- Clinicians had enough information to make or confirm a choice of treatment.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. Patients were asked at each visit whether there had been any changes to health conditions or new medications, although this was not always recorded.
- Staff assessed patients' pain where appropriate, and advised when to contact their GP, although this was not always clear or documented.

## **Monitoring care and treatment**

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. Given the size of the service, much of this was informal. For instance, the registered manager assessed at each repeat visit whether there was any active infection following a procedure and was aware there had been no infections.

## **Effective staffing**

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

- The registered manager was appropriately qualified.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation.
- The registered manager understood learning needs and attended training appropriately in line with recognised need. Up to date records of skills, qualifications and training were maintained.

## **Coordinating patient care and information sharing**

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

- Patients received coordinated and person-centred care.
- Before providing treatment, the registered manager ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We discussed the need to document when a patient had been advised to contact their GP.
- 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.
- Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service monitored the process for seeking consent appropriately.



# Are services effective?

## 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.**

- As part of the consultation people were given advice so they could self-care.
- Risk factors for specific treatments and contra-indications 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.
- Staff 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:**

The service treated patients with kindness and compassion and involved them in decisions about their care. The service asked all patients for feedback and their responses were positive. The privacy and dignity of patients was protected.

### **Kindness, respect and compassion**

#### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received, and on customer satisfaction.
- Feedback from patients was positive about the way staff treat people.
- The service gave patients timely support and information.

### **Involvement in decisions about care and treatment**

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

- The registered manager was aware of how to source interpretation services, easy read materials and information in languages other than English, should the need arise.
- Clinical notes and discussions showed that patients had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Patient feedback was positive.

### **Privacy and Dignity**

#### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private discussion.

# Are services responsive to people's needs?

## **We rated responsive as Good because:**

The service organised and delivered services to meet patients' needs. There were short waiting times for appointments, patients were advised of treatment prices in advance and the registered manager made patients aware of their complaints policy.

## **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 understood the needs of their patients and improved services in response to those needs, such as sourcing alternative suppliers in response to a medicines shortage.
- The facilities and premises were appropriate for the services delivered. Access to the premises and treatment rooms was suitable for patients with restricted mobility

## **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, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. The registered manager had carried out an audit of waiting times and used this information to improve the service.
- Referrals and transfers to other services were rare, although the registered manager described how they would, for example, notify a patient's GP in a timely manner.

## **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.**

- Information about how to make a complaint or raise concerns was available. The service had a complaint policy and procedures in place.
- No complaints had been received. The registered manager described how they would investigate and learn lessons from a complaint if one were received, including informing the patient of any further action that may be available to them should they not be satisfied with the response to their complaint.

# Are services well-led?

## **We rated well-led as Good because:**

The registered manager understood the needs of patients using the service. The registered manager demonstrated that they understood the challenges to quality and sustainability. There was a demonstrated commitment to using data and information proactively to drive and support decision making.

### **Leadership capacity and capability**

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

- 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.
- The registered manager had processes in place to develop leadership capacity and skills, including ongoing mandatory and procedure specific training.

### **Vision and strategy**

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

- The service had a realistic strategy and supporting business plans to achieve priorities.
- The service monitored progress against delivery of the strategy.

### **Culture**

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

- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated in the processes which would be used to respond to incidents and complaints. The registered manager was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The registered manager demonstrated a commitment to meeting the requirements of professional revalidation and continuing with professional development and evaluation of their clinical work.
- The registered manager demonstrated a commitment to safety and well-being, and of equality and diversity.

### **Governance arrangements**

#### **There were some systems to support good governance and management.**

- The registered manager was clear on their roles and accountabilities.
- The service had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. These included fridge temperature checks, stock control and complaints procedures.
- The service submitted data or notifications to external organisations as required.
- There was a data protection policy. There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data.

# Are services well-led?

## Managing risks, issues and performance

### There were some processes for managing risks, issues and performance.

- There were some processes to identify, understand, monitor and address current and future risks including risks to patient safety. However, these were not always documented.
- Given the service was run by a lone worker, it was difficult to demonstrate clinical performance through audit of their consultations, prescribing and referral decisions. However, there was some oversight including no infections following procedures and no complaints. We discussed how to increase clinical supervision including maximising peer-to-peer learning opportunities, and audits of past consultation notes.
- The provider had plans in place 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.

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

### The service involved patients, to support high-quality sustainable services.

- The service encouraged and heard views and concerns from patients. Given the size of the service, much of this was informal, although the registered manager demonstrated a commitment towards patient satisfaction.
- Staff could describe to us the systems in place to give feedback.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

### There was evidence of learning and continuous improvement.

- There was a focus on continuous learning and improvement.
- The registered manager demonstrated a commitment to make use of internal and external reviews of incidents and complaints, should any arise.

This section is primarily information for the provider

# 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
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p data-bbox="810 667 1517 734">Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p data-bbox="810 757 1517 864">The provider had not done all that was reasonably practicable to ensure care and treatment was provided in a safe way for service users</p> <p data-bbox="810 909 967 938">In particular:</p> <ul data-bbox="820 983 1517 1570" style="list-style-type: none"><li data-bbox="820 983 1517 1234">• We could not confirm from the available records whether serious side effects of some unlicensed medicines, including allergic reaction and pancreatitis had been fully discussed with patients. There was insufficient evidence to establish whether patients were always told when to inform their GP or seek emergency assistance.</li><li data-bbox="820 1279 1517 1346">• The service did not have systems in place to ensure that an adult accompanying a child had parental authority.</li><li data-bbox="820 1391 1517 1570">• The service had no systems in place to assure themselves risk assessments completed by the landlord, as part of a tenancy agreement, had been completed and findings acted upon, such as obtaining proof</li></ul> <p data-bbox="810 1610 1517 1711">This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>