

Aesthetics Lab Ltd

Inspection report

128 Regents Park Road
London
NW1 8XL
Tel: 077862424192

Date of inspection visit: 20 March 2023
Date of publication: 14/06/2023

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

Aesthetics Lab Ltd is a cosmetic clinic based in Camden, inner north London and offers consultation and clinical assessments using a range of diagnostic equipment.

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. Aesthetics Lab Ltd provides a range of non-surgical cosmetic interventions, for example dermal fillers, skin peels and facials which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The service has a 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.

We conducted an announced comprehensive inspection at Aesthetics Lab Ltd on 20 March 2023 as part of our inspection programme.

Our key findings were:

- People had comprehensive assessments of their needs, which included consideration of clinical needs, mental health, physical health and wellbeing.
- There were clearly defined and embedded systems and processes to keep patients safe and safeguarded from abuse.
- The service was tailored to meet patients’ needs and delivered in a way to ensure flexibility, choice and continuity of care.
- We saw evidence of quality improvement activity. For example, internal audits of patient registration forms were used to drive improvements in record keeping.

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

- Take action to introduce a protocol for sharing treatment and medicines prescribed with patients’ NHS GPs.
- Take action to formalise current arrangements governing the provider’s use of an adjacent dental practice’s defibrillator.

Overall summary

- Take action to continue to monitor and review internal patient record auditing arrangements.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Healthcare

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser.

Background to Aesthetics Lab Ltd

Background to Aesthetics Lab Ltd

Aesthetics Lab Ltd is a private, central London based, cosmetic clinic providing consultation, examination and treatments in aesthetic medicine; and treatment of skin diseases and disorders. We noted that only two of the clinic's procedures fall within scope of CQC regulated activities: Botulinum toxin injections (to alleviate tooth grinding) and thread lifting (whereby temporary sutures are used to produce a subtle but visible "lift" in the skin). These procedures are undertaken by a registered dentist and two registered nurses. An Operations Manager provides governance and administrative support, assisted by a team of reception and administrative staff.

The service is offered to private patients aged 18 and over and is open Monday and Friday 9am-7pm, Tuesday, Wednesday & Thursday 9am-8pm, Saturday 9am-6pm Sunday 10am-6pm.

Aesthetics Lab Ltd is registered with the Care Quality Commission to carry out the regulated activities of Treatment of disease, disorder or injury and Diagnostic and screening procedures.

Are services safe?

We rated safe as Good because:

- Monitoring and reviewing activity enabled staff to understand risks and gave a clear, accurate and current picture of safety.
- There were clearly defined and embedded systems and processes to keep people safe and safeguarded from abuse.
- The service had systems in place to act and learn from external safety events as well as patient and medicine safety alerts.

Safety systems and processes

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

- The service had systems and protocols to safeguard vulnerable adults from abuse including details of who to go to for further guidance. We noted the service was only offered to patients aged 18 and over. The Operations Manager was designated Safeguarding Lead and Local Authority safeguarding guidance was also readily accessible.
- The service had systems in place to enable it to work 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. These 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.
- Staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- We looked at systems in place to manage infection prevention and control (IPC) risks. An IPC audit had not recently taken place but when this was highlighted the provider took immediate action to conduct an audit and to introduce a programme of annual IPC audits.
- Monitoring and reviewing activity enabled staff to understand risks and gave a clear, accurate and current picture of safety. Records showed that in July 2022, the provider had conducted an assessment into risks associated with a bacterium called Legionella (which can proliferate in building water systems). A subsequent October 2022 water sample test confirmed the absence of the Legionella bacterium from the building's water system.
- The provider's Landlord ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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. Clinicians knew how to identify and manage patients with severe infections.

Information to deliver safe care and treatment

We looked at whether staff had the information they needed to deliver safe care and treatment to patients.

Are services safe?

- We noted the service undertook approximately 10 thread lifting procedures and Botulinum toxin injections procedures (alleviating tooth grinding) per month.
- We looked at the patient records of six of the eight patients who had had a thread lift procedure undertaken since March 2022. We noted that one of these patients had been prescribed an antibiotic with the procedure without an explanation.
- We also looked at the patient records of the four patients who had had Botulinum toxin injections procedures to alleviate tooth grinding since January 2023. We noted that one of these records did not contain a registration or medical history form.
- We fed the above back on the day of the inspection and the provider told us that they would immediately review patient records and internal auditing systems.

Safe and appropriate use of medicines

We looked at systems for appropriate and safe handling of medicines.

