

# Elite Aesthetics

## Inspection report

32 Grove House  
Wainwright Avenue  
Greenhithe  
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Tel: 01322381205

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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.** (Previous inspection February 2020 – Good)

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

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

Elite Aesthetics is a doctor led aesthetic clinic with a strong interest in treating issues related to women's health. It also provides slimming services. It is on a ground floor premises in Greenhithe, Kent. It treats private patients. There is a car park on site. The staff comprise of a doctor, four aesthetic practitioners, a patient co-ordinator and support staff.

This provider 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. Elite Aesthetics 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 registered provider 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.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to the inspection. We received ten comment cards all of which were positive about the standard of care received. The comments explained how professional, caring and efficient staff were. The comments also included statements praising the cleanliness of the practice.

## Our key findings were:

- There was a strong emphasis on putting the patient's best interests first.
- The provider's systems, practices and processes helped to keep patients safe.
- Patients were routinely asked to provide feedback on the service they had received.
- There was a consistent approach to clinical record keeping.
- The provider dealt with staff with kindness and respect. They encouraged team building and understood the importance of gaining feedback from staff. New ideas were implemented as a result of staff feedback.

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

# Overall summary

- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available

**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. The team included a second CQC inspector and a specialist advisor.

## Background to Elite Aesthetics

Elite Aesthetics is located at:

32 Grove House,

Wainwright Avenue,

Greenhithe,

DA9 9XN

Elite Aesthetics is a doctor led clinic providing aesthetic skin treatments as well as medical treatment for a limited range of medical conditions. It also offers intimate health treatments and hair loss treatments.

<https://www.elite-aesthetics.co.uk/>

The clinic is open Monday and Thursday 10am to 6pm, Tuesday and Wednesday 10am to 8pm, Friday 10am to 4pm and Saturday 8am to 4pm.

We reviewed information from the provider for example staffing levels, training records, audits and policies.

We talked with the provider, interviewed staff, reviewed documents and records, inspected the facilities and the building.

### **How we inspected this 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 Good because:**

The practice's systems and processes helped to keep people safe. Risks to patients, staff and visitors were assessed, monitored and managed effectively. There were systems and processes to help appropriate standards of cleanliness and hygiene.

## **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. Staff received safety information from the service as part of their induction and refresher training. The provider had systems to safeguard children and vulnerable adults from abuse.
- The provider offered acne treatment to children over 12 years of age. The provider had systems to assure that an adult accompanying a child had parental authority. There was a system to check the identity of individuals using the service.
- 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 where required. (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.
- There was an effective system to manage infection prevention and control.
- 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.

## **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 agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision. For example, there was not a defibrillator on the premises. The provider carried out a risk assessment and had identified a publicly available defibrillator that was close to the practice.

## **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 provider understood the importance of providing all the information to the patient so they could make an informed decision.

# Are services safe?

- The provider had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The provider had a system 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 reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines minimised risks. The provider did not hold controlled drugs.
- There were effective protocols for verifying the identity of patients including children.
- There was a system to receive and act on relevant medicines alerts, medical devices alerts and other patient safety alerts. There was also a system to ensure that these were shared with appropriate staff and that action had been taken.
- Some of the medicines this service prescribed were unlicensed. Treating patients with unlicensed medicines may present a higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. These medicines are not recommended by the National Institute for Health and Care Excellence (NICE) or the appropriate professional. We looked at a sample of records and saw evidence that significant medical history and valid consent was obtained. We saw that there was an appropriate management plan based on current evidence and that there were appropriate follow up arrangements made. This was well documented in the patient records.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The provider 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 provider 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 adequate systems for reviewing and investigating when things went wrong. The provider learned and shared lessons identified themes and took action to improve safety in the service. For example, there had been an incident involving the safety of a patient. The incident was addressed right away, and the patient was informed. There was no adverse outcome for the patient. This was discussed with staff and new processes were implemented to prevent the incident from happening again.
- 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.

# Are services effective?

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

Patients' needs were assessed, and care as well as treatment were delivered in line with current legislation, standards and evidence-based guidance.

The provider had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

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

## **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)**

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.

## **Monitoring care and treatment**

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

- The provider service used information about care and treatment to make improvements. The service made improvements through the use of completed audits.
- Clinical audits had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The provider completed a variety of audits; for example, infection prevention and control, cleaning, clinical record keeping and clinical governance audits. There had been no two-cycle audits as the next audit was scheduled to take place in 2022.

## **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 were registered with the General Medical Council (GMC).
- 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**

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

- Patients received coordinated and person-centred care.

# Are services effective?

- 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.
- There was a system to check pathology results.
- 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. 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. There were clear and effective arrangements for following up on people who had been referred to other services.

## **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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, some patients were given information to support them to live healthier lives; advice regarding exercise, alcohol intake, and smoking.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs. For example, patients were encouraged to see their registered GP if there were concerns about diabetes.

## **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.

The service monitored the process for seeking consent appropriately.



# Are services caring?

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

The provider respected patients' privacy and dignity. They also helped patients to be involved in their decisions about care and treatment.

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

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

- The service regularly sought feedback on the quality of clinical care patients received as well as their general satisfaction with the service.
- Feedback from patients was positive about the way staff treated people
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- 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.**

- Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards, that they felt listened to and supported by staff. Patients also said they had sufficient time during and after consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

### **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.
- Some comments cards said the provider handled issues sensitively with the utmost care and consideration.

# Are services responsive to people's needs?

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

The provider organised and delivered services to meet patient needs.

The facilities and premises were appropriate for the services being delivered.

The provider understood the importance of flexibility, informed choice and continuity of care.

## **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. A feedback form was sent out to all patients after a consultation. The provider told us that they reviewed some of the suggestions provided by patients to see if they could be implemented to provide a better service for patients.
- The facilities and premises were appropriate for the services delivered.

## **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.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- There were arrangements in place for patients to access care when the service was closed during core hours.

## **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 provider informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The provider had a complaints policy and procedure in place. The provider told us it was part of their process to share any complaints received with all staff so that lessons would be learned. At the time of the inspection, the service had not received any complaints in the previous 12 months.

# Are services well-led?

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

There was compassionate and inclusive leadership at all levels.

Staff reported that leaders were visible and approachable.

## **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.
- 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 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 was aware of the difficulties and uncertainty during the COVID-19 pandemic however they hoped to enhance the range of services they offered in the future.
- 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.
- The provider told us they would be planning to take part in charity events to make a positive difference in the community.

## **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 patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were positive relationships between staff and teams. 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 regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff. The provider told us the practice would be closed for a period of time over Christmas so that staff can spend time off with their families.
- 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.

# Are services well-led?

## 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 governance and management of partnerships, joint working arrangements and shared services 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.
- The service used performance information which was reported and monitored, and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- 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/was no 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. 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.

## 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 and staff to support high-quality sustainable services.**

- The service encouraged and heard views and concerns from patients and staff and acted on them to shape services and culture.
- Staff also told us that they were encouraged to provide suggestions to improve the service and that suggestions were implemented. For example, staff thought it would be beneficial for patients to watch the television during certain treatments. Staff said this helped put patients at ease.
- There were systems to support improvement and innovation work.
- Staff could describe to us the systems used to give feedback. 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.

# Are services well-led?

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

## **Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement. Staff were given extra training opportunities if they had a special interest in a particular treatment.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

The provider had a special interest in feminine wellness and sexual rejuvenation and had pioneered some of the latest aesthetic treatments. These were designed to help women reclaim their confidence, whether post-childbirth or around menopause. The provider was also active in the media, helping to educate women on a number of issues surrounding health and wellness.