

Jacqui Mac Aesthetics

Inspection report


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Date of inspection visit: 27 July 2022
Date of publication: 15/09/2022

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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Requires Improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Inadequate 

Overall summary

This service is rated as Inadequate overall.

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Jacqui Mac Aesthetics on 27 July 2022. This was the first inspection of this service. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Act.

The provider offers services to manage weight loss, the treatment of hyperhidrosis (excessive sweating), Polydioxanone (PDO) thread lifts (non-surgical face lift) and at the time of our inspection was offering treatment for the management of hay fever, which the provider informed us has now ceased.

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. Jacqui Mac Aesthetics provides a range of non-surgical cosmetic interventions, for example, botox, dermal fillers and cheek contouring which are not within the CQC scope of registration. Therefore, we did not inspect or report on these services.

Feedback from patients on the provider's website was limited, but very positive with two reviews left in the past 12 months.

Online patient reviews within the last 12 months were very positive. From 37 reviews, the provider scored an average of five stars. Patients described the provider as knowledgeable and professional and said they felt confident and reassured. The provider responded to all comments.

Our key findings were:

- The provider failed to establish policies, systems and processes which operated effectively to assess, monitor and improve the quality and safety of care provided.
- The provider failed to maintain an accurate, complete and contemporaneous record in respect of each service user.
- The provider did not have a system in place to verify patient's identity prior to making the decision to prescribe medicines.
- The provider attended quarterly quality and safety meetings with other providers offering similar services.
- The provider had failed to manage the safe recruitment of staff.
- Feedback from patients was positive.

Overall summary

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

You can see full details of the regulations not being met at the end of this report.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement, we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

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

Our inspection team

Our inspection team was led by a CQC lead inspector and included a member of the CQC medicines team.

Background to Jacqui Mac Aesthetics

Jacqui Mac Aesthetics operates from a small building located at the rear of 41 Kirkgate in the village of Silsden, Keighley, West Yorkshire.

On road parking is available to the side of the location or on a short drive in front of the clinic.

Services are delivered by the provider who is a registered nurse prescriber. The service specialises in a combination of medical aesthetic treatments, treatment for obesity and other health conditions and cosmetic procedures, some of which do not fall under the scope of the CQC,

Services are available to adults aged over 18.

The service opening times are:

Monday: 9am to 3pm

Thursday: 2.30pm to 7.30pm

Friday: 9am-3pm

The service is registered with the CQC under the Health and Social Care Act 2008 to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Surgical Procedures

How we inspected this service:

Before we visited the service, we reviewed the information available to us on the service website and our own internal systems. We reviewed the information provided to us by the service as part of our pre-inspection information return.

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 Inadequate because:

The provider had failed to minimise risks associated with prescribing. There was no protocol for verifying the identity of patients, including when services were delivered online. Clear, contemporaneous records of patient consultations, prescribing and where applicable, medicines administration, were not always made.

Safety systems and processes

The service did not have clear systems to keep people safe and safeguarded from abuse.

- The service had systems to safeguard children and vulnerable adults from abuse. The provider had completed the necessary safeguarding training.
- The provider did not carry out staff checks at the time of recruitment. The provider had a non-disclosure agreement in place for a staff member who provided administration support, but had not completed the necessary recruitment checks to keep people safe, for example, a Disclosure and Barring Service (DBS) check was not in place. We were shown some documentation relating to the induction of a new member of nursing staff. However, further recruitment checks were still required at the time of our inspection. (A DBS check is a way for an employer to check a criminal record, to help decide whether the person is suitable to work in the service.)
- As there was only one member of staff, the service was unable to offer a chaperone service to their patients. We were told that potential patients were informed of this and were able to either bring a friend or relative.
- The provider could not assure themselves that facilities and equipment were safe, or that equipment was maintained according to manufacturers' instructions. On the day of inspection, we saw that equipment in the clinic such as the blood pressure monitor and weighing scales were not calibrated.

