

# Orchard Cosmetic

## Inspection report

13 Lugley Street  
Newport  
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[www.orchardcosmetic.co.uk](http://www.orchardcosmetic.co.uk)

Date of inspection visit: 01 December 2022  
Date of publication: 13/01/2023

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 Orchard Cosmetic on 1 December 2022. The service was registered with the Care Quality Commission (CQC) in April 2021. We carried out this first rated inspection as part of our regulatory functions. The inspection was undertaken to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Orchard Cosmetic 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 general exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Orchard Cosmetic is registered with the CQC to provide 2 regulated activities: Surgical procedures and Treatment of disease, disorder or injury. It is registered to treat adults only. The services that are within scope of registration are mole removal by minor surgery and Botulinum toxin (Botox) treatment for hyperhidrosis. The service provides a range of cosmetic treatments that are not within scope of registration, such as Botox and fillers for cosmetic reasons and laser hair removal. We did not inspect or report on services outside scope of registration.

The clinic owner and nominated individual 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.

We spoke with 3 patients who provided feedback about the service. They commented positively on the professionalism and care provided by the service.

## **Our key findings were:**

- The service had safety systems and processes in place to keep people safe. There were systems to identify, monitor and manage risks.
- The provider had audited patient records and treatment outcomes to identify areas for improvement.
- Staff maintained their skills and competencies through training and professional development.
- A patient questionnaire showed people found the staff to be caring and professional. This was reflected in the feedback we obtained from a limited sample of 3 patients.

# Overall summary

- The clinic website was informative and included details about the treatments offered, prices and appointment availability.
- There was a clear strategy and vision for the service.
- The leadership and governance arrangements promoted good quality care.

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

- Implement guidance from the Legionella risk assessment once completed and shared by the landlord.
- Develop policy and guidance on storage of patient records should the business cease trading.

**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 specialist advisor.

## Background to Orchard Cosmetic

Orchard Cosmetic is the sole location operated by the provider Orchard Cosmetic Limited. It is located at:

13, Lugley Street

Newport

Isle of Wight

PO30 5HD

[www.orchardcosmetic.co.uk](http://www.orchardcosmetic.co.uk)

Orchard Cosmetic is registered with the CQC to provide 2 regulated activities: Surgical procedures and Treatment of disease, disorder or injury. It was first registered in April 2021 and is registered to treat adults only. The services that are within scope of registration are mole removal by minor surgery and Botulinum toxin (Botox) treatment for hyperhidrosis. The service also provides a range of cosmetic treatments that are not within scope of CQC registration, such as Botox and fillers for cosmetic reasons and laser hair removal.

Orchard Cosmetic is open Tuesday to Friday from 9am to 5pm. It is closed on Mondays and at weekends. Patients can book appointments by phone or directly through the service website.

The clinic is on the first floor and comprises two treatment rooms, a waiting room, reception area and toilet facilities. There is no lift.

The registered manager undertakes minor surgery and the clinic employs an advanced nurse practitioner who carries out hyperhidrosis treatments. Hyperhidrosis is excessive sweating that is not always related to heat or exercise. In addition, the clinic employs a beauty therapist and a receptionist.

### How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently. This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

We carried out this inspection on 1 December 2022. Before visiting the location, we looked at a range of information that we hold about the service and information submitted by the provider. During our visit, we interviewed staff, reviewed documents and clinical records and made observations relating to the service and the location it was delivered from.

Due to the current pandemic, we were unable to obtain comments from patients via our normal process where we ask the provider to place comment cards in the service location. However, we were shown examples of patient feedback which the provider monitored on an ongoing basis. We did not speak to patients on the day of the site visit. We phoned 3 patients who had received either mole removal or hyperhidrosis treatment at the clinic.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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 had appropriate safety policies, which were regularly reviewed and communicated to staff. They included policies for fire safety, health and safety, infection control and safeguarding adults. 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. Staff were suitably trained to recognise and respond to signs of abuse and there were contact details for the local adult safeguarding board and children's safeguarding team. The registered manager was the safeguarding lead for the service.
- Whilst the service did not provide treatments for patients under 18 there is an expectation that staff working in healthcare settings are trained in child safeguarding in line with the Royal College of Nursing Intercollegiate Guidance. This recommends staff complete child safeguarding training and competencies when they provide care for parents or carers. The Orchard Cosmetic clinicians were suitably trained to level 3 in child and vulnerable adult safeguarding.
- If they received requests to treat people under the age of 18 they directed them to local NHS or private services.
- 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). The recruitment process included checking applicants' employment history and requesting references.
- There was an effective system to manage infection prevention and control. The provider checked staff had appropriate immunisation status. There were pre- and post cleaning procedures in place and room cleaning schedules, which were signed and checked. Staff had access to personal protective equipment. There had been no incidents of wound infection and the provider used single use disposable instruments and surgical packs.
- Clinical and non-clinical waste was managed safely, and we saw consignment sheets and a recent audit of clinical waste. There were some minor actions from this audit for the provider to take forward.
- The provider conducted safety risk assessments. It ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There was evidence of electrical safety checks, fire service checks and a risk assessment relating to minor surgery.
- At the time of the inspection, the provider was not aware if the premises were assessed and/or tested for Legionnaires disease. Following our site visit, the registered manager confirmed the landlord had arranged for a risk assessment to be carried out.

