

# Astute Courses

## Inspection report

104 Derby Road  
Long Eaton  
Nottingham  
NG10 4LS  
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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



# Overall summary

We carried out an announced focused inspection at Astute Courses on 8 July 2022. Following our review of the information available to us, including information provided by the practice, we focused our inspection on the following key question: safe. Due to assurances we received from our review of information, we carried forward the ratings for the following key questions: effective, caring, responsive and well-led from our last inspection in January 2022. Overall, the service is rated as good. It is rated as good in safe, effective, caring, responsive and well-led.

Following our previous inspection on 14 January 2022, the practice was rated good overall and requires improvement for the key question safe. It was rated good for key questions effective, caring, responsive and well-led.

The full reports for previous inspections can be found by selecting the 'all reports' link for Astute Courses on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Astute Courses provides a range of non-surgical cosmetic interventions which are not within CQC scope of registration. Therefore, we did not inspect or report on these services. Astute Courses is registered in respect of the provision of the treatment of disease, disorder or injury and surgical procedures; therefore we were only able to inspect treatments relating to medical conditions which include treatment for excessive sweating (hyperhidrosis), PDO surgical thread lifts (a type of non-surgical face lift) and surgical removal of minor skin lesions.

Dr Vorodykhina 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 was offered on a private, fee paying basis only and was accessible to clients who chose to use it. Clients were able to access care and treatment from the clinic within an appropriate timescale for their needs.
- The service had good facilities and was well equipped to treat clients and meet their needs.
- Systems, processes and records had been established to seek consent and to offer coordinated and person-centred care.
- The clinicians maintained the necessary skills and competence to support clients' needs.
- The provider and staff team demonstrated a positive culture and a commitment to the delivery of person-centred care and treatment.
- The provider had made improvements to the recruitment procedures and had completed risk assessments to ensure the safety of the premises and health and safety of clients and staff.

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

- Advise the contract cleaner to date and sign the cleaning schedules on completion.
- Provide copies of the control of substances hazardous to health (COSHH) risk assessment and data sheets on site for staff to reference.
- Display the fire procedure in appropriate areas throughout the building.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

## Background to Astute Courses

The provider, Astute Courses Ltd is registered with the Care Quality Commission to provide the regulated activities of treatment of disease, disorder, or injury (TDDI), and surgical procedures from two registered locations, including Astute Courses, 104 Derby Road Long Eaton, Nottingham, NG10 4LS. Only this site was visited as part of this inspection.

Astute Courses is a clinical training centre as well as offering clients treatments. The models for training purposes are selected by the registered manager/lead clinician. Trainees are supervised throughout procedures.

The service is located in a large detached commercial building. Clinical rooms are located on the ground and first floor. On the ground floor there is a large waiting area and the reception. Security entry is with access by reception staff only. There is a separate kitchen for staff and a shower room and toilets including wheelchair access on ground floor. There is also an on site lecture theatre for delegates undertaking theory modules.

The four clinical rooms where treatments are undertaken are large, spacious, clean and provide suitable equipment. There is clinical grade flooring with no skirting board and a handwashing sink in each room. Suitable patient couches are sited in each room.

The service is provided by two registered practitioners. Astute Courses offers clients a range of services including treatment for excessive sweating (hyperhidrosis), PDO surgical thread lifts and removal of moles and skin tags. Treatments are provided for adults aged 18 and over with appropriate consent. These services are available on a pre-bookable appointment basis and dependent on the dates of the training courses. Clients attend for an initial consultation, where a treatment plan is discussed and agreed, and then booked in for treatment for a later date. The service is open Monday to Friday between 9am and 5pm and one Saturday a month.

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

### How we inspected this service

During the inspection:

- we spoke with one clinician (who was the Registered Manager) and the site manager.
- reviewed key documents which support the governance and delivery of the service.
- made observations about the areas the service was delivered from.
- 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?

Due to assurances we received from our review of information, we only looked at the safe domain during the inspection.

