Midland Aesthetic Clinic

Inspection report

Stourbridge Road
Bromsgrove
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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	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Overall summary

This service is rated as Requires improvement overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Midland Aesthetic Clinic as part of our inspection programme.

Midlands Aesthetic Clinic is run by a Consultant Ophthalmologist specialising in Ophthalmic Plastic, Reconstructive and Cosmetic surgery offering the following treatments:

- Chemical Skin Peels
- Botulinum Toxin Injections
- Dermal Fillers
- Non-Surgical Facelift
- Fat Dissolving Injections
- Surgical eyelid and skin procedures.

The service manager 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.

As part of our inspection process we ask patients to provide feedback. Unfortunately, we did not receive any direct feedback from patients during this inspection. Instead we reviewed feedback provided to Midlands Aesthetic Clinic as part of their clinical audit. All 13 people who completed the providers feedback form provided positive feedback regarding the treatment and care they had received, with many reporting how happy they were with the treatment they had received.

Our key findings were:

- Leaders at the service were knowledgeable about issues and priorities relating to the quality and future of services.
- On the day of inspection, the service had not completed an environmental risk assessment as detailed in their policy. However immediately following our inspection the service submitted evidence of a completed risk assessment.
- The provider did not have an effective fire risk assessment in place specific to the areas where the regulated activities were carried out. When asked staff were unable to identify a designated fire marshal and there were no regular fire drills taking place. Following our inspection the service told us they had assigned fire safety roles to their staff, completed a fire safety drill and fire risk safety assessment.
- The provider did not establish a formal process to demonstrate how they monitored and provided staff development to ensure competency levels were maintained.

Overall summary

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

In addition, the areas where the provider **should** make improvements are:

- The service should implement a reliable appraisal system to identify areas where staff may benefit from further development or support.
- Establish a process for supervising staff to ensure competence is being maintained and training, learning and development needs are being identified. Following the inspection, the provider told us that a formal system had been implemented in response to the inspection.
- The service should explore ways to improve accessibility for patients wishing to use the service, including those whose first language is not English and those with limited mobility.

Dr Rosie Benneyworth BM BS BMedSci MRCGP
Chief Inspector of Primary Medical Services and Integrated Care

Name of signatory

Deputy Chief Inspector of Hospitals (area of responsibility)

Our inspection team

Our inspection team was led by a CQC lead inspector and a CQC specialist advisor. There were two parts to the inspection, the CQC specialist advisor completed an in site inspection only with the CQC lead inspector carrying out both onsite and remote inspection activity.

Background to Midland Aesthetic Clinic

- Midlands Aesthetic Clinic was registered with CQC on 7 July 2020 and is run by a Consultant Ophthalmologist specialising in Ophthalmic Plastic, Reconstructive and Cosmetic surgery offering the following treatments; Chemical Skin Peels, Botulinum Toxin Injections, Dermal Fillers, Silhouette Soft Non-Surgical Face lift and Fat Dissolving Injections. The registered manager is supported by 2 other members of staff.
- The service offers treatment to adults, including those over 65 years of age.
- The service is registered with the CQC to provide services under the Regulated Activities Diagnostic and screening procedures, Surgical Procedures and Treatment of Disease, Disorder or Injury.
- The service delivers regulated activities from its location at BHI Limited, Stourbridge Road, Bromsgrove, B61 0AZ. The service rents space within the building.
- The service is available from 12:00pm until 7:00pm on Fridays.

How we inspected this service

Before the inspection we reviewed information and intelligence held by CQC, we also spoke with the manager, conducted offsite interviews with staff members and reviewed documentation submitted as evidence by the service.

An on-site comprehensive inspection was completed at Midlands Aesthetic Clinic and whilst on site we interviewed the registered manager, reviewed documentation and reviewed the premises and equipment. We carried out remote interviews with staff after the on-site inspection.

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.

Requires Improvement

Are services safe?

We rated the service as requires improvement for providing safe services because:

Although the provider had not carried out an environmental risk assessment, staff we spoke with were able to describe environmental hazards and actions to take if there was an incident.

Staff were aware of infection prevention and control (IPC) procedures and rooms were regularly cleaned. Despite there being no formal IPC audit in place, staff were able to describe IPC processes they undertook and reported visual checks were undertaken.

