

East Riding Aesthetics

Inspection report

10 Molescroft Drive
Beverley
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services 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 since registration with the CQC.

The key questions are rated as:

Are services safe? – Good

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 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. East Riding Aesthetics Limited 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. The service had one clinician who is the registered individual provider. The registered individual provider is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered people'. 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.

East Riding Aesthetics was registered in respect of the provision of treatment of disease, disorder or injury and was in the process of registering for surgical procedures. Therefore, we were only able to inspect treatments relating to medical conditions, these were Botox for excessive sweating, weight and menopause management. The clinic offered other services such as Botox for aesthetic reasons, these services are exempt from regulation.

We carried out an announced comprehensive inspection at East Riding Aesthetics Limited as part of our inspection programme. At the time of the inspection there were no patients attending or receiving regulated services due to COVID-19 and we were unable to ask them about the service. However, we received some comments from patients online.

Our key findings were:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Risk assessments had been completed to assure the provider of the safety of the premises.
- The clinician received appropriate training to carry out their roles.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording incidents.
- The clinician maintained the necessary skills and competence to support the needs of patients.
- The clinician was up to date with current guidelines.
- The clinician was aware of, and complied with, the requirements of the Duty of Candour.
- The clinic made referrals to other relevant services in a timely manner.

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

Overall summary

- Review and develop the system for completing clinical audit.

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.

Background to East Riding Aesthetics

East Riding Aesthetics Limited is located at 10 Molescroft Drive, Beverly, 10 Hull Road, HU17 7JH.

The service is located in a purpose-built ground floor consultation room attached to the providers home. The service is centrally located and there is on road parking. The provider, East Riding Aesthetics Limited is registered with the CQC to carry out the regulated activities of treatment of disease, disorder or injury and diagnostic and screening procedures.

The service is provided by a nurse practitioner and supported by a contracted administration assistant. The East Riding Aesthetics clinic offers patients a range of services including; Botox for excessive sweating, weight and menopause management. These are available on a pre-bookable appointment basis. Treatments are provided for adults aged 18 and over with appropriate consent.

Patients can book appointments directly with the service, face to face or by phone, the service is also active on social media. The service is open for 1 do consultations when needed and the service provides four clinics per week. Times may be variable to meet the needs of service users.

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

During the inspection:

- we spoke with the provider/clinician
- reviewed key documents which support the governance and delivery of the service
- made observations about the areas the service was delivered from
- reviewed a sample of treatment records.
- 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.

Overall summary

Are services safe?

We rated safe as Good because:

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

Safety systems and processes

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

- The service had 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. Staff had attended safeguarding training appropriate to their role. They knew how to identify and report concerns.
- The clinician had undertaken 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). We saw that a complete range of immunisations were recorded.
- The service had a process in place to monitor infection prevention and control using a room check lists. There was an infection control policy in place and an infection control lead person for the service. We found the treatment room and toilet areas were clean and hygienic. Staff followed infection control guidance and attended relevant training. Staff knew what to do if they sustained a needlestick injury. The service undertook regular infection prevention and control audits. A deep clean of the premises took place each week.
- The clinician 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 service had risk assessments and procedures in place to monitor safety of the premises such as control of substances hazardous to health.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service.

Risks to patients

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

- The service was provided by an individual registered as a provider and provided appointments within the specified time to meet the needs of people who used the service.
- The service was equipped to deal with medical emergencies and the provider was suitably trained in emergency procedures. The clinician understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The clinician knew how to identify and manage patients with severe infections including sepsis. The public defibrillator could be accessed nearby.
- A fire risk assessment and fire procedure were in place.
- 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 and accessible.

Are services safe?

- Systems were in place to check the identity of patients and to verify their age.
- The service had systems for the appropriate sharing of information with other agencies to enable them to deliver safe care and treatment.
- The clinician made appropriate and timely referrals in line with protocols and up-to-date evidence-based guidance.
- 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.
- The clinician 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 and emergency medicines were safe. The emergency medicines kept onsite were appropriate for the type of service offered to patients.
- The clinician prescribed, administered 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 accurate records of medicines were kept.
- The clinician had processes in place to gain prescribing advice from two clinicians' expert in the prescribing of Hormone replacement therapy (*HRT*) and weight management medicines. This followed a full assessment, screening, ongoing monitoring and in consultation with the patients GP.

