Astute Courses

Inspection report

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Long Eaton
Nottingham
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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

We carried out an announced comprehensive inspection at Astute Courses on 14 January 2022 as part of our inspection programme.

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

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. Astute Courses provides a range of non-surgical cosmetic interventions which are not within CQC scope of registration. Therefore, we did not inspect or report on these services. Astute Courses is registered in respect of the provision of the treatment of disease, disorder or injury and surgical procedures; therefore we were only able to inspect treatments relating to medical conditions which include treatment for excessive sweating (hyperhidrosis), PDO surgical thread lifts and surgical removal of minor skin lesions.

Dr Vorodykhina is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- The service was offered on a private, fee paying basis only and was accessible to clients who chose to use it. Clients were able to access care and treatment from the clinic within an appropriate timescale for their needs.
- The service had good facilities and was well equipped to treat clients and meet their needs.
- Systems, processes and records had been established to seek consent and to offer coordinated and person-centred care.
- The clinicians maintained the necessary skills and competence to support clients' needs.
- The provider and staff team demonstrated a positive culture and a commitment to the delivery of person-centred care and treatment.
- The provider needed to make improvements to the recruitment procedures and complete risk assessments to ensure the safety of the premises and health and safety of clients and staff.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards.
- Ensure specified information is available regarding each person employed.

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

Overall summary

- Develop a fire policy to ensure an appropriate response in the event of a fire.
- Document and record training dates for staff and routine cleaning carried out by staff.
- Implement a system to check and record that the defibrillator is in working order.
- Consider completing peer reviews on the quality of consultations and treatments undertaken by clinical staff.

Dr Rosie Benneyworth BM BS BMedSci MRCGP
Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection was led by a CQC inspector, accompanied by a second CQC inspector.

Background to Astute Courses

The provider, Astute Courses Ltd is registered with the Care Quality Commission to provide the regulated activities of treatment of disease, disorder, or injury (TDDI), and surgical procedures from two registered locations, including Astute Courses, 104 Derby Road Long Eaton, Nottingham, NG10 4LS. Only this site was visited as part of this inspection.

Astute Courses is a clinical training centre as well as offering clients treatments. The models for training purposes are selected by the registered manager/lead clinician. Delegates are supervised throughout procedures.

The service is located in a large detached commercial building. Clinical rooms are located on the ground and first floor. On the ground floor there is a large waiting area and the reception. Security entry is with access by reception staff only. There is a separate kitchen for staff and a shower room and toilets including wheelchair access on ground floor. There is also an on site lecture theatre for delegates undertaking theory modules.

The four clinical rooms where treatments are undertaken are large, spacious, clean and provide suitable equipment. There is clinical grade flooring with no skirting board and a handwashing sink in each room. Suitable patient couches are sited in each room.

The service is provided by two registered practitioners. Astute Courses offers clients a range of services including treatment for excessive sweating (hyperhidrosis), PDO surgical thread lifts and removal of moles and skin tags. Treatments are provided for adults aged 18 and over with appropriate consent. These services are available on a pre-bookable appointment basis and dependent on the dates of the training courses. Clients attend for an initial consultation, where a treatment plan is discussed and agreed, and then booked in for treatment for a later date. The service is open Monday to Friday between 9am and 5pm and one Saturday a month.

Before visiting we reviewed a range of information we hold about the service and information which was provided by the service before the inspection.

How we inspected this service

During the inspection:

- we spoke with two clinicians (one of whom was the Registered Manager), the site manager and the clinic co-ordinator.
- reviewed key documents which support the governance and delivery of the service.
- made observations about the areas the service was delivered from.
- looked at information the service used to deliver care and treatment plans.

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.

Requires Improvement

Are services safe?

We rated safe as Requires improvement because:

The service did not have effective recruitment procedures in place as not all of the records required under Schedule 3 of the Health and Social Care Act were available for inspection

Not all staff had attended safeguarding training appropriate to their role. Staff who acted as a chaperone did not have a Disclosure and Barring Service check (DBS) or risk assessment in place to mitigate any potential risk to clients.

There were some gaps in risk assessments and records relating to safety checks undertaken.

A number of the safety concerns we identified were rectified soon after our inspection. The likelihood of these happening again in the future is low and therefore our concerns for clients 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 service did not adequate systems to keep people safe and safeguarded from abuse.

