

Botastic Aesthetics

Inspection report

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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	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. This is the first inspection since registration with the CQC.

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

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 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. Botastic Aesthetics provides a range of non-surgical cosmetic services which are not within CQC scope of registration. Therefore, we do not inspect or report on these services. Botastic Aesthetics was registered in respect of the provision of treatment of disease, disorder or injury and for surgical procedures. Therefore, we were only able to inspect treatments relating to medical conditions. This includes Botox for excessive sweating (hyperhidrosis) and surgical thread lifts. The clinic offered other services such as Botox for aesthetic reasons, these services are exempt from regulation.

The individual provider is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered people'. 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.

The service has one clinician who is also the nominated CQC provider. The service employs two beauticians who are not involved in providing the CQC regulated services.

We carried out an announced comprehensive inspection at Botastic Aesthetics as part of our inspection programme. At the time of the inspection there were no patients attending or receiving regulated services and we were unable to ask them about the service. However, we received some comments from patients online.

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.
- Risk assessments had been completed to assure the provider of the safety of the premises.
- The clinician received appropriate training to carry out their roles.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording incidents.
- The clinician maintained the necessary skills and competence to support the needs of patients.
- The clinician was up to date with current guidelines.
- The clinician was aware of, and complied with, the requirements of the Duty of Candour.
- The clinic made referrals to other relevant services in a timely manner.

Overall summary

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

- Review and develop the system for undertaking annual infection prevention audit .

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.

Background to Botastic Aesthetics

Botastic Aesthetics Limited is registered with the Care Quality Commission to provide the regulated activities of treatment of disease, disorder, or injury (TDDI), and surgical procedures from one registered location at the following address: 9 Weeton Way, Anlaby, Hull HU10 6QH. The service is provided in a fully converted detached bungalow with medical treatment room and a further three treatment rooms. The service is centrally located and there is off road parking.

The service is provided by a nurse practitioner. Botastic Aesthetic Limited offers patients a range of services including; Botox for excessive sweating (hyperhidrosis) and surgical thread lifts. Treatments are provided for adults aged 18 and over with appropriate consent. These services are available on a pre-bookable appointment basis. Patients can book appointments directly with the service by phone or online. The service is open for consultations weekly: Monday to Friday 9am to 7pm.

Before visiting we reviewed a range of information we hold about the service and information which was provided by the service before the inspection.

During the inspection:

- we spoke with the provider/clinician
- reviewed key documents which support the governance and delivery of the service
- made observations about the areas the service was delivered from
- reviewed a sample of treatment records
- looked at information the service used to deliver care and treatment plans

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:

The practice provided care in a way that kept patients safe and protected them from avoidable harm.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The service had systems to safeguard children and vulnerable adults from abuse. Contact numbers for the local authority safeguarding team were easily accessible and appropriate safeguarding policies were in place. Staff had attended safeguarding training appropriate to their role. They knew how to identify and report concerns.
- The clinician had undertaken a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The service had a process in place to monitor infection prevention and control using room check lists. There was an infection control policy in place. The clinician was the infection control lead person for the service and demonstrated a good understanding of IPC. We found treatment rooms and toilet areas were clean and hygienic. Staff followed infection control guidance and attended relevant training. Staff knew what to do if they sustained a needlestick injury. The service undertook daily and weekly infection prevention and control checks. Regular handwashing audits were undertaken. However, the service did not undertake annual infection control audits. The service was in the process of introducing an annual audit. The service had introduced COVID-19 policies to ensure staff and patients were kept safe.
- The clinician ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste. The service had risk assessments and procedures in place to monitor safety of the premises such as the control of substances hazardous to health (COSHH).
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service.

Risks to patients

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

- The service was provided by an individual registered as a provider and provided appointments within the specified time to meet the needs of people who used the service.
- The service was equipped to deal with medical emergencies and the provider was suitably trained in emergency procedures. The clinician understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The clinician knew how to identify and manage patients with severe infections including sepsis. The provider did not have their own defibrillator. A public defibrillator could be accessed nearby.
- A fire risk assessment and fire procedure was in place.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

Are services safe?

- 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 and accessible.
- Systems were in place to check the identity of patients and to verify their age.
- The service had systems for the appropriate sharing of information with other agencies to enable them to deliver safe care and treatment.
- The clinician made appropriate and timely referrals in line with protocols and up-to-date evidence-based guidance.
- 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.

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 emergency medicines were safe. The emergency medicines kept onsite were appropriate for the type of service offered to patients.
- The clinician prescribed, administered 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 accurate records of medicines were kept.

Track record on safety and incidents

The service had a good safety record.

- There were 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. We saw a recent significant event relating to COVID-19. Following investigation, it was agreed that all staff would complete daily lateral flow testing (LFT) and compliance with this checked daily.
- Staff were aware of and complied with the requirements of the Duty of Candour. Staff demonstrated a culture of openness and honesty.
- Alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) were received and dealt with by the registered manager.

Are services safe?

Are services effective?

Our findings

We rated effective as Good because:

People have good outcomes because they receive effective care and treatment that meets their needs.

