

## Health & Aesthetics Limited

# Health & Aesthetics

### Inspection report

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Godalming  
Surrey  
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### Ratings

Are services safe?

Are services effective?

Are services caring?

Are services responsive to people's needs?

Are services well-led?

### Overall summary

We carried out an announced comprehensive inspection on 28 September 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

# Summary of findings

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.

Health and Aesthetics is an independent healthcare provider. The clinic provides a weight control service including the taking and screening of blood tests. The weight control services are provided to adults only.

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 service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Health and Aesthetics, the aesthetic cosmetic treatments are exempt by law from CQC regulation. Therefore, we were only able to inspect the weight reduction services involving the screening of blood but not the aesthetic services.

Dr Rekha Tailor 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.

44 people provided feedback about the overall service via the CQC comment cards all of which were positive about the standard of care they received. The service was described as excellent, professional, helpful and caring.

## Our key findings were:

- Risks to patients were well managed. For example, there were effective systems in place to reduce the risk and spread of infection.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based research or guidelines.
- Staff maintained the necessary skills and competence to support the needs of patients.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Systems were in place to deal with medical emergencies and staff were trained in basic life support. However, the provider did not have a defibrillator.
- Information about services and how to complain was available and easy to understand.
- The treatment room was well organised and equipped, with good light and ventilation.
- The practice was proactive in seeking patient feedback and identifying and solving concerns.
- The culture of the service encouraged candour, openness and honesty.

There were areas where the provider could make improvements and should:

- Review local policy and procedure for checking proof of identity for patients around the age of 18 so as to ensure they could satisfy themselves of the patient's age.

# Health & Aesthetics

## Detailed findings

### Background to this inspection

Health and Aesthetics is a private practice based in Godalming, Surrey. The registered provider is Health & Aesthetics Limited.

The address of the service is:

Oak House  
Tanshire Park  
Shackleford Road  
Godalming  
Surrey  
GU8 6LB

The service is run from rooms on the ground floor of a building on a business site leased by the provider.

The service provides a range of services including weight reduction and aesthetic services.

The clinic times are Monday, Wednesday and Friday 9.15am until 5.30pm, Tuesday and Thursday 9.15am until 7.00pm and Saturday 9.00am until 4.00pm.

The service team consisted of a medical director assisted by a team of six therapists, a clinic manager and an administration team.

The inspection on 28 September 2018 was led by a CQC inspector who was accompanied by a GP specialist advisor.

Information was gathered from the provider and reviewed before the inspection.

During our visit we:

Spoke with the medical director.

Observed how patients were cared for in the reception area.

Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Looked at information the practice used to deliver care and treatment plans.

Reviewed documents relating to the service.

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?

## Our findings

### 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. 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. Policies were regularly reviewed and were accessible to all staff, locums. They outlined clearly who to go to for further guidance.
- The service worked 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. (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.
- Staff who acted as chaperones were trained for the role and had received a DBS check. A chaperone policy was in place.
- There was an effective system to manage infection prevention and control and a robust cleaning schedule in place. We observed the premises to be generally clean and tidy.
- There were systems for safely managing healthcare waste. Sharps bin were appropriately labelled and maintained.

### 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 severe infections, for example sepsis. Staff were trained annually in Basic Life Support.
- When reporting on medical emergencies, the guidance for emergency equipment is in the Resuscitation Council UK guidelines and the guidance on emergency medicines is in the British National Formulary (BNF).
- There were appropriate indemnity arrangements in place to cover all potential liabilities.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

### 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 staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with DHSC guidance
- The doctor at the service made medical referrals to the patient's GP where appropriate and with the patient's consent.
- The provider did not have a system in place to formally check the identity of patients around the age of 18 so they could not always satisfy themselves that the patient was an adult.

### 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 and equipment minimised risks.
- The provider did not have a defibrillator at the practice but a risk assessment was in place to address this.
- The service held medicines for the treatment of medical emergencies, for example, a severe allergic reaction.
- The service carried out a regular stock checks of medicines to monitor the medicines kept in the clinic.

