

Enhance Cosmetic Solutions Ltd

Inspection report

2 Oak Barn Close
Cranfield
Bedford
MK43 0TW
Tel:

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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.

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 Enhance Cosmetic Solutions Ltd on 15 March 2023. The service was registered with the Care Quality Commission (CQC) in May 2020. We carried out this first rated inspection as part of our regulatory functions. The inspection was undertaken to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enhance Cosmetic Solutions Ltd 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 general exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 1 and Schedule 2 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enhance Cosmetic Solutions Ltd is registered with the CQC to provide 2 regulated activities: Surgical procedures and Treatment of disease, disorder or injury. It is registered to treat adults only. The services that are within scope of registration are thread lifting and Botulinum toxin (Botox) treatment for hyperhidrosis. The service provides a range of cosmetic treatments that are not within scope of registration, such as Botox and fillers for cosmetic reasons and hormone replacement therapy. We did not inspect or report on services outside the scope of registration.

The service manager and nominated individual 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.

Our key findings were:

- The service had clear systems to keep people safe and safeguarded from abuse.
- There were systems in place for the management of significant events and incidents. Risks to service users were assessed and managed.
- The service had reliable systems for appropriate and safe handling of medicines.
- The service had systems to keep clinicians up to date with current evidence based practice.
- The clinic manager were actively involved in quality improvement activity.
- The service obtained consent to care and treatment in line with legislation and guidance.
- The clinic manager helped service users to be involved in decisions about care and treatment.
- The service took complaints and feedback seriously and responded to them appropriately to improve the quality of care.

Overall summary

- The service had a culture of high-quality sustainable care.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.

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

- Implement systems and processes in line with national guidance in relation to the availability of emergency equipment such as oxygen.

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 GP specialist adviser.

Background to Enhance Cosmetic Solutions Ltd

Enhance Cosmetic Solutions Ltd is located at 2 Oak Barn Close, Cranfield, Bedford, Bedfordshire, MK43 0TW. The telephone number is 01234 750454. The website address is www.enhancecosmeticsolutions.co.uk

Enhance Cosmetic Solutions Ltd is a private clinic located on ground floor in a residential property. The service offers thread lifting and Botulinum toxin (Botox) treatment for hyperhidrosis. The service offers a range of cosmetic treatments that are not within scope of CQC registration, such as Botox and fillers for cosmetic reasons and hormone replacement therapy.

Enhance Cosmetic Solutions Ltd is owned and managed by the service manager. No other staff are employed or involved in delivering the services and treatments offered. The service manager is a Registered Nurse Independent Prescriber.

The service is open 5 days a week. Appointments are available between 10am and 6pm on Mondays, between 11am and 7pm on Tuesdays, between 10am and 4pm on Wednesdays, between 10am and 5pm on Fridays and between 10am and 4pm on Saturdays. Appointments are also available outside of these hours on request. The service is closed on Thursdays and Sundays.

How we inspected this service

Before inspecting, we reviewed a range of information we hold about the service and we reviewed the information we asked the provider to send us.

During our inspection we:

- Spoke with the service manager.
- Reviewed how care or treatment were being delivered including the associated record.
- Reviewed 22 client feedback forms, shared by the provider, where service users shared their views and experiences of the clinic.
- Reviewed a range of policies, procedures and management information held by the 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?

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. The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support service users and protect them from neglect and abuse. The service manager took steps to protect service users from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The service manager had a Disclosure and Barring Service (DBS) check in place and a policy which clearly outlined how often a DBS check would be completed. (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 up-to-date safeguarding and safety training in place and easily accessible information to identify and report concerns. The service had a chaperone policy in place, however at the time of our inspection the service manager had not completed chaperone training. Shortly after our inspection, the service manager completed chaperone training and provided evidence to confirm this.
- There was an effective system to manage infection prevention and control. Cleaning of the premises was carried out by an external contractor and there were cleaning schedules in place. Infection prevention and control audits were undertaken and there were safety sheets for the Control of Substances Hazardous to Health (COSHH). There were systems for safely managing healthcare waste.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- 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.

- The service manager understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage service users with severe infections, for example sepsis.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines to deal with medical emergencies which were stored appropriately and checked regularly. The service had access to a defibrillator which was located nearby and an appropriate risk assessment was in place in relation to this. However, at the time of our inspection we found the oxygen type and amount held at the clinic was not in accordance with national guidance. An appropriate risk assessment to mitigate risks in relation to this was not in place. The service manager took immediate action and shortly after our inspection, the service provided evidence to us to confirm the oxygen now being held at the clinic was in line with national guidance.

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 service users safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant healthcare staff in an accessible way.

Are services safe?

- We found information within patient records was comprehensive and included all of the information needed in accordance with national guidance.
- The service had systems for sharing information with other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks.
- The service manager prescribed, administered or supplied medicines to service users and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and the service kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- Medicines were stored securely and all medicines requiring refrigeration were stored in an appropriate, secure medicine fridge. Temperatures were monitored and recorded.
- Service users' health was monitored to ensure medicines were being used safely and followed up on appropriately.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues including fire and health and safety.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. The service manager understood their duty to identify concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. The service had systems in place to learn and share lessons and take action to improve safety in the service. There had been no significant events recorded in the last 12 months.
- The service manager kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to record, review and seek advice from relevant safety alerts.

Are services effective?

Effective needs assessment, care and treatment

The service manager had systems in place to keep up to date with current evidence based practice. We saw evidence that the service manager assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service). For example, the British Association of Cosmetic Nurses (BACN).