The provider did not have a fire risk assessment in place which mitigated risks relating to specific areas where the regulated activities were carried out. When asked staff were unable to identify a designated fire marshal and there were no regular fire drills taking place.

Following our inspection, the provider took immediate action to reduce the identified risks, they submitted evidence to demonstrate an environmental risk assessment was now in place. The likelihood of this happening again in the future is low and therefore our concerns for patients using the service, in terms of the quality and safety of clinical care are minor. (see full details of the action we asked the provider to take in the Requirement Notices at the end of this report).

Safety systems and processes

The service did not always have clearly documented systems to keep people safe and safeguarded from abuse. However, staff could verbally explain systems and processes

- The provider conducted patient safety risk assessments. It had a safeguarding policy in place which was accessible to all staff. Policies outlined clearly who to go to for further guidance. The service had systems to safeguard vulnerable adults from abuse.
- 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 carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- Staff were aware of infection prevention procedures and rooms were regularly cleaned. Despite there being no formal infection prevention and control (IPC) audit in place to monitor IPC practice and compliance; staff were able to describe IPC processes and reported visual checks were undertaken.
- There were systems in place to ensure safety of facilities and equipment checks were carried out to ensure they were maintained according to manufacturers' instructions. Systems were in place to safely manage healthcare waste.
- No environmental risk assessment was in place at the time of inspection. However, staff were able to describe environmental hazards and actions they would take in the case of an incident.
- The provider did not have a fire risk assessment in place specific to the areas where the regulated activities were being carried out. When asked staff were unable to identify a designated fire marshal and there were no regular fire drills taking place. Following our inspection the service told us they now had a designated fire marshal and regular fire drills were being completed.

Risks to patients

Requires Improvement

Are services safe?

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- 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.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place which covered the services
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. Risk assessments were carried out in the absence of emergency medicines which the provider did not stock to mitigate risks.

provided.

- The provider did not have risk assessments for the use of chemicals or substances hazardous to health (COSHH). Following the inspection the provider told a risk assessment had been completed.

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 staff and 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

Although the service described systems in place to ensure appropriate and safe handling of medicines evidence was not always available.

- The registered manager told us they had established activities to ensure medication was stored appropriately, this included monitoring offsite medication fridge temperatures to ensure that it remained within recommended temperature ranges., However the provider was unable to provide evidence of these checks or explain how monitoring devices were calibrated correctly. Following our inspection, the registered manager provided evidence showing that medicine fridge temperatures were now being recorded.
- Staff described systems for checking emergency medication and equipment and this process was monitored.
- Staff administered and supplied medicines to patients in line with legal requirements and current national guidance.

Track record on safety and incidents

The service had a good safety record.

- The service received patient safety alerts and had a system in place to monitor and reviewing actions were being carried out in line with safety recommendations.

Lessons learned and improvements made

Requires Improvement

Are services safe?

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons to improve safety in the service. For example, the provider took action to ensure information on samples being sent to the laboratory were clear and legible; in particular, labels were printed as opposed to being handwritten.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. For example information around patients with platelet rich plasma which can be used to accelerate the healing of injured tendons, ligaments, muscles and joints, information received involved the effects that different equipment had on manufacturing the platelets rich plasma and how it could best be used within the service. . The service had an effective mechanism in place to disseminate alerts to all members of the team.

Good

Are services effective?

We rated the service as Good for providing effective services because:

Clinical professionals were registered with the appropriate governing body (General Medical Council (GMC)/ Nursing and Midwifery Council) and were up to date with revalidation. Records of skills, qualifications and training were maintained demonstrating staff had the appropriate skills to deliver care and treatment in line with current legislation.

Patients received coordinated and person-centred care, patients referred to other providers when risk factors were identified.

Staff worked at the service on a part time bases; therefore, received training which was arranged by their main employer.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice.

- Staff were encouraged and regularly participated in external training events including spending time with other clinical professionals for learning events.
- Information was shared with the service to ensure that the staff remained aware of up-to-date evidenced 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.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. The provider had a system in place to contact patients after their treatment, if required they were then invited back for further treatment.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in clinical quality improvement activities.