## **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. There were sufficient numbers of trained staff for the treatments offered.
- There was an effective induction system for new staff. This included shadowing and completing training required by the service. Staff told us their induction had been structured and useful.
- 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. They were up to date with basic life support training and recognised symptoms of deterioration.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

# Are services safe?

- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. Emergency medicines included adrenaline and the provider's policy was to call for emergency services when necessary.

## 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 records were electronic and templated to minimise the risk of any details being omitted. Access was password protected and the records included patient identification details, their presenting problem, medical history, allergies, risk assessments and treatment details. Where relevant, the staff noted any psychological health needs. The records included evidence of consent. For minor surgery, consent was recorded by both the patient and practitioner.
- For mole removal, histology samples were managed securely and these tests were carried out under contract. The clinic ensured that results were received and communicated to patients promptly.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. If histology results indicated concern, the results were shared with the patient's GP with patient consent.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. For example, if the registered manager was concerned about the appearance of a mole, they referred the patient to an NHS dermatologist for further review prior to treatment.
- The service had investigated how best to manage medical records should they cease trading, and was waiting advice at the time of the inspection.

## Safe and appropriate use of medicines

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

- There were systems and arrangements for managing medicines, including emergency medicines and equipment, that minimised risks. Medicines were stored in a locked room, and within a locked cupboard or fridge as appropriate.
- Fridge temperatures were noted to ensure medicines were kept within the required temperature range. The use of medicines was not high and the checks were undertaken weekly, and expiry dates noted.
- The service kept prescription stationery securely and monitored its use. The clinic kept a copy of each prescription in the patient file, for reference if required.
- 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.
- There were effective protocols for verifying the identity of patients.

## Track record on safety and incidents

### The service had a good safety record.

- There was a policy for the management of adverse events and staff understood how to record and investigate incidents should they occur. The service had an accident book should patients or staff experience an accident whilst on the premises. There were risk assessments in place in relation to safety issues. The service had not experienced any incidents in the past year.

# Are services safe?

- The service monitored and reviewed activity. This helped it to understand risks and gave an accurate view of current risks and actions needed to ensure safety. For example, it had found it difficult to source appropriate training for staff in different roles and had invested in online training resources from a recognised provider of e-learning for healthcare services.
- As a result of an historical histology incident, the service always sent removed moles for histology.

## **Lessons learned and improvements made**

### **The service had systems to learn and make improvements when things went wrong.**

- Staff understood their duty to raise concerns and report incidents and near misses.
- 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.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The registered manager received alerts and shared any that were relevant with the team.

# 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 (relevant to their service)**

- Patients' immediate and ongoing needs were fully assessed. Staff used an electronic patient record to note each patient's medical history, expectation from treatment, clinical notes and any medicines prescribed. The notes we reviewed were clear and professionally recorded.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff undertaking the treatments that were within scope of CQC registration were trained and skilled at delivering the relevant care and treatment. They had completed courses relevant to the treatments they provided. The clinic was on an accredited register for non-surgical cosmetic treatments.

## **Monitoring care and treatment**

**The service was involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. In the past year, it had carried out an audit of all hyperhidrosis treatments undertaken in 2021. There had been no complications and no identified areas for improvement. An audit of minor surgery also showed care and treatment was provided effectively. One set of notes showed there was no written consent from one patient, and when the relevant patient was contacted after the audit, they confirmed they had given verbal consent and was very happy with the outcome of the surgery.
- Further audits were planned for 2023 to review care delivered in 2022 and to identify areas for potential improvement.

## **Effective staffing**

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

- All staff were appropriately qualified for their roles. The treatments were delivered by medical or nursing staff who had completed specific training for their roles.
- The provider had an effective induction programme for newly appointed staff and staff told us this was useful and they felt well supported. Staff told us they did not work outside of their competencies.
- Medical and nursing staff were registered with the General Medical Council / Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and they told us they had the time and training to meet these needs. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff had access to appraisals and the registered manager had arranged their own regular appraisals with an external professional.

