

Aesthetic Solutions Limited Breezecott Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 30 July 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This service is registered with the Care Quality Commission (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 service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service is registered for the provision of treatment, advice or surgery by a medical practitioner. The aesthetic cosmetic treatments that are also provided are exempt by law from CQC regulation. Therefore, we were only able to inspect the provision of advice and treatment and not the aesthetic cosmetic services.

We received 49 Care Quality Commission comment cards. These were positive regarding the environment, staff, efficiency of service, care delivered and the caring attitude of the provider. Many clients stated that the service was professional, and that staff took time to explain the process to them. They found the provider professional and would recommend the service to others.

Our key findings were:

Summary of findings

- The service was offered on a private, fee paying basis and was accessible to people who chose to use it. Some services were provided on behalf of NHS services. For example, laser hair removal.
 - Procedures were safely managed and there were effective levels of patient support and aftercare advice.
 - There were systems, processes and practices in place to safeguard clients from abuse.
 - Information for service users was comprehensive and accessible. Staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.
 - The service encouraged and valued feedback from service users via in-house surveys and the website.
- There were areas where the provider should make improvements are:
- Review systems to monitor and record medicine checks, concerns and incidents
 - Review processes to keep policies in date.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found areas where improvements should be made relating to the safe provision of treatment. This was because the provider did not have fully established processes in place to ensure complaints and incidents, and medicine checks were recorded.

We found:

- The provider demonstrated that they understood their responsibilities and had received training on safeguarding children and vulnerable young people relevant to their role.
- The service had arrangements in place to respond to emergencies and major incidents.
- Medicines were stored safely
- Clinical areas appeared clean and hygienic.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

- The provider was aware of current evidence-based guidance.
- The staff working at the service and the skills and knowledge to deliver effective care and treatment.
- The provider had a process in place to ensure staff working at the service maintained and updated their registration. This also included assurances regarding revalidation, medical indemnity, update training and personal development.
- The service had protocols and procedures in place to ensure that signed consent for procedures was obtained.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- Comment cards and in-house survey results showed that clients said they were treated with compassion, dignity and respect and they were well informed with regard to the process and aftercare of procedures and screening.
- Information for clients about the services available was accessible and available in a number of formats. For example, the clinic provided information within leaflets, on their website and verbally within the clinic.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- The clinic had modern facilities and was well equipped to treat clients.
- Information about how to complain was available.
- The service offered post-treatment support for all client.

Are services well-led?

We found areas where improvements should be made relating to the well led provision of treatment. This was because the provider did not have fully established processes in place to ensure policies were kept up to date and that Medicines and Healthcare Products Regulatory Agency (MHRA) alerts were circulated to all staff.

- The providers had the skills, capacity, capability and enthusiasm to deliver the service.

Summary of findings

- A governance framework supported the delivery of good quality care. This included systems to follow up and monitor outcomes for service users
 - The provider was aware of the requirements of the duty of candour.
 - The provider encouraged a culture of openness, honesty and staff engagement. The service had systems for acting on and learning from notifiable safety incidents.
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Breezecott Clinic

Detailed findings

Background to this inspection

We carried out this inspection on 30 July 2018. The inspection team consisted of a lead CQC inspector, an assistant inspector and a GP Specialist Advisor.

As part of the preparation for the inspection, we reviewed information provided to us by the service. In addition; we reviewed the information we held on our records regarding this provider.

During the inspection we utilised a number of methods to support our judgement of the services provided. For example, we toured the building, interviewed the provider and staff, looked at the clinical systems and patient records, reviewed documents relating to the service and CQC comment cards sent prior to our inspection.

Aesthetic Solutions (also known as Breezecott Clinic) provides skincare, cosmetic injection treatments and laser treatment for hair removal and thread veins. Private Doctor consultations are also available.

Aesthetic Solutions provides private treatments and works with the NHS to provide laser hair removal treatments.

The service operates from

196A Bodmin Road, Truro, Cornwall, TR1 1RB.

The premises are a converted bungalow on the outskirts of Truro. There is level access and accessible facilities for any patient with mobility issues for example, it has level floor surfaces and ramped access to the rear of the property. There are four treatment rooms and a waiting area with a TV screen demonstrating the treatments on offer. The provider has responsibility for maintaining the building.

The service is led by two directors, a General Practitioner and a Nurse Practitioner who are supported by a practice manager, and a team of qualified therapists, reception, administration and nursing staff. The doctor working at the service also works as a GP in an NHS general practice.

The clinic operates from 10am to 8pm on Tuesday, 10am to 7pm on Wednesdays and Fridays and 10am to 5pm on a Thursday. Some monthly appointments are available on a Saturday morning.

To get to the heart of customers' 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?

