

Mary Diaz Aesthetics

Inspection report

3 Townend Precinct
Worksop Road, Aston
Sheffield
S26 2EB
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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 Mary Diaz Aesthetics as part of our inspection programme of a new provider registration for the service. This was a first rated inspection for the service that was registered with the Care Quality Commission (CQC) in January 2022.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Mary Diaz Aesthetics provides a range of non-surgical cosmetic interventions, for example wrinkle relaxing injections which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

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

Our key findings were:

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

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

- Continue to review ways to gain patient feedback to monitor quality of the service, including themes and trends.
- Record significant events for learning and to identify themes.
- Implement clinical audit to monitor patient outcomes and quality of service.

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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 specialist advisor.

Background to Mary Diaz Aesthetics

Mary Diaz Aesthetics is located at 3 Townend Precinct, Worksop Road, Aston, S26 2EB. The service is located in a single treatment room on the first floor which required stair access. Patients had access to toilet facilities.

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

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

The service and the treatments within scope of registration are led and carried out by the provider who is a nurse practitioner registered with the nursing and midwifery council (NMC). No other staff were employed at the clinic at the time of the inspection.

The service is open Monday to Saturday 8am to 6pm at various times during the day dependent on patient need.

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 which was also reviewed.

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.
- Observed the premises where services were delivered from.
- We did not receive any feedback from patients who had used 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?

We rated safe as Good because:

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed. The provider was aware of where to go to for further guidance if required.
- The service had systems to safeguard children and vulnerable adults from abuse and the provider had received appropriate safeguarding training. The provider had a good understanding of safeguarding and knew how to identify and report safeguarding concerns.
- The provider had received a Disclosure and Barring Service (DBS) check as part of their registration with the Commission (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There was an effective system to manage infection prevention and control (IPC). The provider had completed an IPC audit and had completed training in IPC. We observed the premises to be clean and well maintained. The provider had carried out a legionella risk assessment, fire risk assessment and a health and safety risk assessment of the premises.
- 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 took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

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

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

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with other agencies to enable them to deliver safe care and treatment. For example, with the patient's own GP.
- 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

Are services safe?

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks. The service did not keep prescription stationery. Private prescriptions were completed on an individual basis and sent directly to the pharmacy.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed and administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept 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.
- During the inspection we observed medicines were stored appropriately and the provider had systems to check stock. The service had a fridge to store medicines and we saw evidence of temperature checks being undertaken. However, there was only one thermometer to record temperatures. Public Health England recommend the use of a second thermometer. The provider informed the commission they had ordered a second thermometer immediately following the inspection. We were told of the actions taken following a recent incident with the medical fridge temperature which demonstrated appropriate actions had been taken and the fridge policy followed by the provider.
- Staff administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept 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. For example, the British National Formulary states that medication treatment for weight loss 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 this guidance and advised patients regarding healthy eating.

Track record on safety and incidents

The service had a good safety record.

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

Lessons learned and improvements made

The service learned and made improvements when things went wrong. However, they did not document these.

- There was an incident reporting policy in place which detailed how to record and act on significant events. However, we did not see evidence any incidents had been recorded. The provider discussed two incidents during the inspection where appropriate action had been taken and lessons learned. For example, appropriate action had been taken when the medical fridge temperature had gone out of range. The provider completed an incident form following the inspection which they shared with the Commission.
- The service acted on and learned from medicine safety alerts but did not have arrangements to receive external safety alerts at the time of the inspection. The provider arranged to receive these notifications immediately following the inspection.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

- The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service did not complete clinical audits, although they did review informal feedback from their patients on the service and used this information to improve services.

- Although the provider had not completed any clinical audits they told us this was something they planned to implement. They did monitor individual patient outcomes. They currently received individual patient feedback and were in the process of implementing a feedback form to give to every patient following their treatment so they could monitor themes and trends.

Effective staffing

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

- The provider who was the only clinician who carried out regulated activities which were in scope of registration with the Commission was appropriately qualified and was registered with the Nursing and Midwifery Council (NMC).
- The provider had received specific training and could demonstrate how they stayed up to date for the procedures carried out.

Coordinating patient care and information sharing

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

- Patients received co-ordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, the provider would only treat patients in the slimming clinic who would consent for their GP to be notified and kept informed of their treatment plan to ensure patient safety.
- Before providing treatment, the clinician at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- The provider gave patients information on the treatments being administered.
- The service monitored the process for seeking consent appropriately and had a consent policy in place.

Supporting patients to live healthier lives

Are services effective?

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

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

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received individually on an informal basis following treatment. The provider had recently commenced emailing or giving patients a feedback form following treatment and had a plan to implement an electronic feedback form to send to all patients following their treatment. At the time of the inspection the provider did not have any patient feedback to share with the Commission and there were no patients attending the clinic on the day of the inspection for us to speak to. The provider told us they had received positive verbal feedback from patients but this was not recorded to identify themes and trends. The provider had received no complaints.
- Staff understood patients' personal, cultural, social and religious needs. They had an equal opportunities policy in place.
- The service gave patients timely support and information.

Privacy and Dignity

The service respected patients' privacy and dignity.

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

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered. It was clean and well maintained. The provider had one clinical room which was on the first floor, accessed by stairs. The provider had completed a disability risk assessment but did not have access to a ground floor room.

Timely access to the service

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

- Patients were fee paying patients who had timely access to initial assessment and treatment.
- The provider used an on-line booking system and was contactable by telephone.
- Patients received after-care treatment advice which included the contact number of the provider should they require assistance following treatment when the clinic was closed.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. The provider had a policy in place and had sourced a company to offer mediation should the provider not be able to resolve a patient's complaint. The provider had not received any complaints either written or verbal.

Are services well-led?

We rated well-led as Good because:

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The provider was currently reviewing alternate premises which gave patients better access.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities. The provider had only been registered with the Commission to carry out regulated activities for a short period of time and was continually reviewing ways to improve services and meet regulations. For example, by looking at ways to engage and gain feedback from patients and plans to implement clinical audit.

Culture

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

- The provider did not employ any staff at the time of the inspection and was the only person who worked at the clinic and carried out treatments. The provider had been trained to carry out the procedures offered and was also up-to-date with mandatory training for example, basic life support, safeguarding and infection control. The provider was a registered nurse and had met the requirements of professional revalidation and was registered with the nursing and midwifery council (NMC).
- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents. Although the provider had not had any complaints or recorded any incidents, they had a clear ethos that they wanted to provide a safe service and we saw evidence where improvements had been made as a result of an incident, despite it not being recorded. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Governance arrangements

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

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

Managing risks, issues and performance

There were clear and effective processes for managing risks.

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 provider had not received any complaints. There had been minimal incidents but these had not been recorded at the time of the inspection. The provider forwarded an incident form to the Commission immediately following the inspection which included the actions taken.
- Although the provider had not completed any clinical audits, safety audits and environmental audits had been implemented and the provider had sought individual feedback from patients following their treatment, though this information was stored in individual records so there was no overview of feedback to monitor themes and trends. The provider had a plan to implement clinical audit moving forward.
- The provider had plans in place for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

- The provider had an on-line social media account and a website which was used to engage with patients, offering information on services and updates.
- The provider had forged links with other local aesthetic clinics to share best practice and develop a support network.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The provider was up to date with all the relevant training and followed best practice guidelines to provide a safe clinical service.
- Although the service did not document reviews of incidents we observed learning was used to make improvements,