

# Youthify Aesthetics

## Inspection report

113 Smithills Dean Road  
Bolton  
BL1 6JZ  
Tel: 07502226082

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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 Youthify Aesthetics as part of our inspection programme.

The service was run by an experienced aesthetic practitioner who was also a registered nurse. There was a range of facial aesthetic treatments on offer throughout the areas of Greater Manchester, Lancashire and Cheshire. Treatments regulated by the Care Quality Commission (CQC) included PDO thread lifts, slimming pens, ear irrigation vitamin B injections, hay fever injections and intravenous vitamin drips.

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. Youthify also provides a range of non-surgical cosmetic interventions for example anti-wrinkle injections, vaginal tightening, dermal filler injections and non-invasive lip enhancements. These interventions are not within CQC scope of registration and therefore we did not inspect or report on these services.

The aesthetic practitioner and provider of services, Stacey McGreavy, is also 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.

During the inspection we looked at feedback from clients and saw that it was all positive. Feedback left on the provider's website and internet pages were also positive.

## **Our key findings were:**

- The service offered was on a private, fee paying basis only and was accessible to people who chose to use it.
- Information for people who used the service was offered by the provider and was comprehensive. Information was available in paper form and also via social media or directly to people's smart phones.
- The service website gave details of the services offered and the cost of each treatment.
- The provider was a registered nurse and had the relevant skills, knowledge and experience to deliver the care and treatments offered by the service.
- There were effective systems and processes in place to assess risks to people using the service including prevention of infection, health and safety and other risks associated with the specific treatments offered.
- The provider monitored feedback from people who used the service and we saw that people responded positively about the services they received.

# Overall summary

- People using the services received information about post treatment support and telephone numbers to contact in the event of emergency.
- Clinical records contained the required information, relevant to each treatment and were held in accordance with General Data Protection Regulations (GDPR). Consent for treatment was recorded in the clinical records and this was audited by the provider.
- We saw that due diligence had been undertaken and people using the service were informed of all benefits and risks in relation to the medicine prescribed for weight management which was unlicensed for that particular purpose.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector.

## Background to Youthify Aesthetics

Youthify Aesthetics is a bespoke aesthetic clinic located in Bolton and offers a range of treatment to people living in the surrounding areas. The clinic is led by the CQC registered manager Stacey McGreavy. She does not employ any staff but has a volunteer who undertakes some administration duties. She also works alongside a clinical colleague who supplies prescribed medicines and undertakes one of the services offered that is not regulated by the CQC. The service offers a wide range of non-surgical cosmetic treatments, vitamin B12 injections, intravenous vitamin injections, ear irrigation and weight management services.

The provider is registered at:

113 Smithills Dean Rd,

Bolton

BL1 6JZ

07502 226082

<https://www.youthify.net/>

The service is registered with the Care Quality Commission to provide the following regulated activities:

- Surgical procedures
- Treatment of disease, disorder or injury

The service opening hours are:

Monday 9am to 3pm

Tuesday 9am to 7pm

Wednesday 9am to 6pm

Thursday Closed

Friday 9am to 8pm

Saturday and Sunday Closed

An appointment only system is in place.

### How we inspected this service

We inspected this service by:

- Gathering information prior to the inspection
- Undertaking remote interviews with staff
- Carrying out a site visit
- Talking to staff on the day
- Reviewing policies, procedures and looking at the record management system.

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:**

We identified safety concerns that were rectified immediately following the remote interview and before the day of the inspection site visit. The likelihood of these happening again in the future is very low and therefore our concerns for people using the service using the service, in terms of quality and safety of clinical care are negligible.

## **Safety systems and processes**

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

- We saw safety risks assessments in place for risks associated with the services offered. There were appropriate safety policies which had been reviewed. They outlined what should be done in the case of any safety issues and it was clear that the provider took these policies seriously.
- The service was not offered to anyone under the age of 16 unless in exceptional circumstances and then not without the consent of parental authority.
- All persons associated with the service, including the volunteer, had an enhanced Disclosure and Barring Service (DBS) check and appropriate levels of safeguarding which we saw on the site visit.
- There was an effective system to manage infection prevention and control and legionella.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them.
- There were appropriate indemnity arrangements in place and the provider had kept their PIN number up to date with the Nursing and Midwifery Council.