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)

- 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.
- Clients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. The service is particularly aware of body dysmorphia and potential patients presenting with this condition. Body dysmorphic disorder (BDD) or dysmorphophobia, is a mental disorder characterised by the obsessive idea that some aspect of the persons body or appearance is severely flawed and therefore warrants exceptional measures to hide or fix it.
- The clinician 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 clients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

The service used information about care and treatment to make improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for clients. There was clear evidence of action to resolve concerns and improve quality. We were given examples of how their work had led to improvements at the service. One example related to record keeping. The audit demonstrated that the only evidence of consent was the signed consent form and it did not demonstrate that informed consent had taken place. To demonstrate informed consent had taken place a section was added to the patient's electronic record to document that a discussion has taken place regarding consent and the patient had been informed of the risk and benefits of any treatment. The service also added a section to document that following the initial consultation the patient had been given the mandatory cooling off period to consider their options. Adding these sections following audit ensured that there was a more detailed auditable record.

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 and staff handbook prepared for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation.

Are services effective?

- 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.

- Clients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment at the service the clinician ensured they had adequate knowledge of the client's health and their medicines history.
- All clients 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.
- The provider had risk assessed the treatments they offered.
- Risk factors were identified and highlighted to clients before the provision of any treatments.

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. Clients were given maintenance plans which gave them advice on self-care routines to ensure their treatments remained effective for as long as possible.
- We were told that when clients came to the service they were assessed to ensure that the treatment they were requesting was the right one for them, and if a different procedure or treatment was more appropriate for their needs, this would be recommended instead.
- Where clients' 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.
- Staff supported clients to make decisions. Where appropriate, they assessed and recorded a client's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

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Are services caring?

We rated caring as Good because:

Patients were treated with respect and staff were kind, caring and involved them in decisions about their care. We saw that patients returned regularly to the service for treatment often travelling long distances.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Due to the COVID -19 pandemic we did not issue patient comment cards for completion by people who used the service. Instead we asked patients to send us their comments via our website and we received six comments via our share your experience webform. Patients commented that staff were very caring and supportive and treated them with kindness and respect.
- The provider understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. The provider had completed equality and diversity training. An equality and diversity policy was in place.
- The service gave patients timely support and information. The service provided patients with a personal direct telephone number to answer any concerns and were available 24 hours.
- Feedback from clients was extremely positive about the way staff treated people. The service had 1,759 reviews on Pabau . People gave the service scores of 4.97/5. Pabau is a secure review platform whereby only patients who can verify that they have attended the service for an appointment are invited to leave a review.
- The service had received a Client Experience Award from Pabau in 2021 for receiving consistently high satisfaction scores from clients.
- The annual patient survey carried out by the provider showed that of 840 patients, they had scored 4.96/5.

Involvement in decisions about care and treatment

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

- The service had not treated patients who did not have a full understanding of English Language.
- Before providing treatment, patients attended for an assessment, where the clinician discussed with them the risks and benefits of any treatment and answered any questions. The clinician also discussed realistic outcomes and costs.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- Consultations were conducted behind closed doors, where conversations were difficult to overhear. Staff understood the importance of keeping information confidential. Patient records were stored securely. There was a policy in place and regular checks undertaken to maintain the safe storage of records.

Are services responsive to people's needs?

We rated responsive as Good because:

Services were tailored to meet the needs of individual patients and were accessible.

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 comfortable and appropriate for the services delivered. All rooms were on the ground floor and people could enter and leave the service by separate entrances.
- Equipment and materials needed for consultation, assessment and treatment were available at the time of patients attending for their appointment.

Timely access to the service

Patients could 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 could book appointments by phone or online.
- Referrals and transfers to other services were undertaken in a timely way.

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 for patients.
- 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 complaint policy and procedure in place. The service had not received any formal complaints but acted upon all patient feedback to improve the quality of care.

Are services well-led?

We rated well-led as Good because:

The culture of the practice and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care.

Leadership capacity and capability

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

- The clinician was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The clinician had effective processes to develop leadership capacity and skills.

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 focused on the needs of patients.
- The provider acted on behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to complaints or concerns. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality.

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.
- The provider was clear on their role and accountabilities.
- The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. We saw that clinical supervision was provided for the clinician from another healthcare professional.

Managing risks, issues and performance

Are services well-led?

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 provider had processes to manage current and future performance. The service performance could be demonstrated through audit.
- A programme of clinical audit had been implemented in the service. Following the inspection, the provider discussed a list of clinical audits and monitoring they would be implementing in the future.
- The provider had plans in place and had trained staff to deal with 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 enough access to information. We looked at minutes of meetings held with the clinician and other staff.
- 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.

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.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. The providers annual patient survey feedback was positive. Following each consultation every patient who attended was asked to complete a patient satisfaction questionnaire to assist in further development of the service.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- There were systems to support improvement and innovation work.
- The service were members of national and local support networks for aesthetic and cosmetic practitioners and met regularly with other local providers.

Are services well-led?

- The provider had been awarded several awards. These included one of the top three aesthetic clinics awarded locally and Client Experience Award from Pabau in 2021.