

Dr Lynette Yong

Dr Lynette Yong t/a Pure Age Management

Inspection report

Room 1c

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Website: This service does not have a dedicated website.

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Overall summary

We carried out an announced comprehensive inspection on the 7 February 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of a medical practitioner. At Dr Lynette Yong t/a Pure Age Management the aesthetic cosmetic treatments that are also provided are exempt by law from CQC regulation unless they are used to treat a medical condition. Therefore, we were only able to inspect the treatments covered by the CQC registration. At this service these included:-

- Bio-identical hormone replacement therapy, where medication prescribed was not available directly from a pharmacist,
- Intravenous IV nutritional therapy,
- Lipotherapy (Injection of lipolysis – not carried out at present)
- Botulinum toxin, when used for increased sweating.(not carried out at the time of inspection),

The treatments we did not inspect were:-

Summary of findings

- Botulinum toxin and dermal fillers when used for cosmetic enhancement. (60% of work)
- Carboxytherapy
- Platelet rich plasma therapy
- Chemical peels
- Micro-dermabrasion
- Light treatment
- Micro medical skin needling
- Mesotherapy
- Microdermabrasion.

As part of our inspection, we reviewed 14 CQC comment cards completed by patients. They described the provider as caring, professional, patient focused and stated that they would recommend the service. Two patients stated in the CQC comment cards they were well informed about their treatments and that the doctor answered their questions. One stated that the doctor insisted that they have 'minimal treatment for their needs'. Some commented they had attended the service for many years.

The provider had carried out a patient survey between May and June in 2017. Patients had completed 50 questionnaires where the provider asked the patient has to score each questions from one (poor) to five (excellent). When asked about the welcome/greeting they had received when they arrived at the clinic and all had stated a score of five.

Our key findings were:

- The practice had clear systems to keep patients safe and safeguarded from abuse.
- The provider had reliable systems in place to prevent and protect people from a healthcare-associated infection.
- The doctor wrote and managed the individual care records in a way that kept patients safe.

- The provider had arrangements in place to receive and comply with patient safety alerts, recalls and rapid response reports issued by the independent doctors federation.
- The provider was aware of their responsibility to notify CQC of all incidents that affect the health, safety, and welfare of people who use services.
- The provider assessed patients' needs. This included their clinical needs and their mental and physical wellbeing.
- The provider advised patients what to do if their condition got worse and where to seek further help and support, such as the patient's GP.
- The provider had an appraisal by the British College of Aesthetic medicine (BACM).
- The provider described how they encouraged patients to take part in the NHS screening procedures, such as breast and cervical screening.
- The practice obtained consent to care and treatment in line with legislation and guidance.
- Staff recognised the importance of patients' dignity and respect.
- The provider had a complaints process in place. This included information about the steps patients could take if they were not satisfied with the findings or outcome once their complaint had been responded to.
- The provider understood the challenges to the service and what actions they had to take to address them.

There were areas where the provider could make improvements and should:

Review the policy to include a risk assessment of whether staff who chaperone require a regular review of their DBS requirements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

There were areas where the provider could make improvements and should:

Review the policy to include a risk assessment of whether staff who chaperone require a regular review of their DBS requirements.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

Dr Lynette Yong t/a Pure Age Management

Detailed findings

Background to this inspection

The service Dr Lynette Yong t/a Pure Age Management is located at:

Room 1c,
1 Harley Street
London
W1G 9QD

The service is open to patient's alternative Mondays from 12 midday to 8pm and Wednesday and Fridays 12 midday to 8pm. The services are provided from patients over the age of 18. All appointments have to be pre-booked.

The service offered a range of age management treatments that included:

- Bio-identical hormone replacement therapy, where medication prescribed was not available directly from a pharmacist,
- Intravenous IV nutritional therapy
- Lipotherapy (Injection of lipolysis – not carried out at present)
- Botulinum toxin, when used for increased sweating
- Botulinum toxin and dermal fillers when used for cosmetic enhancement
- Carboxytherapy
- Platelet rich plasma therapy
- Chemical peels

- Micro -dermabrasion
- Light treatment
- Micro medical skin needling
- Mesotherapy.

We carried out an announced comprehensive inspection on the 7 February at Dr Lynette Yong t/a Pure Age Management. This inspection was by a CQC inspector, with support from a GP specialist advisor

Prior to the inspection:-

- We asked for information from the provider regarding the service they provide.

During our visit we:

- Spoke with the provider and the secretary.
- Reviewed documents.
- Reviewed 14 CQC comment cards where patients shared their views and experiences of the service.

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?

Our findings

We found that this service was providing safe care in accordance with the relevant regulations.

There were areas where the provider could make improvements and should:

Review the policy to include a risk assessment of whether staff who chaperone require a regular review of their DBS requirements.

Safety systems and processes

- The service had clear systems to keep patients safe and safeguarded from abuse. Staff had not reported any safeguarding alerts within the last twelve months. However, the provider described a documented reporting system for raising any safeguarding concerns and felt confident about using it. The provider had a safeguarding policy in place that instructed staff to alert the Local Authority should a safeguarding concern arise. The provider had completed level three safeguarding training. The secretary had completed an awareness course (level one). The provider did not see patients under the age of 18 years.
- The provider was the sole doctor in the service, and the secretary was self-employed. The provider had a recruitment policy to follow, should they recruit a new member. The provider in 2015 and the secretary in 2011 had 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 doctor had completed their revalidation by the General Medical Council (GMC) in 2016. (The GMC is the statutory body responsible for licensing and regulating medical practitioners.)
- The service had a chaperone policy. The provider did not see patients under the age of 18 years. The secretary was able to explain the requirements of a chaperone and had chaperone training in their previous work. The secretary explained that although they offered a chaperone, they had found that patients often brought a relative for support.

