

Soul Care Aesthetics

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Summary of findings

Letter from the Chief Inspector of Hospitals

Soul Care Aesthetics is operated by Soul Care Aesthetics Ltd. The service sees patients on a day case basis only, therefore no overnight facilities are present. Facilities include five consulting rooms for aesthetic procedures; one of which is designated for cosmetic surgery.

The service provides cosmetic surgery for patients over the age of 18; although it offers non-regulated procedures to young people aged 16 to 18. We inspected surgery as a core service.

We inspected the service using our comprehensive inspection methodology on 18 January 2018. This identified the provider was in breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. The full report of this inspection can be found on the CQC website: <https://www.cqc.org.uk/location/1-3150959664>

We carried out a focused inspection on 8 November 2018, to follow-up our concerns.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

At this inspection we looked mainly at the safe key question and specific sections of the effective and well led key question.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Services we rate

Whilst we now have powers to rate cosmetic surgery services, as this was a focused inspection, we have not rated the service. We inspected, but did not rate, elements of safe, effective and well led.

We found the following areas of good practice:

- Staff generally understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Staff completed and updated risk assessments for each patient.
- The service had suitable premises and equipment and looked after them well.
- The service followed best practice when prescribing, giving, recording and storing medicines.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The service generally had good systems to identify risks and planned to eliminate or reduce them.

However, we also found the following issues that the service provider needs to improve:

- There were some minor omissions within the patient records which were not identified during the subsequent audit of the records undertaken by the service.
- Information was not readily available to signpost staff how to make safeguarding referrals when required.

Summary of findings

We found the service was now complying with the regulations. We told the provider that it should make other improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Amanda Stanford

Deputy Chief Inspector of Hospitals (Central)

Summary of findings

Our judgements about each of the main services

Service

Surgery

Rating

Summary of each main service

A small service focused inspection which found improvements had been made and all regulations were met.

Summary of findings

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Summary of this inspection

Background to Soul Care Aesthetics

Soul Care Aesthetics is operated by Soul Care Aesthetics Ltd. The service was registered with CQC to undertake regulated activities in December 2016 (although the company offered non-regulated activities before this). It is a private clinic in Cannock, Staffordshire, and provides treatment to adults over 18 years. The clinic serves the communities of Staffordshire, and accepts patients from outside this area.

The clinic is open on Tuesdays between 10am and 5pm, Thursdays and Fridays between 10.30am and 8pm and Saturdays between 10am and 3pm. The consultant surgeon could offer procedures on Sundays where requested by appointment only.

The service has had a registered manager, who was also the consultant surgeon, in post since December 2016.

The clinic offers surgical cosmetic procedures on a day case basis, under local anaesthetic only. These include blepharoplasty (removal of excess skin on the upper and/or lower eyelids), ear lobe surgery, lower face lift, brow lift, platysmaplasty (neck lift) and liposuction.

The clinic also offers other cosmetic procedures. We did not inspect these services as these procedures are not within scope of regulation.

We inspected the service using our comprehensive inspection methodology on 18 January 2018. This identified the provider was in breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. Following this inspection, the provider was required to make improvements to ensure they met fundamental standards of care. We carried out a focused inspection on 8 November 2018, to follow-up these concerns and ensure the provider had made improvements. We found these requirement notices were met. We gave the provider 24 hours' notice of this inspection to ensure people we needed to speak with would be available.

Our inspection team

The inspection team that inspected the service comprised of two CQC lead inspectors. The inspection team was overseen by Victoria Watson, Head of Hospital Inspection.

Why we carried out this inspection

We inspected the service using our comprehensive inspection methodology on 18 January 2018. This identified the provider was in breach of Regulation 12 (safe care and treatment) of the Health and Social Care

Act 2008 (Regulated Activity) Regulations 2014. Following this inspection, the provider was required to make improvements to ensure they met fundamental standards of care.

How we carried out this inspection

We carried out a focused inspection on 8 November 2018, to follow-up concerns identified and ensure the provider

Summary of this inspection

had made improvements. We found the requirement notices were met. We gave the provider 24 hours' notice of this inspection to ensure people we needed to speak with would be available.

