

Dr Matla Aesthetics

Inspection report

Old Brewery Court
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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

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Overall summary

This service is rated as Requires improvement overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Dr Matla Aesthetics as part of our inspection programme, to inspect all newly registered locations. This was a first rated inspection for the service since they registered with the Care Quality Commission (CQC) in March 2022. We visited the clinic site on 3 April 2023, followed by a remote interview with the registered manager on 17 April 2023.

Dr Matla Aesthetics provides a private aesthetics service for fee paying clients. This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services they provide. 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. Dr Matla Aesthetics provides a range of non-surgical cosmetic interventions, for example dermal filler injections, anti-wrinkle treatments and non-prescription topical treatment for skin conditions which are not within CQC scope of registration. Therefore, we did not inspect or report on these services. At the time of the inspection, they offered thread face lifts, platelet-rich plasma (PRP) injections for hair loss and male sexual dysfunction and medical treatment for migraines, hyperhidrosis (excessive sweating) and weight management, which were within scope of the regulations.

The lead clinician 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 service had systems to safeguarded from abuse. However, some of the safety systems were not effective with the provider implementing improvements after the CQC site visit.
- The provider gathered available information to deliver safe care and treatment to patients. However, there were gaps in data sharing and information governance arrangements.
- We found there was a reactive rather than proactive approach to identifying and responding to quality assurance and governance issues. We were concerned the providers governance systems were not developed and embedded enough to proactively identify, mitigate, and manage any new or emerging risks.
- The service had reliable systems for appropriate and safe handling of medicines.
- The service learned and made improvements when things went wrong.
- We saw evidence the service assessed needs and delivered care and treatment in line with current legislation, standards, and guidance.

Overall summary

- People were treated with kindness, respect and compassion and helped to be involved in decisions about care and treatment.
- The service organised and delivered services to meet patients' needs.

The area where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

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

- Review and improve the arrangements and equipment in place for responding to medical emergencies.
- Share information directly with patient's GPs, with patient consent, in line with General Medical Council (GMC) guidance when patient care could be compromised by a lack of sharing. For example, medicines such as GLP1 inhibitors prescribed for weight loss.
- Make sure the complaint process is accessible and publicised online so people who use the service can access it easily in the event they are unhappy with the care, treatment or service received.
- Check and amend policies and procedures, such as the chaperone policy, to make sure they reflect the way the service operates.

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

The inspection was led by a CQC inspector who had access to advice from a member of the CQC medicines team and a national professional advisor.

Background to Dr Matla Aesthetics

Dr Matla Aesthetics is located at Old Brewery Court, 156 Sandyford Road, Newcastle Upon Tyne, NE2 1XG. The service is located in a. Patients have access to toilet facilities. The clinic and all facilities are on the ground floor.

The provider, RUR Aesthetics Limited, is registered with the CQC to carry out the regulated activities surgical procedures; services in slimming clinics; and the treatment of disease, disorder or injury from this location. The provider operates a clinician-led service which specialises in aesthetic treatments and weight loss services. The service does not offer NHS treatment. Services are available to adults aged 18 years or over only. The service and the treatments within scope of registration are led and carried out by the provider who is a registered GP who is qualified to prescribe medicines and is registered with the General Medical Council (GMC) in the UK. No other staff were employed at the clinic to provide the regulated service at the time of the inspection. The service is open for prebooked appointments only, which normally take place on a Monday, Tuesday and Saturday.

How we inspected this service

Before visiting we reviewed a range of information we hold about the service and information provided pre-inspection by the service.

During our inspection we:

- Spoke with the registered provider.
- Looked at information the clinic used to deliver care and treatment plans.
- Reviewed documents and policies used by the service.
- Reviewed patient feedback received by the provider and by CQC.
- Observed the premises where services were delivered from.

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 Requires improvement because:

We identified some safety concerns, mainly related to the governance of safety arrangements, that were rectified soon after our inspection. The likelihood of this happening again in the future was low and therefore our concerns for patients using the service, in terms of the quality and safety of clinical care were minor. (See full details of the action we asked the provider to take in the Requirement Notices at the end of this report). Although we were satisfied the provider had made the identified improvements after our site visit, we have rated them as requires improvement. This was because we were not fully assured the provider's systems were established, embedded and proactive enough to identify, mitigate and manage any new or emerging risks.

