

R&R Aesthetics

Inspection report

56 Barleyhill Road
Garforth
Leeds
LS25 1DY
Tel: 07428586523

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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 R&R Aesthetics on 26 April 2023. This was the first inspection of this service undertaken by the Care Quality Commission (CQC). We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Act.

R&R Aesthetics is situated in the Garforth area of Leeds, West Yorkshire. It operates as an independent nurse-led service which specialises in medical and non-medical aesthetic treatments.

The 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. R&R Aesthetics provides a range of non-surgical cosmetic interventions, for example medical cryolipolysis (fat freezing) and dermal fillers which are not within CQC scope of registration. Therefore, we did not inspect or report on these services. The services provided which require CQC registration included the use of botulinum toxin to medically treat hyperhidrosis (excessive sweating), ear syringing, medical weight loss treatment and phlebotomy services.

The building is shared with other professionals carrying out additional non-regulated aesthetic treatments.

The service does not treat people under the age of 18 years for the services which are regulated.

The nurse practitioner and director of R&R Aesthetics is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- The premises was well maintained, clean and tidy and there was an effective system in place to manage infection prevention and control (IPC).
- The staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.
- Patients received effective care and treatment that met their needs.
- The service routinely sought feedback from patients. Feedback about the service was positive.

Overall summary

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

- Improve record keeping to capture all patient observations and discussions.
- Improve stock checking processes to ensure that all equipment is in stock and in date.
- Improve the content of standard operating procedures to provide detailed instructions for procedures.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector and included a nurse specialist advisor.

Background to R&R Aesthetics

R&R Aesthetics operates from:

56 Barleyhill Road

Garforth

Leeds

West Yorkshire

LS25 1DY

R&R Aesthetics operates as an independent nurse-led service which specialises in medical and non-medical aesthetic treatments.

The service is located on the ground floor of a commercial building. There are no steps into the clinic as access is directly from the street. The service consists of 5 treatment rooms, 1 of which is used for regulated activities, and a waiting room. There are also 2 toilets on the premises, 1 for patients and the other for staff. Patients with mobility issues are able to enter through the front door.

R&R Aesthetics registered with CQC on 25 August 2021. The service provides a range of non-surgical cosmetic interventions, for example medical cryolipolysis (fat freezing) and dermal fillers which are not within CQC scope of registration. Therefore, we did not inspect or report on these services. The services provided which require CQC registration included the use of botulinum toxin to medically treat hyperhidrosis (excessive sweating), ear syringing, medical weight loss treatment and phlebectomy services.

The building is shared with other professionals carrying out additional non-regulated aesthetic treatments.

Services are available to adults aged 18 years and over.

The service is registered with the CQC under the Health and Social Care Act 2008 to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Surgical procedures

The service is led by a nurse practitioner who is also an independent nurse prescriber. There is also another registered nurse, a clinic manager, a patient coordinator and a self-employed skin therapist.

The service is open on Monday and Thursday from 9am to 7pm, on Tuesday and Friday from 9am to 5pm, on Wednesday from 9am to 3pm and on Saturday from 10am to 2pm.

Consultations are carried out face to face.

How we inspected this service

We carried out this inspection on 26 April 2023. Before visiting the location, we looked at a range of information that we hold about the service and conducted an interview with the Registered Manager and Clinic Manager. We reviewed information submitted by the service in response to our provider information request. During our visit, we spoke with the Registered Manager and Clinic Manager, reviewed documents and clinical records, and made observations relating to the service and the location it was 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:

The service had developed and implemented processes and procedures to manage safety within the clinic. Staff had the training and information they needed to deliver safe care and treatment. However, we found some gaps in the information noted in patient records.