Information about Soul Care Aesthetics

The clinic is registered to provide the following regulated activities:

- Surgical procedures.
- Treatment of disease, disorder or injury.

In addition to surgical procedures, preoperative and post-operative consultations were held at the clinic by the consultant surgeon.

During the inspection, we visited the treatment room where procedures were undertaken. We spoke with two staff including; the registered manager and the clinic manager. During our inspection, we reviewed five sets of patient records.

Activity since the last inspection:

- In the reporting period January 2018 to November 2018 there were a total of 72 surgical procedures. Of the 72 procedures there were 14 body jet procedures, 21 blepharoplasties (eyelid surgery), 17 face lift and 20 neck lifts.

One consultant surgeon (also the registered manager), two nurses, a clinic manager, receptionist and a cleaner worked at the clinic.

Track record on safety:

- Zero Never events
- Six clinical incidents identified as no harm, or low harm.
- Zero incidents of moderate harm, severe harm, or death
- Zero serious injuries
- One complaint

Part of the clinic space was rented by a hair and beauty salon. This service was a separate business and not linked to the provider. The space used by the tenants was separated from the main clinic by an open plan wall area.

Services provided at the clinic under service level agreement:

- Clinical and or non-clinical waste removal.
- Maintenance of medical equipment.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Surgery

Safe

Effective

Caring

Responsive

Well-led

Are surgery services safe?

As this was a focused inspection, we did not inspect all areas and did not rate this key question.

Mandatory training

We did not gather evidence for this.

Safeguarding

- Staff generally understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. However, Information was not readily available to signpost staff how to make safeguarding referrals when required.
- During the last inspection, we found the safeguarding policy did not include all types of abuse. The safeguarding policy had now been rewritten. It included information about all types of abuse including female genital mutilation, modern slavery and risk of being radicalised. There was no information available to identify a contact number to make a safeguarding referral if required. The clinic manager told us they would ensure this was available.
- Training records showed that all staff had received an update on child safeguarding. Staff training certificates did not identify the level of children's safeguarding training. The clinic manager was also unsure but told us they would speak with the trainer to check the level of safeguarding training.

Cleanliness, infection control and hygiene

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.

- At our last inspection, instruments were appropriately decontaminated and sterilised. However, the guidance available for staff was Health Technical Memorandum (HTM) 01-05 'decontamination in primary care dental practices' rather than Health Technical Memorandum 01-01. Following that inspection, the service sent us an action plan which identified the HTM 01-01 'Decontamination of surgical instruments' policy was in place.
- At this inspection, the registered manager, who was the surgeon, said they only used disposable 'single use' instruments which was safe practice. They were looking to extend the business and would be purchasing a new autoclave and protein testing equipment. This would fully meet the requirements of HTM 01-01 when they were decontaminating and sterilising their own instruments.
- During the last inspection, we found there was no separate dirty and clean utility room / areas for the processing and decontamination of surgical instruments. The clinic manager told us they were redeveloping the clinic and would move the current treatment room and have a larger utility area with designated dirty to clean areas for the processing of surgical instruments.
- The clinic had a portable air conditioning unit / heating unit which provided the necessary air exchange for the treatment room where surgical procedures were undertaken. Since our last inspection, a decision had been made to remain and redevelop the existing clinic within the next 12 months. The new clinic will have a treatment room / operating theatre that will have an inbuilt ventilation system.

Environment and equipment

- The service had suitable premises and equipment and looked after them well.

Surgery

- During the last inspection, we found clinical waste was kept segregated and was stored in a locked bin. However, the bin was not designed for this use and could be forced open. At this inspection, a new fit for purpose clinical waste bin was available.

Assessing and responding to patient risk

- Staff completed and updated risk assessments for each patient.
- During our last inspection, we found the World Health Organisation 'Five steps to safe surgery' checklists were in place but were not consistently completed or available in all records. At this inspection, the checklists were now being audited on the day of surgery and this meant required improvements were made. An external audit of the WHO checklists was also undertaken every three months.
- In five patients' records seen, the WHO safer surgery checklists were fully completed.

Nursing and support staffing

We did not gather evidence for this.

Medical staffing

We did not gather evidence for this.