# Are services safe?

## We rated safe as Good because:

The service provided care in a way that kept patients safe and protected them from avoidable harm, although the record keeping relating to some procedures needed to be strengthened.

The provider had addressed the issues identified in our previous inspection on 14 January 2022.

The service had effective recruitment procedures in place and the records required under Schedule 3 of the Health and Social Care Act were available for inspection

Staff had attended safeguarding training appropriate to their role. Staff who acted as a chaperone had a Disclosure and Barring Service Check (DBS) and had also received training.

The service had completed risk assessments and had taken appropriate action to mitigate identified risks.

## Safety systems and processes

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

- At our previous inspection, we found that service had some 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. Not all staff had attended safeguarding training appropriate to their role. Administrative staff and staff who acted as chaperones had not completed training on safeguarding children. It was not clear from the training records what level of safeguarding adults training they had received. Staff spoken with knew how to identify and report concerns.
- At this inspection we found that the service had improved their systems to safeguard children and vulnerable adults. We saw that staff had received appropriate training on safeguarding children and vulnerable adults. Those staff who acted as chaperones had also received appropriate training.
- At our previous inspection, we found that the provider had carried out some staff checks at the time of recruitment and on an ongoing basis where appropriate. However, we saw that not all of the required recruitment checks had been obtained for staff whose role included contact with clients. For example, references obtained by the provider. This was discussed with the provider at the time of the inspection. Following the inspection the provider sent us a copy of their updated recruitment policy and missed documents for the clinician.
- At this inspection, we looked at the documentation for a clinician who worked at the provider's other location. We saw that the required recruitment checks had been completed and were available on file.
- We saw that the provider had also completed Disclosure and Barring Service (DBS) checks for non-clinical staff who had contact with clients and/or acted as a chaperone. (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).
- Following the previous inspection, the provider had completed an infection control audit and cleaning schedules were in place. Staff were responsible for cleaning rooms and signing the schedules at the end of each clinic. However, the provider told us that the contract cleaner did not sign their cleaning schedules after completion of their work.
- We saw that there was now an inventory of electrical appliances and these had been tested in January 2022.
- There were systems for safely managing healthcare waste, and we saw that sharps bins were now dated on assembly as required.
- The provider had put into place risk assessments and procedures to monitor the safety of the premises such as control of substances hazardous to health (COSHH). Cleaning products were stored on the ground floor in the locked staff

# Are services safe?

room. The provider had a list of substances hazardous to health in use and the signage which was displayed on the storage area. A risk assessment for the products had been completed and included simple instructions to follow for example, if the product accidentally came into contact with skin. The data product sheets were also available. However, the risk assessment and data sheets were not available on site. The provider agreed to have copies of this information on site.

## 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.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. There was oxygen and a defibrillator on site. The defibrillator was ready for use and a system in place to check all emergency equipment was in good working order on a regular basis.
- The provider told us that following the last inspection the actions identified in the fire risk assessment had been completed. We saw that staff now recorded the weekly checks of the fire alarm and emergency lighting. The office manager outlined the action that staff would take in the event of fire. However, the fire procedure still was not displayed around the building. The provider agreed to put this on display.
- Staff had attended fire training, which included a fire drill in May 2022. The clinic co-ordinator had attended training and had taken on the responsibility of the designated fire marshal.

## 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 clients 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.
- Information was not routinely shared with the person's registered GP. However, the clinicians told us that if they had any concerns regarding a potential malignancy, they would inform the person's GP so that further tests could be arranged.
- 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 clients.
- The clinicians prescribed and administered medicines to clients 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.

# Are services safe?

- Following the previous inspection the provider had completed 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.**

- Although there had been no significant events at the service, there was a system for recording and acting on significant events should they arise. Staff understood their duty to raise concerns and report incidents and near misses.
- Staff were aware of and complied with the requirements of the Duty of Candour. Staff demonstrated a culture of openness and honesty.