- The service had some systems to safeguard children and vulnerable adults from abuse. Contact numbers for the local authority safeguarding team were easily accessible and appropriate safeguarding policies were in place. Not all staff had attended safeguarding training appropriate to their role. Administrative staff and staff who acted as chaperones had not completed training on safeguarding children. It was not clear from the training records what level of safeguarding adults training they had received. Staff spoken with knew how to identify and report concerns.
- The provider had carried out some staff checks at the time of recruitment and on an ongoing basis where appropriate. However, we saw that not all of the required recruitment checks had been obtained for staff whose role included contact with clients. For example, references obtained by the provider. This was discussed with the provider at the time of the inspection. Following the inspection the provider sent us a copy of their updated recruitment policy and missed documents for a clinician.
- Clinical staff had undertaken a Disclosure and Barring Service (DBS) check, although these had not always been completed on behalf of the provider. (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 provider had not completed DBS checks or risk assessments for non-clinical staff who had contact with clients and/or acted as a chaperone.
- The provider had a system to manage infection prevention and control (IPC). The premises appeared clean and tidy and hand sanitiser was available for staff and client use. However, the infection control policy was basic and did not make reference to the IPC lead identified, details about training, the required vaccinations for staff managing bodily fluid spillages, safe packaging and handling and delivery of specimens.
- The provider had not completed an infection control audit of the building. Following the inspection the provider sent us a copy of a simple infection control check list that had been completed for the clinical room.
- We found that the provider did not have an inventory of electrical appliances. Portable appliance testing had been arranged for the day of the inspection but did not occur as the company failed to arrive. The provider rearranged for the testing to take place during week commencing 24 January 2022. Following the inspection the provider sent us a copy of the inventory for equipment and confirmation that the appliances had been tested.
- There were systems for safely managing healthcare waste. However, we noted that sharps bins were not dated when assembled as required.

Requires Improvement

Are services safe?

- The provider did not have risk assessments and procedures in place to monitor the safety of the premises such as control of substances hazardous to health (COSHH). Cleaning products were stored in an unlocked cupboard. Following the inspection the provider sent us a copy of a list of substances hazardous to health in use.
- We saw that the mops used for cleaning were not appropriately stored.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. There was oxygen and a defibrillator on site. However, the defibrillator needed to be taken out of the box and a system put in place for checking on a regular basis that it was in working order.
- A fire risk assessment had been completed in January 2019, although there was no evidence that it had been reviewed since. It was not clear if the identified actions in the risk assessment had been addressed. The provider did not have a fire procedure in place or on display. The fire alarms and emergency lights were tested and recorded on monthly basis.
- The training records that fire training was only provided at staff induction, and there were no designated fire marshals. Regular fire drills had not taken place. Following the inspection the provider informed us that two fire marshals had been appointed and fire marshal training was planned for February 2022.

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 clients 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.
- Information was not routinely shared with the person's registered GP. However, the clinicians told us that if they had any concerns regarding a potential malignancy, they would inform the person's GP so that further tests could be arranged.
- 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 ceased trading.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines and emergency medicines were safe. The emergency medicines kept onsite were appropriate for the type of service offered to clients.
- The clinicians prescribed and administered medicines to clients and gave advice on medicines in line with legal requirements and current national guidance.
- Processes were in place for checking medicines and accurate records of medicines were kept.

Track record on safety and incidents

The service had a good safety record.

Requires Improvement

Are services safe?

- There were limited risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- Although there had been no significant events, there was a system for recording and acting on significant events should they arise. Staff understood their duty to raise concerns and report incidents and near misses.
- Staff were aware of and complied with the requirements of the Duty of Candour. Staff demonstrated a culture of openness and honesty.

Good

Are services effective?

We rated effective as Good because:

The service provided care in a way that kept clients safe and protected them from avoidable harm.

However, we found that staff had not received all essential training and training records for staff did not indicate the date that training had been completed.

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 assess needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- Clients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. The service was aware of body dysmorphia and potential clients presenting with this condition. Body dysmorphic disorder (BDD) or dysmorphophobia, is a mental disorder characterised by the obsessive idea that some aspect of the person's body or appearance is severely flawed and therefore warrants exceptional measures to hide or fix it.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed clients' pain where appropriate.
- Clinicians used technology to assist with minor surgery to check skin moles prior to removal. Clients were referred back to their registered GP for the diagnosis and treatment of any suspicious moles.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. Information about the service was monitored and reviewed regularly to ensure the quality of the service remained in line with current good practice. The provider regularly reviewed the comments made by clients on the web based review sites. They also observed staff undertaking procedures and carried out infection control audits of the PDO threads procedure.
- Clients were booked for a follow up appointment two weeks after their treatment, either for a physical examination or a video consultation, to assess any bruising and after care treatment. If clients had any concerns prior to their follow up appointments, arrangements could be made to review them in clinic.

Effective staffing

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

- All staff carrying on the regulated activities were appropriately qualified. The induction process was incorporated into the recruitment process.
- Relevant professionals were registered with the General Medical Council (GMC) / General Dental Association and were up to date with revalidation
- Training records for essential training were basic and did not include dates for when training had been completed. We saw that the essential training did not include information governance or fire training, which was only completed on induction.

Good

Are services effective?

