

Aesthetic Health Ltd

Inspection report

305 Harrogate Road
Leeds
West Yorkshire
LS17 6PA
Tel: 0113 2697274
www.aesthetichealth.co.uk

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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

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Outstanding 

Overall summary

This service is rated as Outstanding overall. (Previous inspection 4 July 2018 which rated the service as being compliant).

We carried out an announced comprehensive inspection at Aesthetic Health Limited on the 14th May 2019, as part of our inspection programme. We visited their site at 305 Harrogate Road, Leeds, West Yorkshire, LS17 6PA.

The key questions are rated as:

Are services safe? – Good Are services effective? – Good Are services caring? – Outstanding Are services responsive? – Good Are services well-led? – Outstanding

We rated caring as Outstanding as we saw many examples of how the provider provided compassionate care ‘above and beyond’ to meet the holistic needs of their patients.

We rated well-led as Outstanding because the provider had a highly developed ethos of patient and staff wellbeing underpinned with a clear strategic focus for the development of excellence.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Aesthetic Health Ltd is situated in the Moortown area of Leeds, West Yorkshire. The provider operates as a doctor-led service which specialises in the combination of medical aesthetic treatments and anti-ageing medicine as well as offering general medical services.

This service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of 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 and of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Aesthetic Care Ltd 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. This service is registered with the CQC under the Health and Social Care Act 2008 to provide treatment of disease, disorder or injury and diagnostic and screening services as regulated activities, and this was the focus of our inspection.

The lead doctor 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.

We received 32 completed CQC comment cards during our visit, all of which were highly positive. They described the service and staff as being professional, friendly and caring. The premises were described as very hygienic and calming.

During the inspection we reviewed a range of systems and processes relating to governance, service delivery and customer care.

Our key findings were :

- There were clear systems in place to manage risk so that safety incidents were less likely to happen.
- The service was usually offered on a private, fee-paying basis only and was accessible to people who chose to use it. However, there were some exceptions and fee waivers for vulnerable patients.
- Procedures were safely managed and there were effective levels of client support and aftercare.
- There were systems and processes in place to safeguard people from abuse.

Overall summary

- There were effective clinical governance systems in place.
- Staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.
- The service encouraged and valued feedback from patients. Feedback was highly positive regarding the services. They commented on the caring attitude of staff and the cleanliness of the clinic.
- Staff involved patients in decisions about their care and treatment. They treated people with kindness, compassion, dignity and respect.
- There was a leadership and managerial structure in place with clear responsibilities, roles and accountability to support good governance.
- The provider was aware of the requirements of the Duty of Candour.
- Staff were aware of their own roles and responsibilities. They said they felt supported by leaders and managers who were accessible and visible. Communication between staff was effective.

We saw the following outstanding practice:

- The provider offered care and treatment free of charge if treatment had the potential to be of significant benefit to vulnerable patients.
- A programme of local and national charity engagement was seen. A registered charity had been founded by the lead clinician to support awareness raising for funded aesthetic treatments to improve psychological and physical healing for patients experiencing trauma leading to disfigurement.
- Staff working at the clinic experienced high levels of personal and professional support and engagement with leaders at the location and described the culture as empowering and contributed to high standards of patient care and satisfaction.

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 was accompanied by a GP specialist advisor.

Background to Aesthetic Health Ltd

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

The provider operates as a doctor-led service which specialises in the combination of medical aesthetic treatments, dermatology services and anti-ageing medicine as well as offering general medical services. Services are available to adults, as well as, with appropriate consent, to those under 18 years of age. This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines for the support of cosmetic or medical treatments.

The service is led by a doctor (female) who is the lead clinical director and registered manager, a further doctor (male), two nurse prescribers and three clinical assistants. This clinical team is supported by five aestheticians (who deliver solely cosmetic treatments) and a reception and administration team led by a manager.

The service operates:

- Monday to Thursday – 9am to 8pm
- Friday – 9am to 5pm
- One Saturday per month – 9am to 5pm

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

How we inspected this service

Before visiting the clinic, we reviewed a range of information we hold about the service. In addition, we requested that the provider send us information pre-inspection which we also reviewed.

During our inspection we:

- Spoke with the registered manager, the lead clinician, an aesthetician and several reception staff.
- Looked at information the clinic used to deliver care and treatment plans.
- Reviewed CQC comment cards and patient feedback received by the clinic.

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 Good .

