

Daffodil Aesthetics

Inspection report

14-16 Wortley Road
High Green
Sheffield
S35 4LU
Tel:

Date of inspection visit: 30 November 2022
Date of publication: 23/12/2022

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.

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 Daffodil Aesthetics as part of our inspection programme of a new provider registration for the service. This was a first rated inspection for the service that was registered with the Care Quality Commission (CQC) in February 2022.

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. Daffodil Aesthetics provides a range of non-surgical cosmetic interventions, for example dermal filler injections which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The registered provider for the service is Daffodil Aesthetics who provides treatments privately to fee paying clients. The registered provider has a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We reviewed feedback received by the provider on their booking system, comment cards from patients who had used the service and feedback received by us.

Our key findings were:

- The provider organised and delivered services to meet patients' needs following best practice guidelines.
- Staff were appropriately trained to be able to deliver a safe service in a clean environment.
- The provider had systems and processes for monitoring and managing risks.
- The provider was proud of the work they did and of the quality of service they provided.
- Services were offered on a private fee paying basis only and were accessible to people who chose to use it.
- There was a clear strategy and vision to promote good quality care.

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

- Review systems and arrangements for storing and documentation of medicines.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Overall summary

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a medicines specialist advisor.

Background to Daffodil Aesthetics

Daffodil Aesthetics is located at 14-16 Wortley Road, High Green, Sheffield S35 4LU. The service is located in a single treatment room on the ground floor. Patients have access to toilet facilities.

The provider, Daffodil Aesthetics, is registered with the CQC to carry out the regulated activity treatment of disease, disorder or injury from this location.

The provider operates a clinician-led service which specialises in aesthetic treatments and weight loss services. The service does not offer NHS treatment. Services are available to adults aged 18 years or over only.

The service and the treatments within scope of registration are led and carried out by the provider which is a partnership of two nurse practitioners who are qualified to prescribe medicines and are registered with the Nursing and Midwifery Council (NMC). No other staff were employed at the clinic at the time of the inspection.

The service is open Wednesday 9am to 8pm, Thursday 9am to 7pm and Saturdays 8am to 2pm.

How we inspected this service

Before visiting we reviewed a range of information we hold about the service and information provided pre-inspection by the service.

During our inspection we:

- Spoke with the registered provider.
- Looked at information the clinic used to deliver care and treatment plans.
- Reviewed documents and policies used by the service.
- Reviewed patient feedback received by the provider and by CQC.
- Observed the premises where services were delivered from.

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:

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed. Staff were aware of where to go to for further guidance if required.
- The service had systems to safeguard children and vulnerable adults from abuse and both staff had received appropriate safeguarding training. Staff had a good understanding of safeguarding and knew how to identify and report safeguarding concerns.
- Staff had received 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.
- There was an effective system to manage infection prevention and control (IPC). Although the provider had not completed a specific IPC audit, they had a comprehensive IPC policy in place which included actions the provider had taken to mitigate infection control risks. They had completed a health and safety audit, had cleaning schedules and had completed training in IPC. We observed the premises to be visibly clean and well maintained. The provider had carried out a legionella risk assessment, fire risk assessment and safety risk assessment of the premises. The provider implemented an IPC audit which they shared with us immediately following the inspection.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. The provider had undertaken portable appliance testing (PAT) of their electrical equipment and had a date planned for 7 December 2022 to have equipment calibrated as equipment was coming up to one year of age. 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.

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- There were medicines available to deal with medical emergencies which were stored appropriately and checked regularly. The provider had access to a defibrillator in the community. They did not have access to oxygen. The provider's rationale for this was that the procedures carried out were low risk and they had completed a risk assessment to inform this decision.
- There were appropriate indemnity arrangements in place.

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.

Are services safe?

- The service had systems for sharing information with other agencies to enable them to deliver safe care and treatment. For example, the provider wrote to the GP for all patients who attended for slimming medicines. They would not treat patients who did not agree to this to ensure safe practice for patients.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

Safe and appropriate use of medicines

The systems and arrangements for managing medicines required review.

- Although the provider recorded the actual temperature of the medical fridge, they did not record the minimum and maximum temperature and there was only one thermometer recording temperatures. UK Health Security Agency guidance recommends the use of two thermometers. During the inspection we noted the maximum temperature on the thermometer had recorded 24 degrees. We were unable to ascertain when the fridge had reached this temperature as the provider had not recorded the minimum/maximum temperatures, although all actual temperatures recorded had never exceeded the recommended temperatures. The provider had recorded the fridge had been defrosted on 5 November and attributed the spike in temperature to this. The provider confirmed during the inspection that a second thermometer had been ordered and a new monitoring schedule set up to record minimum, maximum and actual temperatures. They also completed an incident form which they submitted to us immediately following the inspection as part of improvement and learning.
- The service did not keep NHS prescription stationery. Private prescriptions were completed on an individual basis and sent directly to the pharmacy.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed and 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 staff kept records of medicines used to treat patients attending for a treatment that required registration with us. We reviewed six patient records where medicines had been administered. Two of the records did not include the batch number of the medicine given. It was noted that this was a treatment that was out of scope of registration with CQC. All other records we reviewed during the inspection, including records of patients who had attended for treatments that fell under the scope of registration with CQC, for example, slimming medicines did contain this information. The provider submitted an incident form to us immediately following the inspection which identified learning from this.
- Some of the medicines this service prescribes for weight loss are unlicensed. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. These medicines are no longer recommended by the National Institute for Health and Care Excellence (NICE) or the Royal College of Physicians for the treatment of obesity. The British National Formulary states that 'Drug treatment should never be used as the sole element of treatment (for obesity) and should be used as part of an overall weight management plan. The provider followed recommended guidance with regard to prescribing of this medication.