Risks to patients

Systems were not in place to assess, monitor and manage risks to patient safety.

- The provider had failed to adequately assess, monitor and mitigate the risks to the health, safety and welfare of patients. Actions were not taken following the outcomes of risk assessments, such as the fire risk assessment.
- The health and safety policy was limited in scope and did not reflect all issues and actions required to manage identified risks, such as the storage of medicines on the premises.
- An infection prevention and control (IPC) policy was in place. However, the provider had not undertaken an IPC audit or audits relating to hand hygiene, sharps or clinical waste as detailed in the policy. Cleaning schedules for the environment or clinical equipment had not been completed. Provider records viewed at the inspection did not give assurance that refrigerator temperatures were reviewed and monitored in line with guidance and the provider did not know how to re-set the internal thermometer. The temperature of the clinic was not monitored despite the storage of patient medications.
- Data safety information for the control of substances hazardous to health (COSHH) was not in place at the inspection. These were forwarded to the inspection team later.
- There were systems for safely managing healthcare waste. Sharps boxes were supplied to patients for the disposal of pen needles.
- The provider 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.
- On the day of inspection, we saw the indemnity insurance which was in place, did not cover the activity of administering steroid injections which were being undertaken. This was rectified after our inspection.

Information to deliver safe care and treatment

Are services safe?

Staff did not have the information they needed to deliver safe care and treatment to patients.

- Individual care records were not written or managed in a way that kept patients safe. The provider did not maintain accurate, complete or contemporaneous records for each patient. This included a record of the care and treatment provided and decisions taken in relation to care and treatment, or when medicines were administered.
- On the day of inspection, the provider was unable to evidence the number of prescriptions given to some patients during their treatment.
- The provider did not consistently record consultations which took place. We reviewed some patient records and found there were no consultation records for one person treated with Botulinum toxin type A (botox) for hyperhidrosis and no clear record of prescribing, medicines strength or quantity for a second patient. The dose and site of an injection for a further patient was only recorded during the inspection.
- A number of appropriate policies and procedures were in place. However, we found the provider did not always follow their own policies. For example, actions which were required in the infection prevention and control (IPC) policy were not completed.
- Despite the policy which was in place detailing the same, patient consultations were not consistently shared with their GP. The benefits of information sharing with the patients usual GP, to support safe prescribing, were not discussed and documented for patients treated for hyperhidrosis or hay fever.
- Information relating to the management of patients was not stored securely. We were told that some patient information was stored on a mobile phone and this was not included in the patient record.

Safe and appropriate use of medicines

The service did not have reliable systems for appropriate and safe handling of medicines.

- Policies which were in place for the management of medicines at the clinic were not consistently followed, nor were the actions recommended in the policy taken. For example, the medicines policy stated; patient identity would be documented and checked, refrigerators locked, room temperatures recorded (to prevent the denaturing of medicines) and audits of record keeping would be undertaken. The provider could not evidence that these actions had been taken.
- The systems and arrangements for managing medicines did not minimise risks. The provider did not follow their own policy on the safe storage of medicines. The service used e-prescriptions however, these were not monitored to ensure the provider's prescribing guidelines were followed.
- Advice was given to patients regarding medicines when prescribing for weight loss. However, one record of hyperhidrosis treatment did not include a record of the information provided, or written consent to treatment. Another record lacked detail about the potential risks of a steroid injection used 'off label' for hay fever. (Some of the medicines this service prescribes are unlicensed for the purpose which they are used, this is described as off-label). In all the records we examined clear and complete records of prescribing were not made. Where there was a different approach taken to national guidance, the rationale for this was not documented.
- The provider prescribed prophylactic antibiotics for patients having Polydioxanone (PDO) threads, the rationale for this was not recorded. No record of prescribing antibiotics was made in the patient record we reviewed, although the provider confirmed antibiotics had been prescribed. Therefore, audits could not be undertaken as the information was not available. The provider's policy also stated that antimicrobial prophylaxis was not needed for most patients.
- The provider did not have a system in place to verify patient identity prior to making the decision to prescribe medicines. During the consultation the provider relied on patients to confirm their weight, height and BMI (body mass index) when prescribing for weight loss. The policy in place did not describe how this would be validated during remote consultations.
- The service did not undertake audits to ensure prescribing was in line with best practice guidelines for safe prescribing.