Our findings

Safety systems and processes

The clinic had systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. All staff had received training on safeguarding children and vulnerable people relevant to their role. For example, the doctor had been trained to child protection level three, the nurses to level two and the receptionists to level one.
- We saw evidence that staff were up to date with all professional training requirements. We saw records of training and learning to support their own professional development. The provider had recently changed to an e learning provider for additional training.
- We spoke with staff regarding their recruitment process. We reviewed two staff files and found that the provider carried out appropriate staff checks at the time of recruitment and on an ongoing basis. All staff had a completed Disclosure and Barring Service (DBS) check. (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 persons who may be vulnerable).
- The provider maintained appropriate standards of cleanliness and hygiene. Clients commented that the practice appeared hygienic and clean. Protective personal equipment and cleaning equipment was readily available. Single use equipment was used, and we saw appropriate systems were in place for clinical waste disposal. There was evidence of contracts for clinical waste and clinical sharps disposal.
- Infection control measures were in place to reduce the risk and spread of infection. We inspected the consultation rooms and waiting areas which were clean and were in good overall condition.
- Systems were in place for the prevention and detection of fire. The provider used an external provider to undertake risk assessments and equipment was readily available. We saw evidence of weekly checks of this equipment.

Risks to customers

- The clinic had arrangements in place to respond to emergencies and major incidents.

- All staff had received basic life support training.
- The clinic had oxygen and emergency equipment on the premises which staff knew how to use. A first aid kit and accident book were also available on-site.
- All electrical equipment was checked to ensure it was safe to use.
- Clinical equipment was checked regularly to ensure it was working properly and had been calibrated.
- The laser equipment was professionally maintained to ensure safe operation and staff had received training for its use.
- Clinical rooms storing medical gases were appropriately signed.
- All treatment rooms where laser treatments could be used had additional security so that they could not be entered whilst treatment was being carried out.
- Records showed fridge temperature checks were carried out which ensured medicines were stored at the appropriate temperature and staff were aware of the procedure to follow in the event of a fridge failure.
- The provider had employer's liability insurance cover and clinicians had medical indemnity insurance in place. The GP was registered on the GMC and performers list and the nurse on the NMC register.

Information to deliver safe care and treatment

- The provider and staff worked with other services when this was necessary and appropriate. For example, the provider spoke with the client's registered GP if they needed to share information about the patient/customer.
- If a procedure was unsuitable for a patient, we saw records to demonstrate that the service had referred the patient back to their own GP.

Safe and appropriate use of medicines

The arrangements for managing medicines, including emergency medicines in the service minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- Medicines were checked monthly, however we found one medicine for the treatment of an allergic reaction to be out of date as well as out of date syringes. These were removed and replaced with in date medicines

Are services safe?

during our inspection. There were no records that demonstrated these checks had been completed. After the inspection, the service provided us with evidence that a system to record checks was now in place.

- Oxygen used for emergencies was checked weekly and we saw records that showed these checks had taken place.
- Private prescription stationary was stored securely and logs were in place to monitor the distribution of these prescriptions.

Track record on safety

There was a system in place for reporting and recording significant events. However, there was no formal method in place to analyse and learn from incidents and complaints; staff told us any issues would be discussed and remedied in team meetings.

Lessons learned and improvements made

The provider encouraged a culture of openness and honesty. After every course of treatment, a final review consultation was offered where clients could discuss their treatment and results with the provider. Any learning from these consultations were shared with the team at staff meetings. We saw minutes of staff meeting which confirmed this.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

Clients who used the service had an initial consultation where a detailed medical history was taken. Customers were also able to access detailed information regarding the procedures and different procedures which were provided by the provider. This included advice on the procedures and post care. All clients were given a 'cooling off' period enabling the person to return at a later date for the treatment.

After the procedure, staff discussed after-care advice with clients and informed them of what to expect over the recovery period. This was both to allay concern and anxiety and to avoid them attending other primary or secondary care services unnecessarily.

The provider was aware of evidence-based guidance and had access to written guidance should this be required. For example, NICE (National Institute for Health and Care) guidance. The provider told us the client demographic were mostly fit and healthy but was also aware of identifying the symptoms of the acutely unwell patient. For example, in the event of anaphylaxis (a severe potentially life-threatening allergic reaction).

The providers and prescribers, received safety alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) and was able to demonstrate how they had acted upon them, for example, a recent, alert on the administration of oxygen in an emergency. However, there were no processes in place to ensure these were cascaded to the remaining staff team.

Monitoring care and treatment

The provider kept a record of each procedure provided and clients were given comprehensive details of what complications may arise and what to look for. Details were given and instructions to contact the service should any complications arise.

Effective staffing

The service was led by two directors, one also worked as a GP in a NHS GP practice and they kept up to date in their specialist fields. The Nurse was a nurse prescriber and a full member of the British Association of Cosmetic Nurses (BACN). All staff had medical indemnity cover and were registered on professional registers. For example, Nursing and Midwifery Council and General Medical Council. All staff had training records and had completed mandatory training in subjects including basic life support, safeguarding and fire safety.

Each staff member had an annual appraisal where training needs were identified, although staff said training needs could be identified informally throughout the year. We saw evidence that staff had attended and completed training courses in their specialist areas and remained up to date with current practice.

Consent to care and treatment

We found that staff sought clients' consent to care and treatment in line with legislation and guidance.