Track record on safety and incidents

The service had a good safety record.

- There were risk assessments and audits in place 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.

Are services safe?

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was an incident reporting policy in place which detailed how to record and act on significant events. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, ensuring when they ask a patient if they are pregnant that an explanation of the implications is given to ensure the patient understands the need to inform staff about this prior to treatment.
- 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 internal safety events as well as patient and medicine safety alerts. These were discussed at the team meeting and action taken when appropriate to their service.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

- The provider had systems to keep clinicians up to date with current evidence based practice. 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.
- 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 used information about care and treatment to make improvements and completed regular audits. For example, the provider carried out regular monthly medical record audits and had commenced a clinical audit to review the quality of care and outcomes of treatment for patients prescribed slimming medicines. This was not completed at the time of the inspection. Questionnaires had been sent to patients but results not collated. The provider intended to complete regular cycles of this audit.

Effective staffing

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

- The provider was a partnership of two nurse practitioners who were appropriately qualified and registered with the Nursing and Midwifery Council (NMC).
- The provider had received specific training and could demonstrate how they stayed up to date for the procedures carried out. Arrangements were in place for revalidation and annual appraisal and we saw evidence of this. The provider also met with other private aesthetic providers regularly to share best practice and was a member of an educational forum where they could receive peer review, education and support.

Coordinating patient care and information sharing

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

- Patients received co-ordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, the provider would only treat patients in the slimming clinic who would consent for their GP to be notified and kept informed of their treatment plan to ensure patient safety.
- Before providing treatment, they ensured they had adequate knowledge of the patient's health and their medicines history.
- The provider gave patients information on the treatments being administered and post information guidance. All patients received a free, no obligatory consultation prior to treatment and a free follow up appointment.
- The service monitored the process for seeking consent appropriately and had a consent policy in place.

Supporting patients to live healthier lives

Are services effective?

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.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. All patients were able to leave feedback on the electronic booking system following treatment. The provider shared patient feedback with CQC. There had been 11 reviews, all were very positive, stating staff were very professional, friendly and gave a good explanation of the treatment being provided. They said they felt listened to and staff understood what they wanted.
- The CQC had received feedback from nine patients at the time of the inspection, all were very positive about the service stating they were made to feel comfortable, staff were professional, friendly, knowledgeable and treatments were fully explained. They said staff would not carry out a procedure if they felt it was not in their best interest.
- The provider had received no complaints.
- Staff understood patients' personal, cultural, social and religious needs. They had access to interpretation services.
- The service gave patients timely support and information. All patients received a free no obligatory consultation and follow up appointment. Patients were given advice guidance before and after their treatment.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- The consulting room was private and had a door that locked to ensure patients' dignity was respected.

Are services responsive to people's needs?

We rated responsive as Good because:

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. It was visibly clean and well maintained. The provider had one clinical room which was on the ground floor with access to a toilet and hand washing facilities in the clinic room.

Timely access to the service

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

- Patients were fee paying patients who had timely access to initial assessment and treatment.
- The provider used an online booking system and was contactable by telephone, text messaging and email.
- The provider treated patients aged over 18 years of age only and identification would be checked if necessary.
- Patients received after-care treatment advice which included the contact number of the provider should they require assistance following treatment when the clinic was closed.

Listening and learning from concerns and complaints

Although the service had not received any complaints, they took complaints seriously.

- Information about how to make a complaint or raise concerns was available. The provider had a policy in place which was available on the provider's website. The provider had not received any complaints either written or verbal. They had listened to patient comments on feedback forms and taken action to improve services as a result. For example, they were in the process of reviewing their opening hours to give more flexibility and choice with appointment times.

Are services well-led?

We rated well-led as Good because:

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.

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 provider had only been registered with CQC to carry out regulated activities for a short period of time and was continually reviewing ways to improve services and meet regulations. For example, they had implemented an electronic medical record system for patients attending for some treatments and was in the process of expanding this to include all treatments so that all medical records were stored electronically.

Culture

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

- The provider was a two nurse partnership and did not employ any other staff at the time of the inspection. Both had been trained to carry out the procedures offered and were also up-to-date with mandatory training for example, basic life support, safeguarding and infection control. Both partners were registered nurses and had had met the requirements of professional revalidation and were registered with the Nursing and Midwifery Council (NMC). Both were very proud of the service and committed to providing a safe, high quality service.
- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents.

Governance arrangements

There were structures, processes and systems in place to support good governance.

- Structures, processes and systems to support good governance and management were clearly set out.
- The provider had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The partners held regular meetings to review systems and processes which were documented.

Managing risks, issues and performance

There were clear and effective processes for managing risks.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.

Are services well-led?

- 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.
- The provider had plans in place and had trained staff for major incidents.
- There was clear evidence of action to change services to improve quality and outcomes for patients. For example, we saw that the provider had commenced an audit of patients who had attended for slimming medicines. This was not completed at the time of the inspection.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- The service submitted data or notifications to external organisations as required.
- There were 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 encouraged and heard views and concerns from the public and patients and acted on them to shape services and culture. For example, they had introduced an electronic booking system following feedback from patients.
- The provider had an on-line social media account and a website which was used to engage with patients, offering information on services and updates.
- The provider had forged links with other local aesthetic clinics to share best practice and develop a support network.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The provider was up to date with all the relevant training and followed best practice guidelines to provide a safe clinical service.
- The provider was a member of a forum based support group for aesthetic practitioners who provided evidence based peer review, education and support.