Are services safe?

- There was one document which related to the checking of emergency medicines, dated 25 July 2022. The service did not have a defibrillator on the premises or an appropriate risk assessment to inform this decision. The emergency medicines were in date and appropriate for the service.
- Staff understood how to manage emergencies and to recognise those in need of urgent medical attention.
- The provider did not prescribe controlled drugs.
- As noted, some of the medicines this service prescribes are unlicensed for the purpose which they are used (off-label), e.g. triamcinolone acetonide injection used for the management of hay fever. Following our inspection, the provider told us they would voluntarily cease to prescribe this medication. Treating patients with medicines not licensed for a particular indication is higher risk than treating patients with licensed medicines, because they may not have been assessed for safety, quality and efficacy for treating that particular condition.

Track record on safety and incidents

The service could not evidence a good safety record.

- There were basic risk assessments in relation to safety issues, but we found that outcomes from risk assessments were not acted upon. For example, regular monitoring of the fire alarm system was advised following a risk assessment in 2020. The provider did not evidence that any checks had been undertaken.
- The provider attended quarterly quality and safety meetings with other providers offering similar services.

Lessons learned and improvements made

On the day of inspection, we were unable to assess the management of significant events as none were recorded.

- The provider understood their duty to raise concerns and report incidents and near misses.
- There were no incidents to review at the clinic.
- The provider was aware of, and complied with, the requirements of the Duty of Candour. The provider was committed to a culture of openness and honesty.
- The provider told us they received safety alerts from the Medicines and Healthcare products Regulatory Authority (MHRA), and that these were discussed at external quality and safety meetings. The provider did not receive alerts from other services but following the inspection the provider told us they had registered to receive further updates from the National Institute for Health Care Excellence and the Central Alerting System.
- The provider did not evidence a policy which detailed how safety alerts would be managed.

Are services effective?

We rated effective as Requires improvement because:

Patients' needs in relation to care and treatment were not fully assessed, and the provider did not consistently assess, review, document or share information regarding the care provided.

Effective needs assessment, care and treatment

The provider had a basic system to keep up to date with current evidence based practice. We saw evidence that clinicians did not fully assess needs and deliver care and treatment in line with current legislation, standards and guidance (relevant to their service).

- The provider had attended sector specific training courses and gained competencies in a number of relevant areas regarding treatments and services.
- We saw no evidence of discrimination when making care and treatment decisions.
- Due to gaps in their patient records, the provider could not assure themselves that immediate and ongoing needs were fully assessed. This also impacted on the assessment of the patient's clinical needs and assessment of their mental and physical wellbeing.
- There was a full medical assessment template for weight loss in place which asked patients about eating disorders as well as physical health. However, the provider relied on patient self-assessed information, for example, regarding height, weight and BMI. They did not have a protocol that described how this would be validated for remote consultations. The assessments for hyperhidrosis and hay fever were less comprehensive. For example, although the provider's consent form required a diagnosis of primary hyperhidrosis prior to treatment, there were no records to show that this was explored during the patient consultation. The risks and benefits of information sharing with patient's usual GP was not discussed for patients receiving treatment for hay fever or hyperhidrosis.
- Arrangements were not in place to effectively and safely manage returning patients. Full details of follow-up patient consultations and of the medicines prescribed were not made. However, a review form had been recently implemented to support improvement in reviewing patients receiving weight loss treatment in the future.

Monitoring care and treatment

The service was not actively involved in quality improvement activity.