- We reviewed the range of emergency medicines and equipment carried by the service, noting the availability of emergency oxygen (to treat patients experiencing hypoxia) and Adrenalin (a first line treatment for life threatening anaphylaxis). We noted that Glucagon (used to treat abnormally low levels of blood sugar) was listed as an emergency medicine but was unavailable.
- The provider had produced a risk assessment which highlighted how factors such as the low risk nature of clients informed the range of emergency medicines held on site.
- We noted the service did not have an on-site defibrillator. We were advised that an arrangement was in place to use the defibrillator located at a dental practice directly opposite the provider's location.
- The service kept prescription stationery securely and monitored its use.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- Regular meetings took place to discuss cases and monitor activity. This helped the service to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service had systems in place to ensure learning and improvement took place when things went wrong.

- Although the service had not recorded any significant events in the previous 12 months, there was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

Are services safe?

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had a protocol in place to disseminate alerts to all members of the team.

Are services effective?

We rated effective as Good because:

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Internal audits was carried out and all relevant staff were involved.
- We saw no evidence of discrimination when making care and treatment decisions.
- The service monitored the process for seeking consent appropriately.

Effective needs assessment, care and treatment

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

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards.
- Patients' immediate needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used internal audit to improve quality. For example, we saw evidence that records were periodically audited to check that treatment registers were updated and that patient consent had been recorded.
- Regular meetings took place allowing staff to review audit findings and recommendations; and to identify quality improvement.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

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.
- Clinicians ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- The service did not routinely share details of consultations and any medicines prescribed with patients' NHS GPs.

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 and we saw evidence the service advocated a holistic approach.
- 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.
- The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Good because:

- There was a strong, visible, person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- Feedback from patients was positive about the way staff treated them.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. For example, 101 of the 104 online reviews submitted in the last 7 years gave the service a 5 star rating (with a common theme being that staff treated patients with care and compassion).
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpreting services were available for patients who did not have English as a first language.
- Patients fed back that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. For example, 101 of the 104 online reviews submitted in the last 7 years gave the service a 5 star rating (with a common theme being that staff listened and clearly explained treatments).

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of 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.

Are services responsive to people's needs?

We rated responsive as Good because:

- The service was planned and delivered in a way that met the needs of its patients. The importance of flexibility, choice and continuity of care was reflected in how care was delivered.
- Patients could access the right care at the right time. Access to appointments and services was managed to take account of people's needs, including those with urgent needs.
- The service had systems in place to respond appropriately to complaints.

Responding to and meeting people's needs

The provider organised and delivered services to meet the healthcare needs of its patients and took account of their needs and preferences.

- The provider understood the preferences and needs of their patients and strove to provide patient centred and flexible services.
- However, we noted that procedures took place in the basement which was not wheelchair accessible or serviced by a lift.

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, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Arrangements were in place to allow patients to make contact outside the service's opening times.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had systems in place to respond to them appropriately to improve the quality of care.

- The service had a complaints policy and procedures in place.
- Information about how to make a complaint was available on the premises.
- The service had not received any complaints in the previous 12 months relating to CQC regulated activities.

Are services well-led?

We rated well-led as Good because:

- Leaders strove to deliver motivate staff to succeed. There was a common focus across the service on improving quality of care and patient's experiences.
- There were effective processes in place to identify, understand, monitor and address current and future risks.
- There were systems to support improvement and innovation work including the use of clinical audit.
- Practice management arrangements drove the delivery of high-quality person-centred care.
- The lead clinician was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Leadership capacity and capability

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. This included

Vision and strategy

The service had a clear vision to deliver high quality, patient centred care.

- Leaders had the experience, capacity and capability to ensure that this vision was delivered.
- Staff were aware of and understood the vision and values of the service; and their role in delivering patient centred care.
- Regular staff meetings took place so as to scrutinise delivery and ensure staff engagement.

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.
- The service focused on the needs of patients.
- Systems were in place to ensure openness, honesty and transparency were demonstrated when responding to incidents. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations.
- There was a strong emphasis on the safety and well-being of all staff.

Governance arrangements

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

Systems to support good governance were clearly set out, understood and effective. There was an effective governance framework, which focused on delivering good quality care. For example:

Are services well-led?

- Staff were clear on their roles and accountabilities.
- The service's Operations Manager oversaw service specific policies, procedures and activities to ensure that they were operating as intended.
- We saw evidence the service had undertaken prompt action to improve governance arrangements (for example regarding managing medical emergencies).
- The service used performance information which was reported and monitored and management and staff were held to account.
- 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.

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 provider had plans in place for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and sustainability were discussed in staff meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

The service involved patients, staff and external partners to support high-quality sustainable services.

- We saw evidence the service undertook patient surveys and considered survey findings.
- Staff were proud of the organisation as a place to work and spoke highly of the service's listening culture.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. For example, we saw how internal audit had been used to improve record keeping.
- The service had systems in place to undertake internal reviews of incidents and to ensure that learning was shared and used to drive improvement.