Safety systems and processes

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

- The service had systems and processes in place to safeguard vulnerable persons from abuse. The registered manager was the safeguarding lead. There were safeguarding children and adult policies in place which included a flowchart of actions to be taken in the event of suspected abuse, and local safeguarding contact numbers. Policies were available electronically and in paper format. We saw that staff had undertaken safeguarding children and vulnerable adults training appropriate to their role.
- All staff received up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns.
- We saw that there was signage on display within the service which invited patients to have a chaperone present during their treatment. Staff who acted as chaperones had received a DBS check.
- The registered manager was a registered nurse and an independent prescriber. There was also another registered nurse within the service and we saw evidence of inclusion of both nurses on the Nursing and Midwifery Council (NMC) register.
- There were appropriate indemnity arrangements in place, and we saw that Disclosure and Barring Service (DBS) checks had been undertaken for all staff (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 service conducted health and safety risk assessments and had developed safety policies and procedures. We saw that mandatory assessments had been undertaken. These included those in relation to fire safety and Legionella and highlighted the control measures that had been implemented to reduce risks. We saw evidence that fire alarm testing was carried out weekly by the provider.
- The service only provided services for persons aged 18 years and above, and children therefore had limited access to the premises. We were told by the service that where there was doubt regarding the age of a patient that they would ask for evidence to confirm proof of age, however staff told us there was no process to record such checks within the patient's clinical record.
- The service had the ability to liaise with other agencies to support patients and protect them from neglect and abuse.
- There was an effective system to manage infection prevention and control (IPC). All staff had undertaken IPC training. We saw evidence that daily and weekly cleaning checks were carried out, and the service carried out monthly cleaning audits. Audits showed full compliance with requirements.
- The clinical room used for regulated activity had hand washing facilities and paper towels. There were sufficient stocks of personal protective equipment. The service performed minor surgical procedures for which they used single-use, disposable equipment.
- The service had systems in place to manage health and safety risks within the premises, such as control of substances hazardous to health (COSHH) and Legionella (Legionella is a bacterium which can contaminate water systems in buildings).
- There were systems for safely managing healthcare waste. We saw that clinical waste disposal was available in the clinical room. Bins used to dispose of sharp items were signed, dated and not over-filled. The clinic had a contract with a company for the approved disposal of clinical waste.

Are services safe?

- All staff received up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones had received a DBS check.

Risks to patients

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

- The service did not use agency or locum staff.
- Patients were provided with information and guidance relating to their treatment and aftercare, including possible side-effects. If a patient experienced urgent issues outside operating hours, they were able to contact the clinic for support at any time using the services mobile number. Patients were advised to seek emergency assistance when required.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention and had undertaken anaphylaxis and basic life support training in 2023.
- The service was registered with the Information Commissioner's Office (ICO).
- There were indemnity arrangements and employers' liability insurance policy in place, however this had not been updated to cover the process of ear syringing. The manager told us that this would be updated immediately.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately. However, on the day of inspection we saw that some first aid equipment had passed their expiry date, and that no spillage kits were available. We saw evidence after the inspection that new kits had been ordered. The nearest defibrillator was kept 200 yards away off-site, and there was signage on display within the clinic to indicate this.
- There were indemnity arrangements and employers' liability insurance policy in place, however this had not been updated to cover the process of ear syringing. The manager told us that this would be updated immediately.

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. However, there was evidence that records did not always contain detailed discussions such as conversations regarding the patient's medical history, although we were told that this was discussed and that the information was available separately in the form of a medical history questionnaire.
- The service had systems for sharing information with a patient's NHS GP to enable them to deliver safe care and treatment. For example, it was a requirement for the service to notify the patient's GP prior to any weight loss treatment, and treatment would be refused if a patient did not provide consent for this information sharing.
- 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. Electronic records were kept on a secure encrypted system and paper documentation was stored securely.
- The nurse followed NHS and National Institute for Health and Care Excellence (NICE) guidelines. They were also subscribed to and wrote articles for professional medical journals and attended a minimum of 2 aesthetics conferences per year. This kept them well informed and updated on patient safety issues.

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 and equipment, minimised risks. We saw that regular checks had been undertaken on emergency medicines and equipment held within the clinic.

Are services safe?

- The nurse prescribed and administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- One of the medicines this service prescribed for weight loss was unlicensed. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because they 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). We saw that the provider discussed the use of unlicensed medicines with patients, and that this was documented in the patient's record.
- Access to the electronic prescribing system was secure. Prescriptions were created and submitted electronically to a pharmacy and were delivered directly to the clinic.
- Medicines were stored safely in the consulting room. Medicines requiring refrigeration were stored securely in a locked refrigerator in the treatment room. We saw that temperature checks of the refrigerator had been routinely recorded, and had been within the range for safe storage.
- The provider did not store or prescribe any controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).
- Medicines management audits were carried out every 2 months and highlighted safe practices within the clinic.
- The nurse subscribed to the Medicines and Healthcare products Regulatory Agency (MHRA) which ensured that they were informed of any medicines safety alerts.