- The service had systems in place to receive and act on alerts from the Medicines and Healthcare products Regulatory Authority (MHRA) and through the Central Alerting System (CAS).
- Service users immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The service had access to an accredited diagnostic microbiology and virology laboratory service for tests undertaken.
- We saw no evidence of discrimination when making care and treatment decisions.
- Service users were advised where to seek further help and support if required.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The provider had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The service had undertaken audits on effective prescribing, infection prevention and control and service user outcomes from treatments provided. There had been no complications and no identified areas for improvement.

Effective staffing

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

- The service manager was appropriately qualified and attended training and workshops on a regular basis for updates.
- The service manager was registered with the Nursing and Midwifery Council (NMC) and was up to date with revalidation.
- The service manager had access to online training and had a system in place to maintain essential training relevant to their role, such as safeguarding, mental capacity, equality and diversity, health and safety, fire safety, consent, duty of candour, information governance, medicines management, basic life support and infection prevention and control.
- Up to date records of skills, qualifications and training were maintained.
- The service manager sought advice and support from two senior nurses and received an appraisal at least once a year.

Coordinating patient care and information sharing

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

- Service users received coordinated and person-centred care. The service manager referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, the service manager ensured they had adequate knowledge of the service users health, any relevant test results and their medicines history.
- The service shared relevant information with other services. The service would contact the client's own GP if any concerns had been identified with service users consent.
- The service clearly displayed consultation and treatment fees on their website. At the time of our inspection, the service did not display fees within the clinic. Shortly after our inspection, the service manager had introduced a paper copy of the fees structure and we were told this was now displayed within the clinic.

Are services effective?

- When necessary the service manager worked with other health professionals to deliver effective care and treatment. There were clear protocols for referring clients to other specialists or colleagues based on current guidelines.

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, the service manager gave people advice so they could self-care.
- Risk factors were identified, highlighted to service users and where appropriate highlighted to their GP for additional support.
- Where service users needs could not be met by the service, the service manager 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.

- The service manager understood the requirements of legislation and guidance when considering consent and decision making.
- The service manager supported service users to make decisions. Where appropriate, they assessed and recorded a service users mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately and this was audited on a regular basis.

Are services caring?

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care service users received.
- Feedback from service users was positive about the way they were treated.
- We received copies of 22 client feedback forms collected by the service. All 22 feedback forms were both very positive about the service they had experienced.
- The service manager understood service users' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all service users.
- The service gave service users timely support and information.

Involvement in decisions about care and treatment

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

- The service manager knew how to obtain interpretation services for clients who did not speak English as a first language. They had not had a need for this service and any communication needs were considered prior to booking a consultation.
- Client feedback online demonstrated service users felt listened to and supported by the service manager and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Clients had access to information about the clinician responsible for delivering the services.

Privacy and Dignity

The service respected patients' privacy and dignity.

- The service manager recognised the importance of people's dignity and respect.
- Clients were treated in private and the appointment system meant service users usually had the waiting room to themselves whilst they waited for treatment. We noted conversations could not be overheard when the treatment room door was closed.
- The service manager told us the appointment times were of sufficient length for them to put clients at ease should they need reassurance.
- All client records were electronic and held securely. The service complied with information governance legislation.

Are services responsive to people's needs?

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 service users and improved services in response to those needs. For example, following a situation where a service user felt faint after a treatment, the service manager introduced longer appointments to allow recovery should a similar incident occur in the future.
- The service had arrangements in place for service users to be seen by a local practitioner in the event the manager was unable to undertake a planned appointment.
- The service had a process in place to identify individual service user likes and dislikes which were taken into account when planning and delivering consultations and treatments.
- Services available to service users were made clear on the website.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.
- Online unverified feedback showed service users had rated their experience highly.

Timely access to the service

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

- Service users had timely access to initial assessment, test results, diagnosis and treatment.
- Appointments were available five days a week and the service was offered flexibility with appointment times and were able to provide services outside of their normal operating 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.

- The service had received one complaint within the previous 12 months and the service had taken immediate action and found a resolution to this complaint. Information about how to make a complaint or raise concerns was available and easily accessible.
- The service told us that they would treat service users who made complaints compassionately and the complaints policy and procedure supported this.
- The service encouraged service user feedback and demonstrated a focus on service user engagement and involvement.

Are services well-led?

Leadership capacity and capability;

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

- The service manager was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The provider had effective processes to develop leadership capacity and skills. The service manager had plans to recruit as part of their long-term succession planning.

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 their 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 service users.
- Systems and processes supported openness, honesty and transparency when identifying and responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There was a strong emphasis on safety and well-being.
- The service manager had completed equality and diversity training.

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 joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- There were clear roles and responsibilities in place.
- The service had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- 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 arrangements in line with data security standards for the availability, integrity and confidentiality of service user identifiable data, records and data management systems.

Managing risks, issues and performance

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

Are services well-led?

- 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 the service manager could be demonstrated through audit of their consultations, prescribing and referral decisions. The service had oversight of safety alerts, incidents and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for service users.
- The provider had plans to manage risks and the service manager had completed training for major incidents.
- A business continuity plan was in place and this was regularly reviewed.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to monitor and improve performance. Performance information was combined with the views of service users.

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.

- There were arrangements to obtain feedback about the quality of care and treatments available to service users.
- The service manager advised service users to see their usual GP if they had any concerns.
- The service was transparent, collaborative and open with their service users.
- There were systems to support improvement work. The service manager was in the process of expanding the services offered and had plans to introduce health and wellbeing checks.

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. The service manager was committed to learn and improve outcomes for service users. They met with peers on a regular basis to review their work and discuss any issues identified.
- The service made use of internal reviews of incidents and complaints.