

# Aesthetically You

## Inspection report

25 Rodney Street  
Liverpool  
L1 9EH  
Tel: 01517090011

Date of inspection visit: 14 July 2022  
Date of publication: 22/08/2022

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 Aesthetically You as part of our inspection programme. The service has not been previously inspected.

Aesthetically You is registered with CQC to provide surgical procedures and treatment of disease, disorder or injury. At the time of the inspection treatments being provided that required CQC registration included surgical thread lifts and Botox to treat medical conditions such as hyperhidrosis (excessive sweating). Aesthetically You also provided a range of non-surgical cosmetic interventions, for example anti-ageing injections and dermal fillers which are not within CQC scope of registration. Therefore, we did not inspect or report on these services

The service has one clinician conducting regulated activity, this person is also the registered provider. The individual provider 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 provided care in a way that kept patients safe and protected them from avoidable harm.
- Safeguarding systems, processes and practices were developed, implemented and communicated to staff.
- The provider conducted safety risk assessments and staff recruitment arrangements were safe.
- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses.
- 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.
- Staff had the skills, knowledge and experience to carry out their roles.
- Patients were treated with respect and staff were kind, caring and involved them in decisions about their care. Staff treated patients with kindness, respect and compassion.
- Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs. The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.
- There was a complaints procedure in place and information on how to complain was readily available. The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- The service demonstrated a culture which focused on the needs of patients and a commitment to driving improvement.

# Overall summary

- The provider was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The service had systems in place to collect and analyse feedback from patients.

**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 Aesthetically You

Aesthetically You is registered with the Care Quality Commission (CQC) to provide the regulated activities surgical procedures and treatment of disease, disorder or injury from the following address: 25 Rodney Street, Liverpool, L1 9EH. The registered provider is Aesthetically You.

The service is provided by one clinician, who is also the registered provider. A number of non-clinical staff also work at the service. Aesthetically You offers patients a range of services. Those provided that required CQC registration include surgical thread lifts and Botox to treat medical conditions such as hyperhidrosis (excessive sweating). Treatments are provided for adults aged 18 and over. The service is open Monday to Saturday with appointments available on a pre-bookable only basis. Patients can book directly online or by telephone.

The service website can be accessed at:

<https://aestheticallyyou.co.uk>

### **How we inspected this service**

Before the inspection visit, we reviewed a range of information we hold about the service and information sent by the provider.

During the inspection we spoke with the provider reviewed key documents supporting the delivery of the service, reviewed a sample of treatment records and made observations about the areas the service was 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 Good because:

The service 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.

- Safeguarding systems, processes and practices were developed, implemented and communicated to staff.
- Staff had access to written policies and procedures for safeguarding adults and children. The procedures indicated how to identify and report safeguarding concerns. All staff received up-to-date safeguarding and safety training appropriate to their role. The service had systems in place to seek assurance that an adult accompanying a child had parental authority.
- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.
- 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).
- Staff who acted as chaperones were trained for the role and had received a DBS check.

There was an effective system to manage infection prevention and control. The service had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.

- 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.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

### 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 was an effective induction system for staff tailored to their role.
- 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.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. Some items recommended in national guidance were not kept and there was an appropriate risk assessment to inform this decision. The service had access to oxygen for use in an emergency from a dental practice within the same building.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

### Information to deliver safe care and treatment

# Are services safe?

## **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 service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## **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, including emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service did 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. Processes were in place for checking medicines and staff kept accurate records of medicines.
- The service used photo identification to verify the identity of patients.

## **Track record on safety and incidents**

### **The service had a good safety record.**

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. For example, annual building electrical safety and regular fire and alarm testing was carried out.

## **Lessons learned and improvements made**

### **The service learned and made improvements when things went wrong.**

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. This included processes to share lessons learned, identify themes and act to improve safety. At the time of the inspection there were no reported incidents relating to the regulated activities carried out at the service in the last 12 months.
- 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 service had an effective mechanism in place to disseminate alerts to all members of the team.