# Are services safe?

- Processes were in place for checking medicines and staff kept accurate records.
- The doctor at the service supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

## **Track record on safety**

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- 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. Staff understood their duty to raise concerns and report incidents and near misses. Staff were supported by management when they did so. No significant events had occurred within the last 12 months.
- 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.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

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

- Patients' received a comprehensive health assessment and examination, including taking readings of patient's weight, Body Mass Index and blood pressure and discussing medical history and allergies. Patients also received a blood screen.
- Repeat weights and blood pressure readings were recorded at subsequent clinic appointments to monitor health and weight loss.
- We saw no evidence of discrimination when making care and treatment decisions.

### Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements.
- The service made improvements through the use of completed audits, such as cleanliness and infection control, management of medicines, patient records, consent to care, complaints and incidents.
- A clinical audit to review weight loss and blood pressure in April 2018 showed that the treatment showed positive results over an eight week and 16 week period and therefore showed improved outcomes for patients,

### 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. There were no temporary staff working at the service.
- Relevant professionals 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.
- Before providing treatment, the doctor ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- 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.
- Patient's information needed to plan and deliver care and treatment was available to relevant staff 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, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, where blood results showed an abnormality, the patient would be contacted and encouraged to see their GP. Patients would be given a copy of their blood results.
- 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.

# Are services effective?

(for example, treatment is effective)

- Staff supported patients to make decisions. Patient consultations ensured that key information regarding treatments, outcomes, aftercare and cost was fully understood.
- Treatments were undertaken after gaining written consent. Patients were offered a 'cooling off period' following consultation.
- The service ensured that patients had the mental capacity to consent to treatment.
- The service monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patient's 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.

- Information leaflets and a detailed treatment plan were given to patients to support their decision making and inform their knowledge.

- Information to patients was available in relation to the different types of treatments available which included the cost, prior to the appointment.
- Patients told us through comment cards, that they felt listened to, felt supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- A hearing loop was not available for patients who experience hearing difficulties. Staff told us that translation services have not been required to date.

### **Privacy and Dignity**

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff ensured patients were made to feel comfortable and respected at all times.
- 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?

(for example, to feedback?)

## Our findings

### 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.
- 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. The clinic was able to accommodate patients with a disability or impaired mobility. All patients were seen on the ground floor.
- The service was responsive to patient needs and patients could contact the doctor to further discuss their needs. The doctor could be contacted on their mobile phone 24 hours a day.

### 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, treatment and follow up appointments.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use.

### 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.
- 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 a complaints policy and procedures in place. The service had not received any complaints within the last 12 months.

# 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;

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

- The leader was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The leader was 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.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

### 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.
- 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 who spoke with told us they were able to raise concerns 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.

- Staff were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their work.
- There was a strong emphasis on the well-being of all staff and an open channel of honest communication. Staff meetings took place on a weekly basis and were recorded.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff.

### 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. Staff were clear on their roles and accountabilities
- There were established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

### Managing risks, issues and performance

There was clarity around 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 staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality. The provider had responded to patient feedback by providing more appointments and free parking.
- 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.

# Are services well-led?

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

- 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 where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- 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.
- The public's, patient's, staff and external partner's views and concerns were encouraged, heard and acted on to shape services and culture.
- Staff were able to describe to us the systems in place to give feedback. The service carried out an annual patient satisfaction survey and gained feedback after each consultation. The most recent satisfaction survey from June 2018 showed positive results. All patients were very satisfied or satisfied with their treatment. All patients found the service to be excellent or very good. Improvements were being made to the clinic's website in response to the feedback to ensure it was more informative and user friendly.
- The service was transparent, collaborative and open with stakeholders about performance.

## **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.

## **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.
- Learning was shared and used to make improvements.
- The Manager encouraged staff to take time out to review individual and team objectives, processes and performance.