Track record on safety and incidents

The service had a good safety record.

- The service required patients to complete and update a comprehensive medical history form prior to each treatment, and provided them with additional information after their consultation where appropriate. Aftercare advice was also provided.
- There were systems in place to record and act on significant events, incidents and complaints. At the time of inspection there had been no reported accidents or complaints in relation to both regulated and non-regulated activities.
- There were risk assessments in place in relation to safety and these showed that effective controls were in place to minimise any safety incidents.
- The service routinely carried out medicines and record keeping audits which evidenced safe practice.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- The service had systems in place for identifying and actioning notifiable safety incidents.
- At the time of inspection there were no significant events recorded in relation to both regulated and non-regulated activities provided at the clinic. However there was a system in place for recording and acting on significant events and staff understood their duty to raise concerns and report incidents and near misses.
- The clinic owner was aware of the requirements of the Duty of Candour and encouraged a culture of openness and honesty. They told us that if an unexpected or unintended safety incident was to occur, that they would give affected people an apology and provide them with the necessary support.

Are services effective?

We rated effective as Good because:

The service had systems to keep up to date with current evidence-based practice. Staff carrying out regulated activities were appropriately qualified, and had been trained to deliver services within their competencies. We saw evidence that they assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

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)

- The service 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.
- The service told us that they worked with patients to understand their care and treatment, and to manage expectations of outcomes.
- We saw that there were protocols in place for the delivery of regulated treatments, however these provided a general overview of the treatment rather than detailed instructions.
- We saw that the nurses kept up to date with current evidence-based practice and training for regulated activities undertaken. For example, we saw that training had been undertaken for the use of Botulinum Toxin Type A.
- We saw no evidence of discrimination when making care and treatment decisions.
- The nurse assessed and managed patients' pain and discomfort where appropriate.
- The service was aware of patient issues such as body dysmorphia disorder, and had policies and processes in place to screen for and support such patients (body dysmorphia disorder is a mental health condition where a person spends a lot of time worrying about flaws in their appearance).
- The nurse subscribed to and wrote articles for professional medical journals, and attended a minimum of 2 aesthetics conferences per year, which enabled networking and peer discussions.

Monitoring care and treatment

The service was actively involved in quality improvement activity

- The service used information about care and treatment to make improvements. For example, we were told that in response to patient feedback the service had started issuing patients with home care kits, and that this had led to improved outcomes for the patients.
- The service had undertaken 2-monthly hand hygiene, medicines management and record keeping audits, as well as monthly cleaning audits. These showed compliance with policies and processes.
- The nurse told us that they regularly attended aesthetics complications management seminars in order to aid learning and improvement of processes.

Effective staffing

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

- The provider had an induction programme for all newly appointed staff.
- Both nurses were registered with the Nursing and Midwifery Council and were up to date with revalidation.
- Staff were appropriately qualified for the regulated services provided. We saw that up-to-date records of qualifications and training were maintained.

Are services effective?

- The service understood the importance of continuous learning. The nurse told us that they regularly attended seminars and conferences and that they subscribed to and wrote articles for professional medical journals.

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 and the service referred patients to other services when appropriate. For example, patients having medical weight loss treatment could be referred to a personal trainer or dietician.
- Where appropriate, patients were asked for consent to share details of their consultation and any medicines prescribed, with their registered GP. For weight loss service patients this was a prerequisite for treatment.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available in an accessible way.
- Our review of care records confirmed that before providing treatment, staff at the service ensured they had adequate knowledge of the patient's health and medical history. We were told that patients had been signposted to more suitable sources of treatment where appropriate.

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 were provided with information about procedures, including the benefits and risks of treatments provided. The service provided pre- and post-treatment advice and support to patients.
- Where appropriate, the nurse gave patients advice on improving their general health and lifestyle, for example advice on smoking cessation and gut health.
- Post-procedural feedback allowed the service to identify potential issues being experienced by patients.
- Where appropriate, patients were sent home with after-care kits and given advice so that they could self-care.