## **Coordinating patient care and information sharing**

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



# Are services effective?

- Patients received coordinated and person-centred care. If histology results indicated concerns, the clinic referred patients to appropriate health specialist for further advice and treatment. Staff also shared information with patients' GPs if it was necessary and with the patient's consent.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. The provider risk assessed the treatments they offered and patients were signposted to more suitable sources of treatment if risk assessments indicated this was required. For example, to NHS dermatology services.

## **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.**

- Patients were given information about the treatments offered. Staff explained the benefits, risks and possible side effects of treatments. Staff gave people advice for example in relation to skin care and post-surgical aftercare.

## **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. The service's consent policy had been reviewed and consent was sought before treatment was carried out and for retaining photographs.
- Patient notes we saw provided evidence that informed consent was sought and recorded.
- Staff supported patients to make decisions. Staff told us how they assessed a patient's capacity to make a decision in relation to care and treatment.
- The service monitored the process for seeking consent appropriately. This was part of their audit programme.

# Are services caring?

**We rated caring as Good because:**

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received through patient surveys.
- Feedback from patients was positive about the way staff treated people as well as the quality of treatment.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. Staff had a range of experiences from working in other healthcare settings and had completed training in equality and diversity.
- The service gave patients timely support and information in a way that was kind and compassionate.

## **Involvement in decisions about care and treatment**

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

- The registered manager knew how to obtain interpretation services for patients who did not speak English as a first language. They had not had a need for this service however, and any communication needs were considered at the time of booking appointments.
- Patients told us they had sufficient time to consider options and did not feel rushed or pressurised to make decisions during their appointments.

## **Privacy and Dignity**

### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect. Patients were treated in private and the appointment system meant patients usually had the waiting room to themselves whilst they waited for treatment.
- Staff said the appointment times were of sufficient length for them to put patients at ease should they need reassurance.

# 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. It took account of patient needs and preferences.**

- The provider understood the needs of their patients. The treatments offered were delivered to meet patients' specific needs and circumstances.
- The facilities and premises were appropriate for the services delivered. The treatment rooms were on the first floor and this was made clear on the clinic website. Staff said they suggested alternative providers if patients could not use the stairs to access the clinic.
- There was a spacious waiting room and information leaflets available for patients to refer to.
- Patient feedback from online reviews was positive. The service had received positive reviews from a patient survey they had undertaken in November 2022 and a more structured review was planned for 2023, to ask for suggestions on how to improve or develop the service.

## **Timely access to the service**

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

- Patients had timely access to care and treatment. They could book appointments by telephone or on-line and test results were reported in a timely way.
- The clinic was open four days a week, Tuesday to Friday, and although staff trained to deliver the treatments in scope of registration did not work every day, patients rarely had to wait more than 3 weeks for an appointment and these treatments are not urgent treatments.
- Any delays or cancellations of appointments 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 were committed to responding to them appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available in reception. The service maintained a complaints policy and although the service had not had any complaints in the past year, the staff said they would treat complaints seriously and address any concerns raised.
- The provider's complaints policy included information on how to escalate their complaint should they not be satisfied with the response to provided by the service.

# 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.**

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They had ensured the service was accredited by a professional standards authority for non-surgical cosmetic treatments. They ensured staff were suitably trained and experienced for their roles.
- Leaders were visible and approachable. Staff said they all worked well as a team and leadership was inclusive and supportive.
- 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 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

## **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, and they focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints should they occur. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and suggestions for the service and were encouraged to do so. They had confidence that any concerns 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 and staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff, and this had been a priority during the COVID-19 pandemic.
- The service actively promoted equality and diversity. Staff undertook equality and diversity training.
- There were positive relationships between staff and teams.

## **Governance arrangements**

**There were responsibilities and systems of accountability to support good governance and management.**

- Structures, processes and systems to support good governance and management were effective.
- Staff were clear on their roles and accountabilities.

# Are services well-led?

- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service understood requirements to submit data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Managing risks, issues and performance

### There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

### The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients. Quality and sustainability were discussed in relevant meetings where staff had sufficient access to information.

## Engagement with patients, the public, staff and external partners

### The service involved patients and staff to support high-quality services.

- The service listened to views and concerns from patients and staff and acted on them to shape services and culture.
- Staff said they would raise suggestions directly and they were encouraged to voice opinions.
- The service was transparent, collaborative and open.

## Continuous improvement and innovation

### There was evidence of systems for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. For example, to improve their sustainability, the service offered after-care information in electronic as well as paper formats.
- The service sent out newsletters to patients to update and inform them of changes and developments, for example relating to new treatments and staff.