

Your Cosmetic Clinic

Inspection report

Suite 2
43 Fisherton Street
Salisbury
SP2 7SU
Tel: 07967759609
www.yourcosmeticclinic.co.uk

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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 inspection at The Coach House. We carried out this inspection as part of our inspection programme following the registration of a new service.

The service is registered for treatment of disease, disorder and injury and primarily provides services to people seeking weight management including consultations and treatment.

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. Your Cosmetic Clinic provides a range of non-surgical cosmetic interventions, for example dermal fillers which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The owner of the organisation 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 provider had safe systems and processes to manage patients.
- There was a culture of openness and honesty throughout the organisation.
- Patients were positive about the service they received.
- Some patient records did not include the reasons for some clinical decisions.

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

- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available
- Complete patient records with the reasons for actions outside of policy, including extended supply and where the patient's GP has not been contacted directly.
- Make written records of verbal and informal meetings where issues are discussed and actions set.

Overall summary

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 member of the CQC medicines team and included another member of the CQC medicines team.

Background to Your Cosmetic Clinic

Your Cosmetic Clinic provides support to people in England to lose weight. This is done by providing consultations for advice and support including diet and exercise as well as prescribing medicines where appropriate for weight loss. Patients can contact the service by phone to make an appointment. The clinic is on the first floor of a town centre property.

The service carries out the regulated activity at the above address. This is also where the inspection took place.

The clinic is open for appointments on alternate Fridays.

How we inspected this service

Information was gathered from the provider information return prior to the inspection and while on site during the inspection.

The methods used to carry out this inspection were interviewing staff, reviewing feedback from people who use the service and review of documents.

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.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse.
- 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. The service did not offer a chaperone but patient's could bring a companion to accompany them if they wished.
- There was an effective system to manage infection prevention and control, including regular audits. A legionella risk assessment had been conducted in the past 6 months.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

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

- 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 urgent medical needs. The doctor was always available and staff would call 999.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- Due to the limited activities provided, the service had risk assessed their patient need and determined that medicines and equipment for medical emergencies did not need to be stored on the premises.

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. At each visit patients were weighed and had their blood pressure taken which was recorded in their notes.

Are services safe?

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. However, we saw that some patient's GPs had not been contacted to provide information to enable safe prescribing.
- 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. We saw where patients had been referred to their GP for other health concerns.

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 controlled drugs, minimised risks.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. This also covered the checks in place before prescribing.
- The service prescribed and supplied Schedule 3 Controlled Drugs (medicines that have a higher level of control due to their risk of misuse and dependence). The service maintained a full audit trail of prescribing and supply to patients. However, we saw that some patients had been prescribed more than 28 days supply without clear reasons in the records.
- Staff prescribed and supplied medicines to patients and gave advice on medicines in line with legal requirements. Processes were in place for checking medicines and staff kept accurate records of medicines.
- The medicines this service prescribes for weight loss are unlicensed. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. These medicines are no longer recommended by the National Institute for Health and Care Excellence (NICE) or the Royal College of Physicians for the treatment of obesity. The British National Formulary states that 'Drug treatment should never be used as the sole element of treatment (for obesity) and should be used as part of an overall weight management plan'. We saw that patients were given support and advice about diet and exercise alongside their prescribed medicines.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity and no issues for improvement had yet been identified.

Lessons learned and improvements made

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. Staff told us they would be supported if they did so.
- There were adequate systems for reviewing and investigating when things went wrong. Staff could describe how learning would be shared through emails and informal meetings.
- 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.

Are services safe?

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They did not always keep 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 an effective mechanism in place to disseminate alerts to all members of the team.

Are services effective?

We rated effective as Good.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis, however we saw that some patients had been prescribed medicines without any additional information from their GP. The doctor had risk assessed patients as to whether they felt this was necessary, but this was not always clear from the records.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients, they had a continuous record and health checks were done before any repeat prescribing.

Monitoring care and treatment

The service was involved in limited quality improvement activity.

- The service used information about care and treatment to make improvements. These included individual weight loss reviews after 13 weeks treatment.

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.
- Relevant professionals (medical) were registered with the General Medical Council (GMC) and were up to date with revalidation
- 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.
- During initial contact, patients were asked for basic details of their health. On first appointment, the doctor went through a detailed form with the patient and undertook a physical examination including blood pressure. This captured information relating to their health, and their medical history, which was then verified later with the GP in most cases.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.

Are services effective?

- The provider had risk assessed the treatments they offered. They had identified situations where medicines would not be prescribed if the patient did not give their consent to share information with their GP, or they were not registered with a GP. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance. Some patients were given letters to give to their GPs, after the inspection the service reviewed and updated this policy in line with GMC guidance.

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.

- Staff always gave people advice and help to support them to lose weight, including diet and exercise information. On occasions when the doctor decided that prescribing was not appropriate, patients were still given support and advice.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs. We saw patients that had been referred to their GP to manage their blood pressure.

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. They understood the need to assess and record a patient's mental capacity to make a decision if required.
- The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Good.

Kindness, respect and compassion

Staff treated/ did not treat patients with kindness, respect and compassion.

- The service sought feedback on the quality of care patients received by 6 monthly patient surveys. They had positive comments about the friendliness of staff and reliability of the service. Patients said they felt positive after visiting the service.
- We saw patients being treated in a caring manner and made to feel comfortable by staff.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgemental 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.

- Interpretation services were available for patients who did not have English as a first language.
- We saw that appointments were scheduled to give patients enough time with the doctor to discuss their treatment and progress.

Privacy and Dignity

The service respected/did not respect 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. The doctor's consultation room was private.

Are services responsive to people's needs?

We rated responsive as Good.

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs, for example enabling people to visit solely for weighing and support.
- 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 services on an equal basis to others. There was no step-free access so patients requiring this had to be referred to other services.

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 and treatment. The service operated every other week by appointment.
- Waiting times, delays and cancellations were minimal and managed appropriately. Patients were informed before their appointment if the doctor was not available on the rare occasions this happened.

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.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. There had been no complaints since the service opened.

Are services well-led?

We rated well-led as Good.

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.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

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 and manage the challenges in the service.
- The service developed its vision, values and strategy jointly with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them

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.
- Leaders would act on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns or suggestions and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff felt they were treated equally.
- We saw evidence of positive relationships between staff.

Governance arrangements

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

Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Clinic records were audited and actions noted as a result, however the lack of accurate recording for longer prescription lengths had not been noted.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address the challenges to the service.
- 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 service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit on weight loss was undertaken which had an impact on quality of care and outcomes for individual patients but had not yet been used to shape clinical policy.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients from patient surveys.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. These meetings were informal and not documented.

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 patients and staff.
- Staff could describe to us the systems in place to give feedback. These were informal as the staff group worked closely as a team. There were feedback opportunities for staff during informal meetings.
- The service was transparent, collaborative and open with stakeholders about performance.