Track record on safety and incidents

The service had a good safety record.

- There were 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. The service has purchased a data logger that sends an alert to the providers phone of any changes in the medicine fridge temperature.

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. However, there had been no recent significant events.
- Staff were aware of and complied with the requirements of the Duty of Candour. Staff demonstrated a culture of openness and honesty. This was apparent during the inspection when providing us with evidence.
- Alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) were received and dealt with by the registered manager.

Are services safe?

Are services effective?

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Are services safe?

Are services caring?

We rated caring as Good because:

Patients were treated with respect and staff were kind and caring and involved them in decisions about their care. We saw that patients returned regularly to the service for treatment.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Due to the COVID -19 pandemic we did not issue patient comment cards for completion by people who used the service. Instead we asked patients to send us their comments via our website and we received eight comments via our share your experience webform. Patients commented that staff were very caring and supportive and treated them with kindness and respect.
- The provider understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. The provider had completed equality and diversity training. An equality and diversity policy was in place.
- The service gave patients timely support and information. The service provided patients with a personal direct telephone number to answer any concerns and were available 24 hours.

Involvement in decisions about care and treatment

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

- The service had not treated patients who did not have a full understanding of English.
- Before providing treatment, patients attended for an 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 patients 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.

Are services caring?

Are services responsive to people's needs?

We rated responsive as Good because:

Services were tailored to meet the needs of individual patients 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 patients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered. The consultation room was on the ground floor and accessed via a separate entrance at the side of the owner's house.
- Equipment and materials needed for consultation, assessment and treatment were available at the time of patients attending for their appointment.

Timely access to the service

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

- Patients had timely access to initial assessment, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients could book appointments by phone or face to face at the service.
- Referrals and transfers to other services were undertaken in a timely way.

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 for patients.
- 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 procedure in place. The service had not received any formal complaints but acted upon all patient feedback to improve the quality of care.

Are services responsive to people's needs?

Are services well-led?

We rated well-led as Good because:

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

Leadership capacity and capability

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

- The clinician was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The clinician had effective processes to develop leadership capacity and skills. The clinician offered clinical and business mentorship locally to other clinicians.

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 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.
- The provider acted on behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality.

Governance arrangements

There were clear 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 effective.
- The provider was clear on their role and accountabilities.
- The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. We saw that clinical supervision was provided for the clinician from local services.

Managing risks, issues and performance

Are services well-led?

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had processes to manage current and future performance. The service performance could be demonstrated through audit of their consultations, prescribing and referral decisions. The provider had oversight of safety alerts, incidents, and complaints.
- A programme of clinical audit had been implemented in the service. Following the inspection, the provider discussed a list of clinical audits and monitoring they would be implementing in the future.
- The provider had plans in place and had trained staff to deal with 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 staff had enough access to information. We looked at minutes of meetings held with the clinician and contracted administration assistant.
- 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.

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. The annual patient survey feedback was positive. Following each consultation every patient who attended to complete a patient satisfaction questionnaire to assist in further development of the service.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of comments and complaints. Learning was shared and used to make improvements. Following patients feedback the service had changed their follow up of patients.
- There were systems to support improvement and innovation work.
- The service were members of national and local support networks for aesthetic and cosmetic practitioners and met regularly with other local providers.

Are services well-led?

- The provider had been awarded several awards. This included the Global Health and Pharma award for 2020 and 2021 for 'Kingston Upon Hull's Most Outstand Aesthetic Clinic. Finalist in the Diamond Award for Nurse of the Year 2021; runner up the National Aesthetic Nurse of year 2019; and one of the top three aesthetic clinics awarded locally for three years in a row.

Are services well-led?

- services well-led?