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 were regularly reviewed and communicated to staff. They outlined clearly 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 children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority. Treatment was offered to those aged over 16 years of age. Identification checks included those linked to new patient financial deposits, and cross-referencing postcodes against patient medical history forms.
- 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 for all newly appointed staff in accordance with the provider's policy. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role. Whilst the clinical staff did not meet with health visitors or other safeguarding professionals on a formal basis, the staff were aware of how to raise concerns with them.
- There was an effective system to manage infection prevention and control (IPC). The most recent IPC audit in April 2019 showed very high levels of compliance. We saw evidence to confirm that any issues for improvement were immediately acted upon by the provider.
- We reviewed the legionella risk assessment and confirmed that the provider had necessary control measures in place (Legionella is a bacterium which can contaminate water systems in buildings).

- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

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.
- There was an effective induction system for temporary staff tailored to their role.
- 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, for example sepsis. All staff received annual basic life training updates and the location had a defibrillator and emergency medicines. Medicines were checked on a regular basis. All the medicines we checked were in date and fit for use.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

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.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The provider had an effective system to share information with a patient's GP if appropriate and sought the patient's consent in line with their policy which included provision to decline any treatment the provider felt posed a risk.

Are services safe?

- 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.

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. A recent audit on the prescribing of antimicrobial medicines found 100% compliance with NICE guidelines.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive 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.

- 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 effective systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service.
- We saw that the provider had noted two adverse clinical incidents in the previous year. Neither of these related to CQC regulated activities. However, we saw that these incidents had been thoroughly reviewed and reflected on by the provider and any learning embedded across systems and processes.
- 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 acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional staff.

Are services effective?

We rated effective as Good .

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). For example, by referencing relevant clinical journals specialising in aesthetics.
- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. Arrangements were in place to support patients receiving long-term or repeated treatment. We saw that all treatment options were considered within a clear ethical framework.
- 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 patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. There was evidence of quality improvement. This included a detailed review of each person post-treatment. This gave an added opportunity for patients to discuss any concerns they had regarding their treatment. Any treatments that produced sub-optimal results were reassessed by the provider and additional treatments were offered free of charge to ensure patient satisfaction. Findings were analysed and discussed with individual staff when required to promote learning and improvement. Other audits carried out included those in relation to:
 - Consent
 - Prescribing
 - Equipment and health and safety

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- 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 provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

- Whilst the opportunity for working with other services was limited, the service did so when this was necessary and appropriate. Before providing treatment, clinicians at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being 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 provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

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.

Are services effective?

- Where appropriate, staff gave people advice, so they could self-care.
- Risk factors were identified and highlighted to patients before undergoing treatment.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- 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.
- The service monitored the process for seeking consent appropriately.

Consent to care and treatment

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

Are services caring?

We rated caring as Outstanding as we saw many examples of how the provider provided compassionate care 'above and beyond' to meet the holistic needs of their patients.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was highly positive about the way staff treat people. We received 32 completed CQC comment cards during our visit, all of which were highly positive. They described the service as highly caring and that staff treated them in a kind and compassionate way.
- People consistently described feeling respected and valued as individuals and are empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service. Data monitored by the provider showed an overall satisfaction with treatment outcomes at 95%.
- Patients were encouraged to complete a satisfaction survey following treatment that included a range of questions around caring. For example, patients were asked to comment on and rate their interactions with clinicians from a range of perspectives including respect, listening and dignity. We saw that these were closely monitored by the provider and acted upon.
- The philosophy of care offered by the service took a whole person approach and considered the emotional needs of patients along with and integral to their physical needs. Medical treatment was supplemented by a range of complementary and alternative therapies were offered to boost wellbeing along with aesthetic and medical treatments. Patients told us via comment cards that they appreciated and valued these services and that it had a highly positive impact on them.
- We saw evidence that a range of patients were provided with one-off or ongoing treatment free of charge due to distressing or vulnerable circumstances. For example, patients who had experienced bereavement, trauma or disfigurement were highly supported in addressing the psychological impact on their physical needs. We saw evidence that they were able to access care and treatment in a highly supportive environment. In exceptional circumstances, we saw patients were

supported in accessing external treatment when indicated; whereby the cost was also covered by the provider. Treatment continued until all of the patients' needs had been met, irrespective of time or cost.

- Staff understood patients' personal, cultural and social needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. This was frequently referred to in the comment cards received.