- The provider had developed protocols and procedures to ensure that consent for procedures and treatment were obtained and documented. Consent forms were bespoke to each treatment and contained benefits and risks associated with the procedure.
- Consent was obtained for the use and retention of photographs.

Are services caring?

Our findings

Kindness, respect and compassion

Comment cards, and internal surveys contained comments to demonstrate that the clients were happy with the care, treatment and service received. Clients comments included feedback that the staff were courteous, caring and helpful to clients and treated them with dignity and respect.

Involvement in decisions about care and treatment

Feedback from comment cards showed that clients had been involved in the decision-making process and could make choices on the treatment available. The staff actively discussed the procedure with clients and recorded discussion in the client record.

All clients received a consultation appointment to discuss treatments available and following this consultation, they were provided with written information on the treatments

and the costs, to take away and consider. There was an option for clients to ask further questions as needed to help them make a decision before starting any treatment plan.

The provider made extensive use of client feedback as a measure to monitor and improve services and did this by monitoring compliments, complaints and results from online reviews and patient surveys.

Privacy and Dignity

Doors were closed during consultations and conversations taking place in these rooms could not be overheard. Dressing gowns and towels were available in treatment areas to protect the privacy and dignity of clients when treatment was taking place.

The provider told us that time was spent with clients both pre and post procedure to carefully explain the after care, recovery process and options to reduce any anxieties they may have.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The provider had a range of information and support resources which were available to clients

The website for the service was very clear and easily understood. In addition, it contained information regarding treatment and procedures available, fees payable, procedures and aftercare. The providers were in the process of updating their website to include additional information on their treatments and costs.

Aesthetic Solutions offers private treatments as well as referrals from the NHS for laser hair removal for transgender patients.

Timely access to the service

The clinic operated from 10am to 8pm on Tuesday, 10am to 7pm on Wednesdays and Fridays and 10am to 5pm on a Thursday. Some monthly appointments are available on a Saturday morning. Enquiries could be made by telephone, using the website or visiting the clinic in person.

Aesthetics Solutions was accessible to those with mobility difficulties, or those who used a wheelchair being able to access the clinic at the rear of the property. The service was only available to customers aged 18 and above.

Listening and learning from concerns and complaints

The provider had a complaints policy and process in place.

At the time of our inspection the provider had not received any formal complaints. This was explained as each client had a follow up review consultation to discuss how the treatment went and to review any concerns the client may have had. These individual consultations were recorded on the customers notes, and discussed if necessary at team meetings, however, these were not recorded on a concerns log to enable the provider to monitor potential overarching concerns or themes.

The clinic had received numerous thank you letters and cards and all of the 49 comment cards we received were complimentary about the service.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

Leadership capacity and capability;

There were clear organisational responsibilities and communication was effective within the organisation. The directors were responsible for the organisational direction and development of the service and the practice manager was responsible for the day to day running of the clinic. The directors were aware of their scope of competencies and services offered.

Vision and strategy

The directors had a clear vision which was; to provide care and treatment options in response to customer demand, within their clinical competencies and within a clinically clean and safe atmosphere.

Governance arrangements

A statement of purpose was in place. The clinic had policies and procedures to govern activity and these were available to all the staff, process were in place for staff to record they had read the documents in the staff handbook which included a 'Policies to read and sign' document.

We found three policies that had not been updated, after the inspection the provider sent us evidence from an aesthetic complications expert group used for the management of their policies to demonstrate that the guidelines had not been changed.

Managing risks, issues and performance

Arrangements were in place for identifying, recording and managing risks and issues. This included methods of reducing risk in infection control, building, medicines, clinical governance, staffing, reputational risk and security and information technology. We saw evidence of these processes and systems in place.

The provider owned the premises and had full responsibility of managing and mitigating any risks associated with the premises. These included systems, processes and contracts for annual portable electrical equipment testing, equipment calibration, fire safety procedures, waste management and laser equipment calibration.

Engagement with clients, the public, staff and external partners

The provider encouraged and valued feedback from clients and staff. It proactively sought feedback from:

- Feedback and compliments and complaints.
- Verbal feedback post procedure and at reviews.
- Internal surveys.

The provider encouraged staff to give feedback and offer suggestions for improvement. Staff we spoke with said they felt able to share new ideas and offer suggestions. The culture of the provider encouraged openness and honesty.

Continuous improvement and innovation

There was a systematic programme of audits to monitor systems. We saw the practice manager undertook annual reviews of 20 clients records to ensure all records contained a clear explanation of the treatment, a full medical history, a record of consent for treatment and referrals to other medical staff if appropriate and all were dated, timed and signed. Only one record contained abbreviations and this was corrected in the following months audit. These audits led to reception staff with appropriate training and with the consent of the client, being in the treatment room during treatment to record notes appropriately. All notes were checked on the following day to make sure all completed and inform practitioners of any findings that needed their attention.

The clinic was working towards becoming a paperless clinic and had purchased a tablet device and a computer system that allows for signed consent forms to be uploaded into client records. They were also in the process of updating their website to give more information on their services to the public.

There was a focus on continuous learning and improvement. The provider organised team events for Christmas and Birthdays to encourage a team approach and to show their appreciation for staff.