- On the day of inspection, the provider told us they were aware that record keeping at the clinic was not up to standard. This did not allow the provider to understand risks or gain a clear, accurate and current picture of any risks that could lead to safety improvements. As there were gaps in record keeping throughout the clinic, the service did not have access to consistent and reliable information about care and treatment that could be used to make improvements or direct future care.

Effective staffing

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

- The provider was a registered nurse and evidenced appropriate competencies and qualifications for the services offered.
- The provider was registered with the Nursing and Midwifery Council as a nurse independent / supplementary prescriber and was up to date with revalidation.

Are services effective?

- The provider was undertaking an induction with a qualified nurse at the time of our inspection. Following our inspection, documents were forwarded by the provider which noted an awareness of the standards of recruitment that were required under the Health and Social Care Act 2014.
- The provider discussed with us a motivation to professionally develop staff and ensure the clinic met fundamental standards in the future.

Coordinating patient care and information sharing

Staff did not work well with other organisations, to deliver effective care and treatment.

- The clinic protocol was for all patients to be asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. We found that only patients receiving treatment for weight loss were asked for this consent. However, the provider could not evidence that this information had been shared with the GP. One record we examined showed that the patient had consented to sharing information with their GP, but GP details had not been provided/documented.
- The provider gave us examples of where they had declined to treat patients as they had identified some concerns.
- Social media sessions and groups were available to support patients on their weight loss journey. Access was given once the initial medical assessment was complete. However, the provider could not evidence that the people who were directing the sessions had the skills and competencies to do so.

Supporting patients to live healthier lives

Staff were not consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- For some medications which were used off label, the provider could not evidence that appropriate information was given to enable the patient to self-care. We were told that patients who were being treated for obesity would be directed to NHS resources.

Consent to care and treatment

The service did not obtain 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.
- The provider did not consistently record consent to share information with the patients GP.
- The provider did not follow their own policy and undertake the necessary checks to assure themselves that patients were over the age of 18.

Are services caring?

We rated caring as Good because:

The provider demonstrated a caring attitude towards patients and feedback from patients was consistently positive regarding the way they were treated

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback through reviews and their webpage on the quality of care patients received.
- Feedback from patients was consistently very positive about the way they were treated.
- Staff understood patients' personal, cultural, social and religious needs. The provider displayed a caring approach and an understanding and non-judgmental attitude to all patients.
- The provider told us they gave patients timely support verbally and appropriate information. However, this was not always documented in the patients notes.

Involvement in decisions about care and treatment

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

- Patients' feedback was very positive, and the provider responded to all comments on the business web page. Patients said the provider was knowledgeable, kind and trustworthy and they had sufficient time and information during consultations to make an informed decision about the choice of treatment available to them.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- In response to patient feedback the provider had purchased additional blinds to enhance privacy at the clinic.
- The service was managed so that only one patient was on site at any one time. This allowed the provider to hold private and sensitive discussions with patients as necessary.

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 immediate needs of their patients. The provider was in the process of recruiting additional staff to offer a wider choice of patient appointments.
- The facilities and premises were appropriate for the services delivered.
- A ramp was available for patients who were less mobile. The provider told us they would be able to offer treatments to people in the small waiting area, if they struggled to access the consultation room. We saw that facilities were in place to keep this area private.

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 able to access consultations, in person, by telephone or online, at a time to suit them.
- Where initial assessments or blood tests were required, the provider was able to signpost the patient to an appropriate service.

Listening and learning from concerns and complaints

The service provider told us they would take complaints and concerns seriously.

- Information about how to make a complaint or raise concerns was available on the service website. A complaints policy was in place.
- The provider told us they had not received any complaints from patients. On the day of inspection, the provider discussed that on occasion a patient had unrealistic expectations of the improvements that could be made following treatments. To mitigate this, the provider told us they would always discuss expectations at new patient consultations.
- The provider told us they viewed complaints as an opportunity to improve and learn and that any complaints would be treated compassionately.

