

# Highcroft Aesthetics

## Inspection report

Highcroft  
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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 Highcroft Aesthetics as part of our inspection programme, to inspect all newly registered locations. This was a first rated inspection for the service since they registered with the Care Quality Commission (CQC) in January 2022.

Highcroft Aesthetics provides a private aesthetics service for fee paying clients. This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services they 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.

Highcroft Aesthetics provides a range of non-surgical cosmetic interventions, for example dermal filler injections, anti-wrinkle treatments and non-prescription topical treatment for skin conditions which are not within CQC scope of registration. Therefore, we did not inspect or report on these services. At the time of the inspection, they offered thread face lifts and medical treatment for hyperhidrosis and weight management, which were within scope of the regulations.

Dr Laura Garner 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 people. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

## **Our key findings were:**

- There were systems to assess, monitor and manage risks to patient safety.
- The provider assessed needs and delivered care in line with evidence-based guidelines. The provider had some quality improvement activity in place, but as the service was small, this was focussed on individual patient outcomes.
- The provider had the skills, knowledge and experience to carry out their roles.
- Patients were treated with kindness, respect and compassion and helped to make decisions about care and treatment.
- The provider understood the needs of their patients and wherever possible made reasonable adjustments to make sure the service was accessible and responsive to the needs of patients.
- There were clear structures, systems and processes to support effective leadership and governance. The provider had a drive to deliver safe, personalised, high quality care that met the needs of the people who used the service. However, there were some gaps in the approach to continual quality improvement.

# Overall summary

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

- Review and improve the arrangements for responding to a medical emergency by providing access to a defibrillator and oxygen within the premises.
- Develop the governance and quality improvement strategy in place within the service to ensure it supports appropriate assurance, identification and implementation of quality improvements. For example, within clinical quality; infection prevention and control; and the process for recording learning and quality improvement from events, incidents and near misses that do not meet the threshold for serious events.
- Make appropriate arrangements for the regular calibration of equipment, such as the scales used to weigh clients undergoing weight loss treatment.
- Make sure the complaint process is accessible and publicised online so people who use the service can access it easily in the event they are unhappy with the care, treatment or service received.

**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

The inspection was led by a CQC inspector who had access to advice from a member of the CQC medicines team.

## Background to Highcroft Aesthetics

Highcroft Aesthetics is located at Highcroft, 33 Grange Road, Ryton, NE40 3LU. The service is located in a single treatment room on the ground floor. Patients have access to toilet facilities.

The provider, Laura Garner Ltd, is registered with the CQC to carry out the regulated activities of surgical procedures and the 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. The service and the treatments within scope of registration are led and carried out by the provider who is a registered dentist who is qualified to prescribe medicines and is registered with the General Dental Council (GDC) in the UK. No other staff were employed at the clinic at the time of the inspection. The service is open Tuesday 2pm to 8pm and Saturday from 9am to 5pm.

### 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 clear systems to keep people safe and safeguarded from abuse.**

- The provider conducted safety risk assessments. They had appropriate safety policies, which were regularly reviewed. They outlined clearly who to go to for further guidance. The provider had access to safety information to guide them to operate in a safe way and was supported by appropriate refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- Services were offered to adults over 18 only; no services were provided to children and young people under the age of 18.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider did not employ other staff at the time of the site visit. They told us that if they were to employ staff; they would make sure they carried out staff checks at the time of recruitment and on an ongoing basis where appropriate.
- The provider had completed an up to date 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).
- The provider had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The provider told us they had a plan in place if they needed a chaperone and could employ someone who was trained for the role of chaperone and had received a DBS check. However, they had not yet received a request.
- There was an effective system to manage infection prevention and control. The provider 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 and was undertaking the associated mitigating actions. The provider had implemented a rudimentary infection prevention and control audit, shortly before the site visit.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. The provider did not have arrangements in place to calibrate the scales used in the practice for monitoring client's weight. They told us they would make arrangements for this to happen.
- 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.**

- The provider had employed an external consultant at the start of their CQC registration process to review all the policies and procedures at the practice to ensure they protected patients from harm.
- The provider 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 appropriate indemnity arrangements in place.
- There were suitable medicines to deal with medical emergencies which were stored appropriately and checked regularly. The provider had implemented a risk assessment to determine the scope and type of emergency equipment

# Are services safe?

and medicines available. This was based on the type of services provided and client base. Whilst the risk of a medical emergency was very low; there was no oxygen or defibrillator available on site. The risk assessment set out that if a defibrillator was required, there was one available in the community. However, we considered this was only a viable option if there was someone else accompanying the patient who could retrieve it whilst the clinician was providing emergency treatment. Otherwise the risks to the patient would be greater than the benefits, as they would be receiving no lifesaving treatment whilst the provider retrieved the defibrillator. The provider told us they would reconsider the risk assessment and consider the viability of purchasing these.

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

- The systems and arrangements for managing medicines, including emergency medicines, minimised risks. The service kept private prescription stationery securely and monitored its use.
- The service does 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.
- The provider prescribed, administered and supplied 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 accurate records. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- Some of the medicines this service prescribed for weight loss were unlicensed for this purpose. Treating patients with unlicensed medicines is a higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. These medicines were not recommended by the National Institute for Health and Care Excellence (NICE) or the appropriate professional guidelines. However, at the time of the site visit these medicines were under review by NICE and it was anticipated new guidelines would be issued soon. 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 regarding prescribing of this medicine.
- There were appropriate arrangements for storing temperature sensitive medicines, including those that needed to be stored in a refrigerator. The provider had recently purchased a thermometer datalogger to maintain a more reliable contemporaneous check of refrigerator temperatures.