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. We saw recorded evidence of patient consent when they signed up for treatment.
- Staff supported patients to make decisions.
- The service audited the consent process by undertaking regular record keeping audits.

Are services caring?

We rated caring as Good because:

The service treated patients with kindness and understanding and involved them in decisions about their care and treatment.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service actively sought feedback on the quality of care patients received. Patients were contacted by the service for feedback after each appointment.
- Staff had received equality and diversity training and understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to patients.
- Where required, patients were offered an extended appointment.
- Information regarding the fees for services were discussed.
- The service gave patients timely support and information.
- Feedback from patients about the way staff treat people was very positive.

Involvement in decisions about care and treatment

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

- Information about services offered and prices of treatments were available on the clinic's website, and material was also available within the clinic.
- There was a 'cooling off' period for patients if they decided not to go ahead with the treatment.
- Patients who did not have English as a first language were able to arrange for an interpreter to be present during their appointment.
- We received 19 CQC Give Feedback on Care online forms in which patients told us that they were well informed about their treatment and any potential risks involved, prior to going ahead with the treatment. These reviews were for all services provided at the clinic, including non-regulated activities.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of patient's dignity and respect.
- The service told us that if patients wanted to discuss private and sensitive issues they would offer them a private room to discuss their needs.
- The service 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:

The service organised and delivered treatment and care to meet the needs of patients.

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 service understood the needs of their patients and delivered services in response to those needs. For example, they had started issuing patients with home care kits and this had resulted in improved outcomes for the patients.
- The facilities and premises were well maintained and appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, wheelchair users were able to access the service, and patients who were nervous or anxious were offered longer appointment times.
- Patient feedback for the service was wholly positive. Direct patient views given to CQC via the Give Feedback on Care online form showed that all 19 submissions from patients were positive about their experience of using the service. The service told us that many of their patients were regular users of the service.

Timely access to the service

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

- The service operated on Monday and Thursday from 9am to 7pm, on Tuesday and Friday from 9am to 5pm, on Wednesday from 9am to 3pm and on Saturday from 10am to 2pm. Details of how to book were available on the service's website.
- Patients had timely access to initial assessments and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Referrals and signposting to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

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

- The service had a complaints policy and supporting procedures in place. We saw that there was signage on display within the service informing patients of how they could make a complaint.
- The service's complaints policy informed patients of further options that may be available to them should they not be satisfied with the service's response to their complaint, for example escalation to the Independent Sector Complaints Adjudication Service (ISCAS).
- In the previous 12 months the service reported that they had received no complaints related to either regulated or non-regulated activities. They told us that if they did receive a complaint from a patient that they would respond to them appropriately to improve the quality of care.

Are services well-led?

We rated well-led as Good because:

The service had established clear structures, systems and processes to support effective leadership and governance.

Leadership capacity and capability;

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

- The manager was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them. For example, they were looking to introduce additional treatments into the service, based on demand from patients.
- The manager was visible and approachable and worked closely with other members of staff.
- The nurse regularly attended conferences and seminars which enabled networking and peer support within the aesthetic industry.

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 this was underpinned by the service's values and objectives.
- They stated that it was their mission to provide "*the best advice, the best results and the best care*".

Culture

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

- The service told us that they took a *patient-centric approach* and that they delivered the service in line with their vision and values.
- There had been no incidents in the last 12 months relating to the regulated activities carried out by the service. The service was aware of, and had systems to ensure compliance with, the requirements of the duty of candour.
- There were positive relationships between staff members.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Systems and processes were in place to support good governance.
- The service had established appropriate policies, procedures and activities to ensure that they were operating safely and as intended.

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 was involved in quality improvement activity and regularly carried out clinical audits.

Are services well-led?

- The service had a business continuity policy and risk management policy in place.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- The service regularly sought feedback from patients in order to drive improvement.
- The service was aware of the need to submit data or notifications to external organisations when required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable information, records and data management systems.

Engagement with patients

The service involved patients to support high-quality sustainable services.

- Patients were encouraged to give feedback on the care they had received after each treatment had been completed. Feedback was wholly positive. Patients commented that they were happy with their treatments and that they would recommend the service to others.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The nurse kept their training up to date and regularly attended conferences in their field of expertise.
- The service used patient feedback to drive innovation.