# Are services effective?

## **We rated effective as Good because:**

People received effective care and treatment that met 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 the 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.
- Patients' immediate and ongoing needs were fully assessed. The service used a 'patient passport' to assess and identify individual patient needs. This included their clinical needs as well as 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 was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. For example, the patient surveys sent after each patient appointment.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. The service had an audit planner operated throughout the year. Audits included medicines, patients records amongst others and all staff were involved in this.
- The service also carried out patient satisfaction surveys on an annual basis to ensure that the services they were providing met their patient's needs.

### **Effective staffing**

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- All nurses were registered with the Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

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

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

# Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, when needed staff would contact a patient's GP with consent, to ensure they had the relevant health information needed for the treatment being carried out.
- 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. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- The provider confirmed that when needed care and treatment for patients in vulnerable circumstances would be coordinated with other services.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The service monitored the process for seeking consent appropriately.

## Supporting patients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, if staff were concerned about a mole presenting on a patient's skin, this would be referred to their GP for follow up.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- 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:**

Patients were treated with respect and staff were kind, caring and involved them in decisions about their care.

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

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

- The service sought feedback on the quality of clinical care patients received. All patients were sent a text message following their treatment via the service IT system.
- Feedback from patients was positive about the way staff treated them, this along with Google reviews from patients were monitored and responded to.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. Information was available in five different languages.
- 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.**

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Following a comprehensive assessment all patients were offered a 10 day 'cooling off' period to consider their choices, prior to treatment.
- The service had introduced a new patient questionnaire relating to their quality of life and wellness. The provider told us they hoped this would identify patients who may have body dysmorphia so they can be supported.
- The service's website provided patients with information about the range of services and treatments available including costs.

### **Privacy and Dignity**

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

- All patients were treated in private rooms.
- 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.

# Are services responsive to people's needs?

## **We rated responsive as Good because:**

Patients received responsive and timely access to treatment. The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

## **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. For example, the clinic is in the centre of Liverpool which has a diverse community and patient information was available in five different languages.
- Patient passports were used to gain an understanding of the individual needs of patients. For example, those patients with a phobia of needles were given more time to help relieve their anxieties.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, the provider had installed a lift to make the building accessible.
- The service had a hearing loop and if needed staff would use an interpretation service.
- The provider had set up an external four-five-month bespoke training course for staff to help improve their communication skills.

## **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, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way and examples were given about how this had occurred for non-regulated activities provided at the service.

## **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. Staff treated patients who made complaints compassionately.
- 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 complaint policy and procedures in place.

# Are services responsive to people's needs?

- The information we saw demonstrated that processes were in place to learn from complaints. At the time of inspection, there had been no complaints for the regulated activities delivered at the clinic in the last 12 months. The provider confirmed that all individual concerns, complaints would be investigated and analysed and the service acted as a result to improve the quality of care.

# Are services well-led?

## **We rated well-led as Good because:**

The service demonstrated a culture which focused on the needs of patients and commitment to driving improvement.

### **Leadership capacity and capability;**

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

- The provider was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The provider was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

### **Vision and strategy**

#### **The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.**

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and efforts had been made to share the service vision and services with local commissioning teams and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

### **Culture**

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- The provider acted on behaviour and performance inconsistent with the vision and values.
- The provider reported that openness, honesty and transparency would be demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- 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 in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### **Governance arrangements**

# Are services well-led?

## **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 governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assure themselves that they were operating as intended.
- The service used performance information, which was reported and monitored, and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were 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, prescribing and referral decisions. The provider had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had 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 all staff had sufficient access to information.

## **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.

# Are services well-led?

- There were systems to support improvement and innovative work. For example, the provider was currently linking with a GP to raise awareness and implement a study group looking at vascular occlusion management and ultrasound guidance to manage complicated cases and adverse incidents.
- The provider was the British Association of Cosmetic Nurses (BACN) regional team leader and as part of the role they undertook regular webinars for training, development and support purposes.
- Staff could describe to us the systems in place to give feedback. Regular staff meetings took place and minutes showed that staff feedback was encouraged. Minutes were attached to the staff noticeboard for everyone to see. Feedback from patients was also discussed at these meetings and a theme was identified to discuss with staff, for example, safeguarding patients.
- The provider stated that staff wellness was very important to the service. Twice a year a feedback survey was sent to staff anonymously so that staff can share their experiences without being identified. Results of the survey led to the development of an employee of the month award with prizes for those members who achieved this.
- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.