

True Face Aesthetics

Inspection report

381 Brinsworth Road
Brinsworth
Rotherham
S60 5EF
Tel: 07402774111
www.true-face.co.uk

Date of inspection visit: 2 June 2021
Date of publication: 23/06/2021

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 True Face Aesthetics on 2 June 2021 as part of our inspection programme. This was a first rated inspection for the service that was registered with the Care Quality Commission (CQC) in April 2019.

True Face Aesthetics provides a range of aesthetic and weight management treatments.

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. True Face Aesthetics provides a range of non-surgical cosmetic interventions that are not within CQC scope of registration, such as, micro needling, light therapy, dermal fillers and facial peel. Therefore, we did not inspect or report on these services.

Fifteen people provided feedback about the service. All the feedback we received was positive about the service and care and treatment provided.

Our key findings were:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Patients were treated with kindness and respect and were involved in decisions about their care.
- The service had adjusted how it delivered services to support and meet the needs of patients during the COVID-19 pandemic.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

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

- Review training records held and make all records of training undertaken available on site.
- Review process to verify identity to ensure consistent approach in line with policy and procedure.
- Consider developing a written major incident plan.
- Consider a written risk assessment to support the decisions about which emergency medicines should be held in relation to the services provided and in line with Resuscitation Council UK guidance.

Overall summary

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a member of the CQC medicines team.

Background to True Face Aesthetics

True Face Aesthetics is an independent provider of aesthetic treatments and weight loss services and offers a range of services to adults over the age of 18 years. They also provide several treatments that do not fall within the scope of registration.

The director of True Face Aesthetics Ltd is a registered general nurse with independent nurse prescriber specialisms and provides the majority of the care and treatment to patients. The director is supported by a Registered Manager, who is also a registered nurse with independent nurse prescriber specialisms. No other staff are employed at the service.

True Face Aesthetics is registered to provide services from 381 Brinsworth Road, Brinsworth, Rotherham, S60 5EF under the following regulated activities:

- Services in slimming clinics
- Surgical procedures
- Treatment of disease, disorder and injury

At the time of the inspection the provider, had applied to remove the regulated activity services in slimming clinics as the slimming service provided could now be provided under one of the other regulated activities.

The property is rented by the provider and consists of a patient waiting room, toilet, storeroom and a consulting room on ground level. There are free car parking spaces on the road outside the practice.

The practice is open from 10am until 5pm Monday to Friday or by appointment at other times.

How we inspected this service

During our visit we:

- Spoke with the director and registered manager.
- Reviewed 15 CQC patient experience responses where patients had shared their views and experiences of the service.
- Reviewed information provided to us electronically.
- Completed a site visit at the clinic.

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:

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 safety policies, which were regularly reviewed. Refresher training for safety information was undertaken. The service had systems to safeguard children and vulnerable adults from abuse.
- Patients were protected from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider had not employed any staff but had a policy and procedure in place which set out the staff checks required 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).
- Up-to-date safeguarding and safety training had been completed and staff knew how to identify and report concerns. The provider, a nurse, had completed level 2 safeguarding training. Whilst the service only provided services to patients over 18 years, they may meet children through their work. The Royal College of Nursing intercollegiate safeguarding guidance, January 2019, requires all nurses to be trained to safeguarding level 3 by August 2021. The registered manager, also a nurse, told us they had completed level 2 training but there was no evidence of this on site. The provider assured us they would complete level 3 training as soon as possible and after the inspection, provided evidence to show they had booked and paid for level 3 training and told us this would take place in July 2021.
- The service had a policy and procedure for provision of chaperones, and this was displayed. However, the policy did not include the requirements for DBS checks for chaperones. The arrangements for implementing the policy were not clear as the provider did not employ any other staff and they told us they would review this. The provider told us they had never been asked to provide a chaperone. After the inspection the provider sent an updated policy and procedure which stated they were not able to provide a chaperone, but patients were able to provide an informal chaperone if they wished.
- There was an effective system to manage infection prevention and control. This included processes to maintain a safe environment and safe working practices in relation to the safety requirements for Covid-19. The clinic was clean and tidy and cleaning schedules were in place. Cleaning was undertaken by the provider between each patient although records of cleaning were not maintained. They told us they would implement records of cleaning immediately and provided evidence after the inspection to show how this had been implemented.
- A Legionella risk assessment had been completed in March 2021. Recommended actions had been completed including training and implementation of water temperature check records.
- 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. Portable appliance testing and calibration of equipment had been completed. There was no evidence of an up-to-date five year electrical certificate on the day of the inspection. However, the provider sent this to us immediately after the inspection and this was dated November 2016.
- The provider carried out appropriate environmental risk assessments, which considered 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.

Are services safe?

- The provider 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 severe infections including sepsis.
- When there were changes to services the service assessed and monitored the impact on safety. This was evidenced in the way they had responded to the Covid-19 pandemic and supported their patients remotely.
- There were appropriate indemnity arrangements in place.
- There were medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. The provider told us they had followed aesthetic practitioners' guidance for their emergency medicines stock. However, a written risk assessment to inform which medicines should be held for the services provided and in line with Resuscitation Council UK guidance had not been completed.

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.
- The service had systems for sharing information with other agencies to enable them to deliver safe care and treatment although this was dependent on the patient engaging with this process. For example, 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. Even if consent to share information was not given the service provided the patient with a letter to give to their GP and a letter explaining to the patient the benefits of sharing this information.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance if they cease trading.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.

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, emergency medicines and equipment minimised risks. The service kept prescription stationery securely.
- The service carried out some medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing, but this was limited by the number of people using the service.
- There were effective protocols for verifying the identity of patients. However, for two records we looked at this was not documented in line with the service policy.