Records

- The service did not always keep clear records.
- We looked at five patient records. There were some minor errors which the provider's records audit had not identified. These included: missing patient date of birth (two patient records), name of the person who had completed the discharge summary (two patient's records), no discharge summary available (one patient record) and not all observations timed in one patient record. We saw that the newer patient records had a revised discharge summary.
- Staff within the clinic checked each patient's record after each consultation for completeness and recorded any shortfalls at that time. The patients' records we looked at did not identify the shortfalls we identified. The clinic manager acted on this immediately and were also considering the use of pre-printed patient labels.
- We saw the newer discharge summaries within patients' records had a place for staff to record their name and it was recorded.

Medicines

- The service followed best practice when prescribing, giving, recording and storing medicines.
- During the last inspection, whilst we found appropriate arrangements in place for the storage and management of medicines, there were gaps in medicines' storage records. At this inspection, we found electronic sensors had been purchased for all areas medicines were stored (within each medicine fridge, the treatment room and medicines' cupboard). The sensors recorded the temperature for each area 24 hours a day, seven days a week and were available both on the clinic's computer system and on the registered managers' phone. If temperatures went above or below required temperatures, the sensor would send out an alert to the computer system and to the registered managers' phone. This meant we were assured there was an appropriate audit trail to demonstrate medicines were stored safely.
- The registered manager told us they had recently changed their pharmacy arrangements and now received supplies from two pharmacies. The registered manager was considering setting up a service level agreement with one pharmacist to formalise current arrangements.

Incidents

We did not gather evidence for this.

Safety Thermometer (or equivalent)

We did not gather evidence for this.

Are surgery services effective?

As this was a focused inspection, we did not inspect all areas and did not rate this key question.

Evidence-based care and treatment

- The service provided care and treatment based on national guidance and evidence of its effectiveness. During our last inspection, we discussed the future requirement to submit required data to the Private Healthcare Information Network (PHIN) by 2020 as part of legal requirements regulated by the Competition Markets Authority (CMA). At this inspection, we found the

Surgery

service had started to collect information such as patient outcomes. The registered manager said they should be able to submit all required information before 2020 to PHIN.

Nutrition and hydration

We did not gather evidence for this.

Pain relief

We did not gather evidence for this.

Patient outcomes

We did not gather evidence for this.

Competent staff

We did not gather evidence for this.

Multidisciplinary working

We did not gather evidence for this.

Seven-day services

We did not gather evidence for this.

Health promotion

We did not gather evidence for this.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

We did not gather evidence for this.

Are surgery services caring?

As this was a focused inspection, we did not inspect this key question.

Compassionate care

We did not gather evidence for this.

Emotional support

We did not gather evidence for this.

Understanding and involvement of patients and those close to them

We did not gather evidence for this.

Are surgery services responsive?

As this was a focused inspection, we did not inspect this key question.

Service delivery to meet the needs of local people

We did not gather evidence for this.

Meeting people's individual needs

We did not gather evidence for this.

Access and flow

We did not gather evidence for this.

Learning from complaints and concerns

We did not gather evidence for this.

Are surgery services well-led?

As this was a focused inspection, we did not inspect all areas and did not rate this key question.

Leadership

We did not gather evidence for this.

Vision and strategy

We did not gather evidence for this.

Culture

We did not gather evidence for this.

Governance

We did not gather evidence for this.

Managing risks, issues and performance

- The service generally had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.
- During our last inspection, we found risks and potential risks were not identified within the risk register. At this inspection, the service had updated the risk register. There were five identified risks on the risk register with no 'red' or serious risks. Information seen showed the risks were regularly reviewed to check required actions had been undertaken.

Surgery

- There was a form available for staff to report risks and concerns. The manager reviewed the reported risks and added them to the risk register when required. The clinic manager discussed risks with the staff on a person to person basis prior to putting them on the risk register.
- Throughout the inspection we found the registered manager and clinic manager had systematically improved service quality and safeguarded high standards of care by creating an environment for excellent clinical care to flourish.

Managing information

We did not gather evidence for this.

Engagement

We did not gather evidence for this.

Learning, continuous improvement and innovation

We did not gather evidence for this.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- To implement effective systems are in place to identify and act on any omissions within patient records.
- To ensure information is available to signpost staff how to make safeguarding referrals when required.