- The service monitored information about care and treatment to make improvements through the use of completed clinical audits. Positive results were observed as part of their post-operative surgical infection rate showing quality of care and outcomes for patients were effective.

Effective staffing

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

- All staff were appropriately qualified. The registered manager told us an induction process was in place for all newly appointed staff but there was no formal documentation to evidence this.
- Clinical professionals were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and records were kept to demonstrate they were up to date with revalidation.

Good

Are services effective?

- The service did not operate a system to demonstrate how they gained assurance that staff competency levels were being maintained. We also found that the service was unable to demonstrate how staff performance were being monitored as well as development needs identified.
- To gain assurance that staff had received training through their main employer, the service requested annual updates from staff to confirm their mandatory training had been completed.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. The provider both received referrals and referred patients where appropriate, they worked alongside other services to offer the most appropriate treatment options based on diagnosis.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, including any relevant test results and medicines history. The registered manager told us that patients had been signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment. Including the treatment of patients in potentially vulnerable circumstances and those with mental health concerns.

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, staff gave patients advice so they could self-care, patients were also given after care leaflets providing further guidance by the service.
- Risk factors were identified, highlighted to patients and where appropriate, referred to their normal care provider for additional support. For example, any concerns requiring further investigation were referred to patients registered GP or secondary care services.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service to accommodate their identified 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.
- The service monitored the process for seeking consent appropriately.

Good

Are services caring?

We rated the service as Good for providing caring services because:

Patients could access support and information, including additional time post procedure to discuss any concerns. Staff understood patients' personal, cultural, social and religious made efforts to ensure patients were treated with dignity and respect.

The feedback available on inspection was all positive.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service contacted patients following their procedures to gain feedback regarding the treatment they received. The provider used this information when carrying out audits. Feedback received demonstrated that patients were satisfied with the level of care they received.
- Staff understood patients' personal, cultural, social and religious made efforts to ensure patients were treated with dignity and respect.
- Staff we spoke with told us the service gave patients timely support and information including additional time post operatively if they had concerns.

Involvement in decisions about care and treatment

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

- For patients with learning disabilities or complex social needs, family members, carers or social workers were appropriately involved in care planning to support access to care.
- Staff communicated with people in a way that they could understand, treatment was only offered if appropriate to the needs of the patient.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of maintaining people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

Good

Are services responsive to people's needs?

We rated the service as Good for providing responsive services because:

The service organised and delivered services to meet patients' needs within an appropriate setting. It took account of patient needs and preferences and had taken actions to improve the service based on conversations with patients.

Patients had timely access to initial assessment, test results, diagnosis and treatment.

The registered manager told us they had not received any complaints but had a policy in place which included informing patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

Responding to and meeting people's needs

The service was mainly able to organise and deliver services to meet patients' needs. Where patients required additional support there were process in place to refer these patients to appropriate services to ensure patient needs and preferences were met.

- The provider understood the needs of their patients and improved services in response to those needs. In particular, discussions with patients identified the benefits of pain relief medication after treatment, in response the service made pain relief medication available where required.
- 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 their services. Staff explained that patients who required additional support to get on and off treatment couches safely, were consulted and referred to more suitable services who had facilities to support their mobility needs.
- At the time of inspection, interpretation services were not available for patients whose first language was not English. However, where the service was unable to support patients they would refer patients to more appropriate services that could better accommodate their needs.

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, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

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.

- Staff we spoke with reported that staff would treat patients who made complaints compassionately.
- The registered manager told us they had not received any complaints, but could explain how complaints were handled, this included informing patients of any further support that may be available to them should they not be satisfied with the service's response to their complaint.

Requires Improvement

Are services well-led?

We rated the service as Requires improvement for providing well-led services because:

Leaders at the service were knowledgeable about issues and priorities relating to the quality and future of services. On the day of inspection, the service had not completed a risk assessment as detailed in their policy. However immediately following our inspection the service submitted evidence of a completed environmental risk assessment.

The provider was unable to demonstrate that there was a clear evacuation procedure in place. The service was not undertaking regular fire drills and a designated fire marshal was not in place.

Although staff received supervision from their main employer the provider did not demonstrate how they monitored that staff remained competent to carry out the role they were employed for as well as how they identified any development needs. Staff in lead roles explained that informal observations were carried out and support offered where required.