Track record on safety and incidents

The service had a good safety record.

- There were risk assessments in relation to safety issues, such as fire safety.
- The provider received and had oversight of safety alerts. However, there were no records to evidence if any action had been identified or taken in response to safety alerts. The provider supplied evidence immediately after the inspection to show they had implemented an action log and reviewed the alerts they had received.

Are services safe?

- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

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. The provider told us they had not had any significant events.
- The provider was aware of and had a policy and procedure to assist them to comply 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 effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

The provider had systems to keep 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 provider 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.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. Requests for new/further procedures were assessed prior to treatment.
- Staff assessed and managed patients' pain where appropriate.
- The service had used technology to support patients during the pandemic.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements using completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to resolve concerns and improve quality.
- The provider had completed two audits. One had reviewed the effectiveness of the slimming treatment in terms of weight loss and blood pressure management and the second had reviewed post treatment infection rates. Audits for weight loss were limited due to number of patients attending on a regular basis. Learning had been identified in the latter audit and processes had been implemented to minimise risk of reoccurrence.

Effective staffing

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

- Relevant professionals (nursing) were registered with the Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning requirements. Up to date records of skills, qualifications and training were maintained for the provider. However, not all records of training undertaken by the Registered Manager, such as safeguarding training, were held on site.
- Additional training had been sought where required to respond to patient's needs. For example, training in the assessment of mental health in private aesthetic practice had been completed by the provider and Registered Manager.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received person-centred care.

Are services effective?

- Before providing treatment, staff ensured they had adequate knowledge of the patient's health and their medicines history. Patients were signposted to more suitable sources of care such as counselling services, where information was not available to ensure safe care and treatment.
- 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. Even if patients using the service had not consented to this, we were told they provided the patient with a letter to give to their GP at a later date if they chose to and a letter explaining to the patient the benefits of sharing this information.
- The provider had risk assessed the treatments they offered and had developed treatment protocols.
- Patient information was shared appropriately between the provider and Registered Manager and the information needed to plan and deliver care and treatment was available in a timely and accessible way.

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.

- Where appropriate, people were given advice so they could self-care. Patients undertaking the slimming services had access to members only site with counselling services, gym instructional videos and menu plans for a holistic approach to weight loss.
- The provider told us they did not currently offer surgical mole removal but did offer mole removal using electro cautery hyfrecator equipment. As this procedure does not result in any tissue being available for histology, patients were asked to have the mole checked by the GP first. The procedure consent form asked patients to indicate that they had had the mole checked by their GP and explained that the procedure would not result in any histology.
- Where patients' need could not be met by the service, staff redirected them to the appropriate service for their needs. Risk factors were identified, highlighted to patients and where appropriate, highlighted to their normal care provider for additional support. For example, if someone did not need a treatment or meet the criteria for treatment, they were offered referral to a counsellor. The service also had systems in place to identify and manage body dysmorphia.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- The provider understood the requirements of legislation and guidance when considering consent and decision making.
- Patients were supported to make decisions. Where appropriate, staff assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated treat patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. Completed feedback forms were seen on the day of the inspection but none were dated so we could not assess the time period these were for. All were positive about the care and treatment provided.
- Feedback from patients was positive about the way staff treat people. CQC had received comments from 15 patients prior to the inspection. All were positive about the care and treatment they had received.
- 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.

- Patients told us they felt listened to and supported and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Information about the treatment and fees was available in the service and on their website.

Privacy and Dignity

The service respected patients' privacy and dignity.

- The importance of people's dignity and respect was recognised.
- If patients wanted to discuss sensitive issues or appeared distressed, staff could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

The service organised and delivered 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, additional counselling services, menu plans and gym instructional videos were provided for a holistic approach to weight loss.
- The facilities and premises were appropriate for the services delivered.

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.
- Waiting times, delays and cancellations were minimal and managed appropriately.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available.
- The service had complaints policy and procedure in place which included escalation procedures.
- The provider told us they had not received any complaints.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

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

- The provider was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

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 plan to achieve priorities.
- The service monitored progress against delivery of the strategy.

Culture

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

- The service focused on the needs of patients.
- The provider acted on behaviour and performance inconsistent with the vision and values.
- The provider was aware of, and had systems to ensure compliance with the requirements of the duty of candour.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Policies, procedures and activities had been established to ensure safety and the provider had assured themselves that they were operating as intended. Whilst the policies and procedures covered the required areas related to the service, the policies had not been tailored fully to this specific service and included information that was not relevant. After the inspection they provided evidence they had reviewed and updated medication and chaperone policies and made these more reflective of the service.
- The information used to monitor performance and the delivery of quality care was accurate and useful.

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.

Are services well-led?

- The service had processes to manage current and future performance. Performance could be demonstrated through audit. The provider had oversight of safety alerts, incidents, and complaints. However, there were no records to evidence if any action had been identified or taken in response to safety alerts. Immediately after the inspection they provided evidence that they had reviewed alerts and had received and implemented a log, which would show actions taken where required.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change services to improve quality.
- The provider had no written plans in place for major incidents which may disrupt the service, such as flooding or power cuts, but were able to tell us how they would manage such events. Due to the nature of the service provided impact on patient's safety, welfare and continuing care and treatment would be minimal should there be any disruption.

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.
- Quality and sustainability were discussed in relevant meetings.
- We observed that the patient electronic records did not clearly record the practitioner who had undertaken the procedure. This was addressed on the day of the inspection.
- The service submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the patients and acted on them to shape services and culture. They had implemented systems to provide a holistic service to those accessing their slimming services following feedback from patients.
- The provider did not employ any other staff and there were limited opportunities to engage with other groups due to the services offered.

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 service made use of internal audits. Learning was used to make improvements.