Safety systems and processes

The service had systems to safeguarded from abuse. However, some of the safety systems were not effective with the provider implementing improvements after the CQC site visit.

- The provider conducted most of the expected safety risk assessments. There were some gaps which the provider addressed following the inspection. For example, infection prevention and control, health and safety; emergency medicines and chaperones. They had appropriate safety policies, which were regularly reviewed. They outlined clearly who to go to for further guidance. The provider considered safety information from the service as part of their refresher training.
- The service had systems to safeguard children and vulnerable adults from abuse.
- Services were offered to adults over 18 only; no services were provided to children and young people under the age of 18.
- 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 did not employ other permanent staff to provide the regulated service at the time of the site visit. They told us that if they were to employ staff; they would make sure they carried out staff checks at the time of recruitment and on an ongoing basis where appropriate.
- The provider told us that in the past they had employed a sessional locum health care assistant to provide a chaperone service. They considered they had mitigated the risks associated with this role by employing someone who held a similar role in the NHS organisation, (where the provider also worked). However, the provider had not maintained an audit trail to demonstrate they had checked the person was fit and proper to be employed in this role. They told us after the inspection they had implemented an audit trail to demonstrate they had checked the person had been fit and proper to carry out the role. As this happened following the site visit, we were unable to verify this was in place and appropriately maintained.
- The provider received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- We reviewed the chaperone policy in place and found it referred to situations and scenarios which the provider told us did not take place within the service. For example, it covered the chaperone of children and of patients who were sedated during treatment. The provider confirmed these circumstances were not relevant to the service. They told us after the site visit that they had reviewed this policy and streamlined it to reflect how chaperones were actually used within the service.
- Although the premises were clean and well maintained, there were some areas to manage infection prevention and control (IPC) that were not in line with current guidance. For example, there was limited assurance of the arrangements in place, as the provider had not carried out an audit. They provided us with this after the site visit.
- The provider showed us evidence that they had made arrangements for a new legionella risk assessment to take place.

Are services safe?

- 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. However, the boxes to dispose of sharps and medical waste were not of the correct type to dispose of cytotoxic medicines. Following the site visit, the provider told us they checked with their waste management company that these were disposed of correctly and arranged for the correct type to be delivered in future. We saw this in place during a remote interview on 17 April 2023.

Risks to patients

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

- 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, for example, sepsis.
- There was some ongoing monitoring of health and safety risks within the service, but there were gaps. There was evidence the provider was assessing and managing known health and safety risks, such as electrical, gas, and fire safety. However, there was no overall health and safety risk assessment in place. The provider carried out and shared one with us after the site visit.
- The service did not have in place any documentation to detail the Control of Substances Hazardous to Health (COSHH). They told us the majority of cleaning was carried out by the premises cleaning contractors and was in accordance with their policies, procedures and risk assessments. They had not assured themselves of the control of potential hazards associated with small number of products used by the service themselves including the substances used by the clinician to clean the room between patients. They told us they had put in place the relevant COSHH assessments after the site visit but did not share copies with us.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines to deal with medical emergencies which were stored appropriately and checked regularly. This was based on the type of services provided and client base. The provider had conducted an informal risk assessment to determine the scope and type of emergency equipment and medicines available but had not documented this. They provided a written risk assessment following the inspection site visit. Whilst the risk of a medical emergency was very low; there was no oxygen or defibrillator available on site. The provider told us they would reconsider the risk assessment and consider the viability of purchasing these.

Information to deliver safe care and treatment

The provider gathered available information 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 in an accessible way.
- There was limited evidence of systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The provider encouraged patients to inform their own GP about their care and treatment. They did not, however, share information directly with patient's GPs in line with GMC guidance when patient care could be compromised by a lack of sharing. For example, when prescribing medicines such as GLP1 inhibitors prescribed for weight loss.
- The provider did not submit evidence that they were registered as a data controller with the Information Commissioners Office (ICO) prior to or during the site visit. This is a legal requirement for data controllers who process personal data. The provider said they had difficulty updating their registration for this and provided their registration number to us on 17 April 2023. We were able to confirm their registration on the ICO website after this date.
- 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 ceased trading.