The service was not able to demonstrate a process for monitoring staff competency as well as supporting staff with training needs and opportunities to discuss professional development.

Leadership capacity and capability;

Leaders did not always have formal systems in place to ensure effective oversight, capacity and skills, limiting their ability to deliver high-quality, sustainable care.

- Leaders at the service were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. However, there was limited evidence to support effective management oversight of some governance arrangements.
- At the time of inspection staff in leadership roles received support to identify and develop leadership skills.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

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 developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- The registered manager explained their process for responding to incidents and complaints. The registered manager was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Requires Improvement

Are services well-led?

- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There was a strong emphasis on the well-being of all staff.
- The service actively promoted equality and diversity where able. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.
- The service did identify interpretations services to ensure that they fully supported patients' needs or preferences, in particular, for patients whose first language was not English.

Governance arrangements

Roles, responsibilities and systems of accountability were not always clear and in place to support good governance and management.

- Although the provider had policies and procedures in place, we found evidence that they were not always being followed. In particular, no formal environmental risk assessment had been completed at the time of inspection as detailed.
- The service was unable to demonstrate how staff performance were being monitored as well as development needs identified. Records of staff's professional revalidation were held by the provider where necessary. Clinical staff, including nurses, were considered valued members of the team.
- Policies and procedures were in place to promote safety, however a lack of effective governance arrangements meant evidence was not always available to demonstrate how the service assured themselves that they were operating as intended. For instance, there was no infection prevention and control (IPC) audit in place to ensure that staff were complaint with the service's IPC policy.
- There were formal structures, processes and systems in place to ensure that good governance and management were understood for most areas. However some systems and process were in need of strengthening to ensure they were always effective.

Managing risks, issues and performance

Limited formal process were in place for managing risks, issues and for monitoring performance.

- We found that oversight of fire risks were not managed effectively which impacted on the providers ability to demonstrate how the service mitigated risks. Following the inspection the service provided a copy of their new fire safety risk assessment.
- The service used informal observations and communication to ensure that staff performance information monitored and managed.
- The information obtained by the service through informal observations and clinical feedback allowed them to monitor the performance and the delivery of quality care.
- 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 patient identifiable data, records and data management systems.
- The service had processes to manage current and future performance. The registered manger told us that verbal feedback was given to clinical staff regarding their work. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audits showed quality of care and outcomes for patients. The outcome of the clinical audit showed that no changes were required and therefore none had been implemented in response to captured data.

Appropriate and accurate information

Requires Improvement

Are services well-led?

The service maintained appropriate and accurate information.

- Quality and operational information was used to monitor clinical performance. Performance information was combined with the views of patients which was gathered as part of the clinical audit.
- The registered manager told us informal verbal meetings were completed with staff where discussed the quality and sustainability of the service.

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 the public, patients, staff and external partners and acted on them to shape services and culture. For example, after speaking with a patient pain relief medication was made available to patients after treatment should they need it.
- Staff explained how regular meetings took place, allowing staff the opportunity to discuss any feedback, outcomes and changes. However, these meetings were not formally recorded, so evidence to support this was not available for review. Staff could describe changes they had made in response to these meetings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- Where issues were identified by the provider there was evidence of learning and improvement. For example, pain relieve was made available post operatively to reduce patients' discomfort for the journey home.
- The service made use of internal reviews of incidents and feedback. Learning was shared and used to make improvements.
- The registered manager offered opportunities to review individual and team objectives, processes and performance during informal meetings away from the workplace.

There were systems to support improvement and innovation work such as opportunities for staff to attend external training events to ensure specialist clinical training remained up to date.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular • Where risks were identified the provider did not introduce control measures to mitigate identified risk relating to fire safety and environmental safety. • The provider did not establish a system for checking that equipment such as medical fridges remained suitable for its purpose and used correctly. • The provider did not do all that was reasonably practicable to enable the service to identify and assess risk as well as introduce measures to reduce or remove risk within a timescale that reflects the level of risk and impact on people using the service. There was additional evidence of poor governance. • The provider did not do all that was reasonably practicable to ensure records relating to people employed included information relevant to their employment in the role. In particular, the provider did not establish a system for assessing and checking that people maintained competency and skills required to undertake the role with relevant records kept.