## **Risks to people using the service**

### **There were systems to assess, monitor and manage risks to patient safety.**

- We saw evidence that the provider was trained to the appropriate level in all the treatments offered that were regulated by the CQC.
- We saw that the prescriber was trained to the appropriate level to be able to prescribe medicines associated to the treatments offered that were regulated by the CQC.
- We saw that suitable medicines and equipment were on site to deal with any medical emergencies that may happen whilst delivering care and/or treatment. We saw that they were checked regularly.

## **Information to deliver safe care and treatment**

### **The provider had the information they needed to deliver safe care and treatment to people using the service.**

- Individual care records were written and managed in a way that kept people using the service safe. The care records we saw showed that information needed to deliver safe care and treatment was available and accessible.
- There was a system in place for the provider to share information with other agencies to, for example a patient's GP, if required and when necessary.

# Are services safe?

- 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 ceased trading.

## Safe and appropriate use of medicines

### The provider had a reliable system for the appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks.
- We saw that the person prescribing medicines to the provider was trained appropriately for the role and carried out audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- 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).
- Medicines, such as intravenous vitamins, Vitamin B12 and weight management pens administered or supplied to people using the service were done so appropriately. Advice and guidance were given in line with legal requirements and current national guidance.
- Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety. For example, one of the medicines this service prescribed for weight management was unlicensed for that particular purpose. Treating people using the service with unlicensed medicines is higher risk than treating people with licensed medicines because unlicensed medicines may not have been assessed for safety, quality and efficacy. These medicines are not recommended by the National Institute for Health and Care Excellence (NICE) or the appropriate professional body. We saw that due diligence had been undertaken and people using the service were informed of all benefits and risks.

## Track record on safety and incidents

### The provider had a good safety record.

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

## Lessons learned and improvements made

### The provider learned and made improvements when things went wrong.

- The provider knew how to record and act on significant events. There had been no adverse events since the clinic had been offering treatment (six months). There had been one event where a patient had been unhappy with the outcome of their treatment and the provider had managed this in an appropriate way and kept information of what had happened. We saw that a verbal apology had been given.
- From this incident we were able to see that the provider was aware of the Duty of Candour and had a culture of openness and honesty.
- We saw there was a system in place to deal with external safety events and medicine safety alerts.

# Are services effective?

**We rated effective as Good because:**

## **Effective needs assessment, care and treatment**

**The provider assessed and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)**

- People who used the service received an assessment of their immediate and ongoing needs. Where appropriate, their clinical needs and their mental and physical wellbeing was considered.
- People who used the service made their own decision to do so. The consultation process required people to complete information regarding their health and well-being before their appointment so this could be assessed by the provider and discussed at the appointment.
- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance as per each treatment they offered.
- Written consultation notes we reviewed showed discussions were held around people's expectations regarding the results of the proposed treatments. Where necessary, people's pain levels were discussed and managed.
- We saw no evidence of discrimination when making care treatment decisions.

## **Monitoring care and treatment**

**The provider had undertaken quality improvement activity.**

- The provider had made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for people using the service. There was clear evidence of action to resolve concerns and improve quality.

## **Effective staffing**

**The registered provider who undertook treatments regulated by the CQC had the skills, knowledge and experience to carry out their roles.**

- On the day of inspection we saw evidence that appropriate training had been completed by the person undertaking treatment of people using the service and certificates were available for review in relation to each treatment.
- We saw relevant registration with the Nursing and Midwifery Council and evidence that revalidation and appraisals were up to date.
- It was evident from discussion with the provider that they kept up to date with continued professional development and updates about regulated activities and treatments.

## **Coordinating patient care and information sharing**

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

- People using the service received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate such as contacting a GP if and when required.
- Before providing treatment, the provider of the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of people being signposted to more suitable sources of treatment when necessary.



# Are services effective?

- People using the service were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, the treatment used for weight loss was not licenced and we saw evidence that all people using the service were given appropriate information before agreeing to undertake the treatment.

## Consent to care and treatment

### Consent to care and treatment was obtained in line with legislation and guidance.

- It was evident from speaking with the provider that they understood the requirements of legislation and guidance when considering consent and decision making.
- People using the service were supported to make decisions and where appropriate discussions about a patient's mental health and/or capacity to make a decision was considered. If the provider felt a treatment would not provide the outcome that the patient desired, then the treatment was refused.
- We saw evidence that the process for seeking consent had been monitored.