Are services safe?

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The service held limited supplies of medicines at the service. The systems and arrangements for managing medicines, minimised risks. However, the provider did not have an alternative method of assuring themselves that temperature sensitive medicines were maintained at an appropriate temperature in the event of a refrigerator failure. They had not experienced any such failure and were able to explain to us what they would do with the small number of medicines that would be impacted. After the site visit, they told us they had purchased and fitted a thermometer data logger to provide a secondary check on temperature levels.
- Private prescriptions were sent electronically via an electronic prescribing system and were digitally signed.
- The service did not prescribe any controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).
- 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. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- The service prescribed medicine for weight loss. 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'. The provider followed recommended guidance regarding prescribing of this medicine.

Track record on safety and incidents

The service had some arrangements in place to demonstrate a good safety record, but there were gaps in some monitoring and governance arrangements.

- There were some risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped them to understand risks. However, there were gaps in monitoring and governance systems which meant there was not always 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 understood their duty to raise concerns and report incidents and near misses. They had considered 1 significant event in the last 12 months.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, the provider had identified learning from an information governance incident.
- The provider noted the safety concerns we raised and addressed them within a short timeframe after the inspection site visit date.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

Are services safe?

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

We rated effective as Good because:

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.

- 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.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service had undertaken actions to improve the quality of the service.

- The service used information about care and treatment to make improvements. They monitored the outcomes of individual patient treatments to assure themselves of the effectiveness of the service.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, the service had carried out an audit of thread lifts carried out to check the infection rate and the prevalence of other likely side effects. They found no evidence of infection, which supported that prescribed antibacterials were not required. They noted the prevalence of minor side effects were within expected levels.

Effective staffing

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

- The provider was a doctor and GP who was appropriately qualified and registered with the General Medical Council (GMC).
- The provider had received specific training and could demonstrate how they stayed up to date for the procedures carried out.
- The provider regularly engaged with other private aesthetic providers to share best practice. They were a member of an educational forum where they could receive peer review, education and support.

Coordinating patient care and information sharing

There was not a clear and well-defined approach to communicating with the patient's GP to ensure clinical risks were managed and mitigated.

Are services effective?

- Before providing treatment, the provider ensured they gathered knowledge of the patient's health, any relevant test results, and their medicines history. We were given examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- Patients were encouraged to share details themselves of their consultation and any medicines prescribed with their registered GP. However, the provider did not have a process in place to ask for consent to share or to actually share this information with the registered GP on each occasion patients used the service, in line with GMC guidance. This meant some clinical risks could be missed or appropriate mitigating action not put in place to manage the risks.

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Patients seeking treatment for weight loss were given advice and guidance on healthy lifestyles to support effective weight loss and weight maintenance over time.
- Risk factors were identified, highlighted to patients to support them to make informed decisions about treatment.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Some of the treatments provided by the service have limited evidence of their clinical effectiveness. For example, although there was some evidence to support the use of platelet-rich plasma (PRP) injections for hair loss and male sexual dysfunction, more research was needed to demonstrate long-term efficacy and safety. The provider told us they informed patients of this prior to treatment to help them make an informed decision about whether to continue with the procedures.
- The service monitored the process for seeking consent appropriately.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

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 via a popular search engine review process.
- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- The provider used written information which gave information about the procedures, any side effects or known complications, aftercare and what to do in case of any adverse reactions or emergency following the procedure. The provider told us they also gave this information at initial and follow up appointments so they could check the patient understood it and to answer any questions they may have.
- Telephone interpretation services were available for patients who did not have English as a first language.

Privacy and Dignity

The service respected patients' privacy and dignity.

- The provider recognised the importance of people's dignity and respect.
- Treatments and consultations were undertaken with the privacy of patients in mind. The clinical room was locked to prevent interruptions, and that whenever possible patients only had to take off the minimum amount of clothing as required by the procedure.
- The provider was aware of information security, and we saw that patient records were stored securely.