Involvement in decisions about care and treatment

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

- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- We saw evidence that when attending the clinic, patients were reviewed in a holistic way and that a comprehensive assessment was undertaken to determine their needs, wants and treatment goals. These were effectively recorded in writing and underpinned by photographic records. The clinic created bespoke treatment plans for all patients. All staff, both clinical and non-clinical, were trained to offer all patients a personalised welcome and were always fully briefed on the needs and expectations of patients prior to all contacts.
- Staff created two distinct types of records to support effective communication and involvement with their patients. An internal treatment plan was a doctor led needs analysis, used to support clinical decision and treatment plans. An external treatment plan was provided to each patient and was described to us as a translation of the clinician led plan into an accessible format for patient use and aimed to provide clear and accessible explanations and reassurance for the individual seeking treatment. All patients were assigned a care coordinator who supported them through treatment.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.

Are services caring?

- Staff always provided patients with a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good .

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. The provider was highly committed to creating a calm, hygienic and welcoming environment.
- The facilities and premises were appropriate for the services delivered and since the last inspection, had become more accessible by the addition of a ramp and handrail for people with mobility difficulties.
- All staff were trained in welcoming patients and putting them at ease.
- The provider undertook detailed feedback and satisfaction surveys with their patients. They valued feedback, reflected upon this widely across the whole staff team and we saw that feedback was consistently very high.

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 for some clinicians could be lengthy due to patient demand. However, the service was recruiting additional clinical staff to meet growing demand.
- Patients reported that the appointment system was easy to use and praised the kindness and professionalism of all staff.

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. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedures in place. The service acted quickly to address any concerns raised by patients. We saw that no complaints had been received within the last year that fell within the scope of CQC regulations.

Are services well-led?

We rated well-led as Outstanding because the provider had a highly developed ethos of patient and staff wellbeing underpinned with a clear strategic focus for the development of excellence.

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 understood the challenges and were addressing them. We saw evidence that the lead clinician was engaged in current and future development of aesthetic health at a national level.
- 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, including planning for the future leadership of the service.

Vision and strategy

The service had a highly developed vision and credible strategy to deliver quality care and promote the best 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 felt invested in the service and demonstrated an equal commitment to the wellbeing of their patients.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service closely monitored progress against delivery of the strategy.

Culture

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

- Staff told us that they felt highly respected, supported and valued. They were very proud to work for the service and shared examples of how they had supported patients through their range of therapies.
- The service focused on the holistic needs of patients and this was the overarching philosophy of the service.

- Patients who were unable to pay for treatment were sympathetically assessed and those in distressing or vulnerable circumstances were supported in a range of treatment options as clinically indicated.
- Leaders and managers acted on behaviour and performance consistent with the vision and values. This included supporting a range of local and national charitable initiatives.
- 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.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff had received an appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work. We saw that staff who sought professional development were financially supported in meeting their goals.
- There was a strong emphasis on the safety and well-being of all staff. For example, we saw evidence that staff were offered work place coaching and complimentary treatments to reduce stress and could access a range of complementary and aesthetic therapies in accordance with identified need. The leaders recognised the value of a contented workforce and actively promoted wellbeing and mindfulness strategies to boost staff wellbeing.
- 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 highly positive relationships between staff and teams.

Governance arrangements

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

Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance arrangements promoted interactive and co-ordinated person-centred care.
- 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.
- This was evidenced by effective clinical review of cases undertaken at weekly meetings. We saw that cases were effectively reviewed using a model of internal treatment plans that were the result of a complete holistic assessment of the needs of patients as discerned by an agreed treatment plan. All patient records were subjected to an at least annual review to be assured that appropriate clinical governance along with patient satisfaction with outcomes had been achieved.
- The service used performance information which was reported and monitored and management and staff were held to account. When patient experiences fell short of the clinic's high standards, remedial steps were taken to ensure patients were satisfied.
- 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 clarity around 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 audit 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.

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, staff and external partners and acted on them to shape services and culture. For example, following an adverse reaction to a treatment, that affected one patient, the provider worked collaboratively with the company responsible for the equipment used in order to find a satisfactory solution and share learning.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.
- 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.

- There was a focus on continuous learning and improvement and the provider had received an award from the Aesthetic Awards 2018 for their professional and ethical approach in aesthetic medicine.
- The lead clinician had contributed to a recently published article in a peer reviewed journal.