Are services well-led?

We rated well-led as Inadequate because:

The provider had failed to establish policies, systems and processes which operated effectively to assess, monitor and improve the quality of care provided to patients.

Leadership capacity and capability;

Leaders did not have the capacity and skills to deliver high-quality, sustainable care.

- The provider had some knowledge about issues and priorities relating to the quality and future of services. However, at the time of the inspection we did not see that the provider had the capacity to respond to the demands of the service and ensure that fundamental standards were in place.
- The provider was looking to recruit new staff to increase capacity and address the gaps and challenges within the service.

Vision and strategy

The service did not have a clear vision to deliver high quality care and promote good outcomes for patients.

- The provider told us they were committed to delivering high quality care to patients. However, we did not see an effective approach to the monitoring or review of evidence which would underpin the delivery of high quality care.

Culture

The service did not have a culture of high-quality sustainable care.

- Information relating to the management of some patients, their treatment and prescribing was not stored securely. We were told and viewed patient information which was stored on a mobile phone and not consistently included in the patient record.
- The service was focused on the needs of patients, but as a result of not adhering to their own policies and procedures these needs were not always being met or met safely.
- Staff felt respected, supported and valued. They were proud to work for the service.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- The values of openness, honesty and transparency were demonstrated on the day of inspection. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The provider was keen to develop their own skills to enhance care for patients and keep up to date with best practice.

Governance arrangements

There was no clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were not clearly set out, understood or effective. The governance and management of patient records and a lack of sharing of information did not support safe and co-ordinated person-centred care.

Are services well-led?

- The provider had not established policies, systems and processes which operated effectively to assess, monitor and improve the quality and safety of care provided. We saw a number of policies were in place, but these were not being followed. This included the thread lift policy, the infection, prevention and control policy, and the remote prescribing policy. For example, we saw that identity checks were not conducted to ensure medicines were prescribed to the right person.
- The provider was registered with the information commissioner's office (ICO).

Managing risks, issues and performance

There was a lack of clarity around processes for managing risks, issues and performance.

- The provider did not have an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. This included risk relating to the management of the environment, infection prevention and control and the management of patient records.
- The provider did not review and act upon all safety alerts at the time of our inspection. A policy to detail how safety alerts would be managed and reviewed was not in place.
- Systems were not in place to manage risk, issues and performance. Quality improvement activity did not take place. We found the provider did not effectively use data to drive improvements and support decision making that would enhance care for patients.
- The provider had plans in place for major incidents.

Appropriate and accurate information

The service was unable to evidence appropriate and accurate information.

- The provider was unable to use quality and operational information to improve performance. Complete and accurate patient records were not maintained, and the service was unable to use patient information to audit the quality of care provided.
- The provider could not evidence that policies and procedures which were in place at the clinic were followed, and that identified risks were responded to.
- The service had failed to maintain an accurate, complete and contemporaneous record in respect of each patient, including a record of the care and treatment provided and decisions taken in relation to the care and treatment provided, and where applicable medicines administration. For example; the provider was unable to evidence the number of prescriptions given to some patients in respect of their treatment.
- The provider did not consistently record consultations which took place with patients. We saw that there were no consultation records for one person treated with botox for hyperhidrosis. The dose and site of injection was only recorded during the inspection for the administration of a triamcinolone acetonide injection to one patient.
- The provider did not consistently ask permission to share information with the patients GP. When consent to share information was obtained, the provider could not consistently evidence that this had taken place. The benefits of information sharing with the patients usual GP, to support safe prescribing, were not discussed and documented for patients treated for hyperhidrosis or hay fever.

Engagement with patients, the public, staff and external partners

- The service encouraged and heard views from patients and had purchased blinds for the clinic in response to patient feedback.
- Staff which were in place at the time of our inspection were described as 'virtual', they did not attend the location and their feedback had not been sought.

Are services well-led?