## Track record on safety and incidents

### The service had a good safety record.

# Are services safe?

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped them 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. However, this had not been enacted as the type of incidents to be considered through this process were set at quite a serious level. We discussed with the provider how near misses, positive events and more minor events or issues could be used as a trigger for quality improvement. They were able to provide several examples of improvements made but that they had not documented. They said they would consider how to do this more formally in the future.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, they implemented arrangements where a client was known to have a history of fainting during medical procedures.
- 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. When there were unexpected or unintended safety incidents:
  - The service gave affected people reasonable support, truthful information and a verbal and written apology
  - They 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.

# 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**

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- 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.
- Staff assessed and managed patients' pain where appropriate.

## **Monitoring care and treatment**

**The service had some quality improvement activity in place.**

- The service used information about care and treatment to make improvements. They monitored individual patient outcomes but had not carried out clinical audit activity to assure themselves of the effectiveness of the service provided overall. However, the total number of clients who had received treatments within the scope of the regulations was very small.

## **Effective staffing**

**The provider had the skills, knowledge and experience to carry out their roles.**

- The provider was a dentist who was appropriately qualified and registered with the General Dental Council (GDC).
- The provider had received specific training and could demonstrate how they stayed up to date for the procedures carried out.
- 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 together with other organisations to deliver effective care and treatment.**

- Before providing treatment, the provider requested information on the client's medical history and current prescribed medicines. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- 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.



# Are services effective?

- 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, or they were not registered with a GP. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.

## **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.**

- Patients seeking treatment for weight loss were given advice and guidance on healthy lifestyles to support effective weight loss and weight maintenance over time.
- Risk factors were identified, highlighted to patients to support them to make informed decisions about treatment.
- 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.
- The service monitored the process for seeking consent appropriately.

# 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. This had so far been an ad hoc exercise, but the provider told us they were looking into ways to do this on an ongoing systematic basis to inform quality improvements. All feedback received by the service and by CQC had been positive about the quality of care and service received.
- Feedback from patients was positive about the way staff treat people
- The provider 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.**

- The provider had developed written information which they provided to patients, which gave information about the procedures, any side effects or known complications, aftercare and what to do in case of any adverse reactions or emergency following the procedure. They told us they gave people a cooling off period to consider whether the treatment was right for them.
- Information about services offered and prices of treatments were available on the clinic's website.
- Patients with a sensory impairment were able to be supported. For example, information was available in larger font sizes.

## **Privacy and Dignity**

### **The service respected patients' privacy and dignity.**

- The provider recognised the importance of people's dignity and respect.
- Treatments and consultations were undertaken with the privacy of patients in mind. The clinical room was locked to prevent interruptions, and that whenever possible patients only had to take off the minimum amount of clothing as required by the procedure.
- The provider was aware of information security, and we saw that patient records were stored securely.

# 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. They 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. For example, a portable ramp was available to make the service accessible to those with mobility difficulties.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The provider told us they discussed any reasonable adjustments they could make to ensure the service was accessible. If they were unable to accommodate the patient safely, they referred to other clinics in the area who would be able to meet the needs of the patient.

## **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, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients were able to book appointments at a time convenient for them through the service website.

## **Listening and learning from concerns and complaints**

**The service took complaints and concerns seriously and planned to respond to them appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available direct from the service. The provider had a policy in place. This was not, however, available on the service website.
- The provider had not received any complaints either written or verbal. Feedback received by the practice and CQC was all positive.

# Are services well-led?

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

## **Leadership capacity and capability**

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

- The provider was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The provider was personable and approachable.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future development 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 monitored progress against delivery of the strategy.

## **Culture**

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

- The provider had a drive to deliver safe, personalised, high quality care that met the needs of the people who used the service. They focused on the needs of patients.
- At the time of the inspection, the provider had not recorded any significant events or complaints about the service. The provider told us they would respond to these with openness, honesty and transparency if they received any in the future.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The provider had a focus on developing themselves to enable them to provide safe and effective care.
- There was a strong emphasis on the safety and well-being within the service

## **Governance arrangements**

**There were clear responsibilities, roles and systems of accountability to support good governance and management. However, there were some gaps in the approach to continual quality improvement.**

- The provider was clear on their roles and accountabilities.
- The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Arrangements were in place to ensure the service was safe and risks were well managed.
- The provider recognised there was a need to develop their approach to quality improvement. There were some gaps in this area. For example, they had not conducted any clinical audit, with the focus instead on individual clinical outcomes. The infection prevention and control audit was very short and conducted just before the inspection. The

# Are services well-led?

process for recording learning and quality improvement from significant events focused on the most serious events. Although the provider demonstrated they had learnt and improved from other incidents and events, they had not recorded these formally. However, we noted the small number of patients treated within scope of the regulations, limited the potential for identifying improvement from clinical audit.

- 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 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.
- The provider had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place for major incidents.

## Appropriate and accurate information

### **The service acted on appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

## Engagement with patients, the public, staff and external partners

### **The service involved patients, the public, staff and external partners to support high-quality sustainable services.**

- The service encouraged and heard views and concerns from patients and external partners and acted on them to shape services and culture.
- The provider ensured they kept up to date with best practice and new developments by networking with other private aesthetic providers regularly. They were a member of an educational forum where they could receive peer review, education and support.
- The provider described to us the systems in place to give feedback. They showed us that all feedback received so far had been positive. They told us they were looking at ways to encourage patients to give feedback after every treatment or appointment to increase the opportunities for gathering patient views.

## Continuous improvement and innovation

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

- The provider had a focus on developing their skills and experience to better meet the needs of people who used the service.

## Are services well-led?

- The provider recognised there were gaps in the quality improvement of clinical outcomes. We noted the potential for learning was limited by the small number of patients treated, which were within scope of the regulations.