# Are services caring?

**We rated caring as Choose a rating because:**

## **Kindness, respect and compassion**

**People using the service were treated with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care people using the service received and we saw that a review of treatments had been completed by way of patient satisfaction surveys. The provider was looking for more innovative ways to obtain patient feedback, such as via text after each consultation.
- Feedback from people using the service was positive about the service and the treatments received.
- From discussions with the provider it was evident that people's cultural, social and religious needs were understood, and they displayed a non-judgmental attitude to all people.
- The service gave people timely support and information.

## **Involvement in decisions about care and treatment**

**People were involved in decisions about care and treatment.**

- Interpretation services had not been required but were available via translation services if people using the service needed them.
- The service had not provided treatment to anyone with a learning disability or complex social needs.

## **Privacy and Dignity**

**People's privacy and dignity were maintained.**

- People who came to the service did so through their own choices.
- The setting was private and if people wished to discuss sensitive issues they could do as they were not seen or treated at the same time as anyone else.

# Are services responsive to people's needs?

**We rated responsive as Good because:**

## **Responding to and meeting people's needs**

**The service was delivered according to the needs of the people who used it. People's needs and preferences were accounted for in that:**

- Expectations and outcomes were discussed before any treatment was continued.
- The facilities and premises were appropriate for the services being delivered.
- Reasonable adjustments could be made so that people who were vulnerable could access and use the service on an equal basis to others. For example, the building could be accessed via a wheelchair if required.

## **Timely access to the service**

**People using the service were to access care and treatment from the service within an appropriate timescale for their needs.**

- People using the service had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- People using the service with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

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

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

- Information about how to make a complaint or raise concerns was available. The provider had a complaints policy in place and was registered with an appropriate outside company to whom she could refer.
- People could be informed of further action that may be available to them should they not be satisfied with the response to their complaint. We saw evidence of one complaint that had been handled appropriately.

# Are services well-led?

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

## **Leadership capacity and capability;**

**The registered manager and sole provider of the service 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 challenges, mainly client expectations, and managed them well.
- The provider worked with colleagues to make sure that compassionate and well informed care was provided.

## **Vision and strategy**

**The provider had a vision and credible strategy to deliver high quality care and promote good outcomes for people using the service.**

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- Progress against delivery of the strategy was monitored and the provider knew what she wished to achieve.

## **Culture**

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

- The service focused on the needs and expectations of the people it served.
- Behaviour and performance were consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had complied with the requirements of the duty of candour from the one example we reviewed.
- Safety and wellbeing of the people who used the service was first and foremost in the culture of the provider.

## **Governance arrangements**

**The provider had sole responsibility for governance and manage of the service.**

- The provider was aware of the structures, process and systems that were required to support good governance even though there was no management of staff.
- They shared and co-ordinated information with a colleague to make sure that only appropriate pharmaceutical supplies were used when delivering treatment.
- They were aware of their accountability and the role they played in managing people's safety. They had systems in place to ensure they were operating as intended.

## **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.
- Areas where the provider was uncertain regarding risk and safety were discussed at the beginning of the inspection process and where actions were required, these were immediately completed.
- The provider had processes such as revalidation, appraisal and continued professional development to demonstrate that current and future performance was well managed.
- Clinical audit had a positive impact on quality of care and outcomes for people using the service. There was clear evidence of action to change services if necessary, to improve quality.
- The provider had plans in place to manage any major incidents.

## **Appropriate and accurate information**

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

Quality and operational information was used to ensure and improve performance. The views of people who used the service were considered and used to improve areas of service quality.

## **Engagement with people using the service, the public, staff and external partners**

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

- The service encouraged and heard views and concerns from the public, people using the service, staff and external influences and acted on them to shape services and culture. For example, the provider was a member of various on-line forums where learning and innovation could be shared.
- The provider demonstrated the areas used for obtaining feedback.

## **Continuous improvement and innovation**

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

- There was a focus on learning and improvement by the provider who made sure they were up to date with everything in connection with the treatments carried out.
- Although there had been no incidents the provider reviewed complaints and feedback from users to identify and make improvements. Learning from these areas was taken into account and if things could be changed for the better then they were.