Coordinating patient care and information sharing

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

- Clients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example: with the client's registered GP.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the client's health and their medicines history.
- Clients 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. Staff told us that the majority of clients declined consent to share the information. However, for certain procedures (mole removal) clients were advised that information would be shared with their registered GP when appropriate.
- The provider had risk assessed the treatments they offered.
- Risk factors were identified and highlighted to clients before the provision of any treatments.
- Assessments were carried out to ensure that the treatment clients were asking for were correct or suitable. Alternative treatments were offered if deemed more appropriate for their needs.
- Advice about maintaining a healthy lifestyle was shared with clients, which included good skin care, healthy diet and the effects of smoking.

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 following their treatments.

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 clients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Good

Are services caring?

We rated caring as Good because:

Clients were treated with respect and staff were kind and caring and involved them in decisions about their care.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood clients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all clients.
- The service gave clients timely support and information. The service provided clients with a personal direct telephone number to answer any concerns.
- The provider and staff had completed equality and diversity training.

Involvement in decisions about care and treatment

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

- The provider told us they rarely treated clients who did not have a full understanding of English. Staff were able to communicate with clients in a range of languages, or clients were accompanied by a friend/relative to assist with communication where appropriate.
- Before providing treatment, clients completed an online questionnaire. They attended for a face to face consultation and assessment, where the clinician discussed with them the risks and benefits of any treatment and answered any questions. The clinician also discussed realistic outcomes and costs.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if clients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- Consultations were conducted behind closed doors, where conversations were difficult to overhear.
- Staff understood the importance of keeping information confidential. Patient records were stored securely.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

Services were tailored to meet the needs of individual clients and were accessible.

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 clients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered. The consultation / treatment room was on the first floor accessed via stairs.
- Equipment and materials needed for consultation, assessment and treatment were available at the time of clients attending for their appointment.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Clients had timely access to initial assessment, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Clients could book appointments by phone or face to face at the service.
- Referrals and transfers to other services were generally not necessary, although the provider made referrals to the client's registered GP when required.

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.

- The service had complaint policy and procedures in place. The service had not received any complaints during the previous twelve months.
- Staff explained the importance of managing clients' expectations. They told us that the consent process included advising clients that results could not be guaranteed. They also said that if a client was dissatisfied with the results, they were invited to attend the clinic to discuss their concerns and options available to them.

Good

Are services well-led?

We rated well-led as Good because:

The culture of the service and the way it was led and managed drove the delivery and improvement of good quality, person-centred care.

However, we noted that improvements were required to the processes in place to effectively manage risk.

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.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of clients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when describing how they would respond 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.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received regular annual appraisals in the last year.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Good

Are services well-led?

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and but not always effective.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- There were arrangements in line with data security standards for the confidentiality of patient identifiable data.

Managing risks, issues and performance

There were processes for managing risks, issues and performance but these were not always working effectively.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to client safety.
- The provider had some processes to manage current and future performance. The provider did not have a formal recorded system in place to review the quality of consultations and treatments undertaken by clinical staff, for example, peer review.
- The provider had not taken all of the required action to mitigate potential risks to the safety of clients and staff.
- The provider did not have a written business continuity plan. Staff told us that clients could be seen at the sister site if required. Client contact details were stored electronically and could be accessed remotely, enabling staff to contact clients as required. The provider forwarded a copy of their business continuity plan following the inspection.

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 clients, which were generally recorded on web based review sites.
- Quality and sustainability were discussed in relevant meetings, including plans on how to grow the business.

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, clients, staff and external partners and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback. Clients were encouraged to leave reviews on web based review sites. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- 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.

Good

Are services well-led?

- There was a focus on continuous learning and improvement. The clinicians attended training updates and forums to maintain and update their skills and knowledge.
- The provider was the clinical lead at a local training academy delivering training in complex aesthetics and skin treatments to medical professionals.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The registered person had systems and processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: • The service had not undertaken their own Disclosure and Barring Service (DBS) checks for clinical staff and staff who acted as a chaperone. • The service was not able to evidence the level of safeguarding adult training that administrative and chaperones had completed, or that these staff had completed safeguarding children training. • The service had not completed the following risk assessments: 1. Infection prevention and control 2. Health and safety of the building 3. Control of substances hazardous to health • It was not clear if the identified actions in the fire risk assessment had been addressed. A fire procedure was not in place or on display. Fire drills had not taken place. • Essential staff training did not include annual fire training or information governance. This was in breach of Regulation 17 (1) & (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

This section is primarily information for the provider

Requirement notices

How the regulation was not being met:

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

- The required information had not been obtained for staff who had contact with clients, for example administrative staff and staff who acted as a chaperone.
- There were no application forms or curriculum vitae to provide a full employment history and enable the provider to identify and explore any gaps in employment.
- Proof of staff identity was not available on all staff files.
- Satisfactory evidence of conduct in previous employment had not been obtained by the provider.

This was in breach of Regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.