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 services to meet patients' needs. They 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. The service was on the ground floor with level access for ease of access for those with mobility difficulties.
- There was an intercom system available so patients could alert the provider if they had any problems accessing the service.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients were able to book appointments at a time convenient for them through the service website.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and planned to respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available direct from the service. The provider had a policy in place. This was not, however, available on the service website. Patients accessing the service website to make a complaint were directed to an email address where they could direct their complaints.
- The provider had not received any complaints either written or verbal. Feedback received by the service was all positive.

Are services well-led?

We rated well-led as Requires Improvement because:

We found there was a reactive rather than proactive approach to identifying and responding to quality assurance and governance issues. We were concerned the providers governance systems were not developed and embedded enough to proactively identify, mitigate and manage any new or emerging risks.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care. However, they were not proactive in identifying and responding to quality assurance and governance issues.

- The provider was knowledgeable about issues and priorities relating to the clinical quality and future of services. They understood the challenges and were addressing them.
- The provider was personable and approachable.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future development of the service.
- There were some aspects of governance where there were gaps that the provider was unaware of. The provider responded to these shortly after the site visit. However, we found there was a reactive rather than proactive approach to identifying and responding to quality assurance and governance issues. We were concerned the providers governance systems were not developed and embedded enough to proactively identify, mitigate and manage any new or emerging risks.

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.
- The service monitored progress against delivery of the strategy.

Culture

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

- The service had a culture of high-quality sustainable care.
- There was a focus on safety and well-being within the service, but there were some gaps in assurance processes. The provider was open to feedback and responded to this quickly, but we were concerned there wasn't a clear enough focus on proactive identification and management of risks.
- At the time of the inspection, the provider had recorded 1 significant event and no complaints about the service. The provider told us they responded to these with openness, honesty and transparency.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Governance arrangements

There were some gaps in the arrangements for good governance and management.

Are services well-led?

- The provider's governance arrangements did not always support them to identify, mitigate and manage risks. There were some gaps in structures, processes and systems to support good governance. For example, at the time of our site visit the provider was not registered with the Information Commissioner's Office as a data controller; and there were gaps in assurance processes for infection prevention and control, health and safety; and chaperones. The provider had not carried out a risk assessment to determine what was needed to respond to medical emergencies. Although these were addressed quickly after the inspection site visit, we were concerned the provider had not proactively identified these areas themselves prior to the site visit.
- Leaders had established proper policies and procedures to ensure safety but had not always assured themselves that they were operating as intended.

Managing risks, issues and performance

There some clarity around processes for managing risks, issues and performance.

- There were gaps in processes to identify, understand, monitor and address current and future risks including risks to patient safety. For example, infection prevention and control; health and safety; emergency medicines and chaperones.
- The service had processes to manage current and future clinical performance. 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 monitor services to improve quality.
- The provider had plans in place 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.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. However, the provider did not hold registration with the Information Commissioner's Office at the time of the site visit. The provider registered a short time after the inspection site visit, and we saw evidence of this.

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.
- The provider ensured they kept up to date with best practice and new developments by networking with other private aesthetic providers regularly. They were a member of an educational forum where they could receive peer review, education and support.
- The provider described to us the systems in place to give feedback. They showed us that all feedback received so far had been positive.

Continuous improvement and innovation

Are services well-led?

There were evidence of systems and processes for learning, continuous improvement and innovation.

- The provider had a focus on developing their skills and experience to better meet the needs of people who used the service.
- The provider continued to review new and innovative treatments to see if they were safe and appropriate to offer to patients who used the service.
- The provider responded quickly to feedback given during and after the inspection to implement improvements to the safety of the service.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury Surgical procedures Services in slimming clinics	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• The provider had not implemented and embedded an audit trail to demonstrate they had checked chaperones were fit and proper to carry out their role.• The provider had not developed and embedded governance of infection prevention and control arrangements to assure themselves they were operating as intended.• The provider had not implemented and embedded processes to manage the health and safety risks in the service to inform ongoing monitoring and mitigation of identifiable risks.• The provider had not implemented and embedded processes to manage the Control of Substances Hazardous to Health (COSHH).• The provider had not ensured they were meeting their ongoing information governance responsibilities as they had not maintained appropriate registration with the Information Commissioner Office (ICO) as required by law. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>