- The provider had held an 'afternoon tea' patient engagement event in the locality. Talks and stalls were arranged, and the focus of the event was wellbeing. Patients did not have to be registered with the clinic to attend or listen to the presentation.

Continuous improvement and innovation

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

- The provider attended regular relevant courses and updates and told us of a commitment to continuous learning and improvement.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p>How the regulation was not being met:</p> <p>The provider failed to ensure the proper and safe management of medicines at the clinic. The provider prescribed prophylactic antibiotics for patients having Polydioxanone (PDO) threads. No record of prescribing antibiotics had been made in the patient record we reviewed. The provider's policy also indicated that antimicrobial prophylaxis was not needed for most patients.</p> <p>The provider failed to ensure the patient's medical history was sufficiently explored before prescribing triamcinolone acetonide injection for hay fever. Consideration was not given to providing the patient with a steroid treatment card and the risks of treatment using a medication off label were not explored.</p> <p>The provider failed to minimise risks associated with prescribing. A system was not in place to verify patient's identity prior to making the decision to prescribe medicines. The provider relied on patients to self-assess and confirm weight, height and BMI (body mass index) when prescribing for weight loss. The policy in place did not describe how this would be validated during remote consultations.</p> <p>The provider did not review and act upon all safety alerts at the clinic. A policy setting out how safety alerts would be managed was not in place.</p> <p>The provider failed to adequately assess, monitor and mitigate the risks to the health, safety and welfare of patients. We found actions were not taken following the</p>

Enforcement actions

outcomes of risk assessments such as the fire risk assessment. On the day of inspection, the indemnity insurance procured did not cover the activity of administering steroid injections.

The health and safety policy was limited in scope and did not reflect issues and actions to manage risks, such as the storage of medicines on the premises.

The provider failed to assess the risk of the prevention, detection, and control of the spread of infections. An infection prevention and control policy was in place, but was not followed, nor had the provider completed an infection prevention and control audit or audits relating to hand hygiene, sharps and clinical waste. There were no completed cleaning schedules for the environment or clinical equipment. Records viewed did not give assurance that refrigerator temperatures were reviewed and monitored in line with guidance. The temperature of the clinic was not monitored despite the storage of patient medications.

The provider did not ensure that equipment used for providing care and treatment was safe for such use. You did not have a defibrillator on the premises or a risk assessment in place. There was one document that related to the checking of emergency medicines, dated 25 July 2022.

The provider failed to conduct the safe recruitment of staff. The necessary documentation in relation to persons employed was not in place. The provider failed to maintain oversight of the complete immunisation status of the staff team.

Regulated activity

Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems and processes must be established and operated effectively to ensure good governance

How the regulation was not being met:

The provider failed to establish policies, systems and processes which operated effectively to assess, monitor and improve the quality and safety of care provided. A

Enforcement actions

number of policies were in place, but these were not being followed. This included the remote prescribing policy. We saw that identity checks were not conducted to ensure medicines are prescribed to the right person.

The provider failed to maintain an accurate, complete and contemporaneous record in respect of each patient, including a record of the care and treatment provided and decisions taken in relation to care and treatment and medicines administration. For example; the provider was unable to evidence the number of prescriptions given to some patients in respect of their treatment.

The provider did not consistently record patient consultations. There were no consultation records for one person treated with botox for hyperhidrosis. The dose and site of injection was not recorded for the administration of a triamcinolone acetonide injection to one patient.

The provider did not follow the consent policy at the clinic. The provider failed to ensure patient consultations were shared with their GP. The benefits of information sharing with the patients usual GP, to support safe prescribing, were not discussed and documented for patients treated for hyperhidrosis or hay fever.

Information relating to the management of the regulated activity was not stored securely. Patient information was stored on a mobile phone and not included in the patient record.

Systems were not in place to manage risk, issues and performance. Quality improvement activity did not take place. The provider did not effectively use data to drive improvements and support decision making that would enhance care for patients.

This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.