- The provider had reliable systems in place to prevent and protect people from a healthcare-associated infection. We found the premises were clean and tidy. The provider carried out a monthly infection control audit and had recently reviewed the infection control policy. A sink and hand wash facilities were in the treatment room. The provider used single use instruments, sharps bins were in place and a policy for the disposal of sharps and actions to take if a needle stick injury occurred was available. The service had a waste management contract in place for removal of the clinical waste. The secretary and provider had undertaken infection control training.
- The secretary explained any blood samples for platelet rich plasma therapy were used immediately. Any others taken on the premises by the doctor were stored in the fridge and sent daily to the pathology laboratories.
- The provider told us they did not have any equipment that required annual calibration.
- The premises consisted of three rented rooms in a shared building. The providers had assured themselves of the safety of the building by obtaining copies of the legionella risk assessment and premises risk assessment from the property owner.
- The provider had a fridge that held the botulinum toxin (botox), which they checked the average temperature daily to ensure it was between 2 and 8 degrees centigrade.

Risks to patients

- When the service was closed the patients were provided with the mobile number of the provider or directed to their own NHS GP.
- The doctor informed us that the service did not use locum doctors to cover when the provider was away. The staff informed patients prior to any staff leave.
- The provider understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- The practice did not have a defibrillator or oxygen in the rooms; however, a defibrillator was available in the adjacent consulting rooms, which the doctor had access. In addition, if an emergency occurred the

Are services safe?

premises had a protocol that any of the other consulting doctors working on the premises would respond. The provider had a risk assessment and protocol in place regarding medical or clinical emergencies.

- The doctor held anaphylactic shock medication to enable the provider to respond to an anaphylactic emergency. This included adrenaline, chlorpheniramine, anaphylaxis kit, hyalase for vascular compromise for filler injections.

Information to deliver safe care and treatment

- The doctor wrote and managed the individual care records in a way that kept patients safe.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The provider would ask the patient's GPs' details, but would not routinely contact the GP unless the patient consented or in urgent circumstances.
- The provider and secretary said referral letters included all of the necessary information, patient referrals were posted or faxed to the hospitals.
- The provider used paper records only, which were stored in locked cabinets.
- The provider received patient blood results by e-mail from the laboratory. The doctor would notify the patient either by letter or at the next appointment. If abnormal the doctor would contact the patient, and advise the patient to contact their GP. Or inform the patient's GP.

Safe and appropriate use of medicines

- The provider only prescribed medication for bio identical hormone replacement therapy. (Bio-Identical Hormone Replacement Therapy (BHRT) is an alternative treatment to the synthetic hormones, used in conventional Hormone Replacement Therapies). This included thyroxine, estrogen, progesterone, dehydropiandrosterone and melatonin and testosterone. The medications used were those found in the British National Formula (BNF). (The British National Formulary (BNF) is a United Kingdom (UK) pharmaceutical reference book that contains a wide spectrum of information and advice on prescribing and pharmacology, along with specific facts and details about many medicines available on the UK National

Health Service (NHS). Information within the BNF includes indication(s), contraindications, side effects, doses, legal classification, names and prices of available proprietary and generic formulations, and any other notable points.).

- The doctor wrote patient prescriptions on headed notepaper, a photograph was kept as a copy and the provider sent the prescription to the specialist pharmacist. The patient either collected the medication from the pharmacist or received them by post.
- The doctor explained patients were provided with information about the medicine, including the benefits, possible side-effects and what to do if they experienced an adverse drug reaction.
- The doctor would review the medicines at each patient visit.
- The provider did not stock any medication used as part of the services regulated by CQC at the time of the inspection. However, for other medicines the provider carried out a regular audit of the management of medicines. This included checking stock rotation and reviewing any adverse reactions.

Track record on safety

- The provider had sight of the last fire risk assessment and fire equipment check carried out by the property owner. The rooms had details of what action to take should a fire occur. The secretary acted as the fire warden.
- The service had a policy on the safety and suitability of premises and equipment.
- The provider had copies of the annual portable electrical equipment testing, the next date of testing was 21 February 2018.

Lessons learned and improvements made

- The provider understood their responsibility to raise concerns, to record safety incidents, concerns and near misses, and report them internally and externally where appropriate.
- The provider had not reported a significant event at the service in the last twelve months. However, the provider

Are services safe?

had a policy (significant events, adverse incidents and near misses) in place that instructed them about the actions to take should one occur. They could also clearly describe what actions they would take.

- The provider had arrangements in place to receive and comply with patient safety alerts, recalls and rapid

response reports issued by the independent doctors federation. We saw evidence that the service reviewed patient safety alerts and considered which were applicable to the service.

- The provider was aware of their responsibility to notify the CQC of all incidents that affected the health, safety, and welfare of people who used services.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was providing effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

- 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.
- The provider assessed patients' needs. This included their clinical needs and their mental and physical wellbeing. At the first appointment, the provider would take a full medical history, that including medications and past family history.
- The provider saw patients for an initial consultation, then at six to eight weeks to assess their response, then at three and six months depending on requirements. If possible, the provider preferred to see every patient every 12 to 18 months thereafter. However due to the fee-paying nature of the service, it was not always possible for patients to come on a six monthly basis.
- The provider advised patients what to do if their condition got worse and where to seek further help and support, such as the patient's GP.
- Prior to consenting to the treatments, the doctor provided patients with written information about the treatments so they could make an informed decision.
- The cost of the treatment was available in the patient information. Twenty patients when asked about the billing and payment procedure stated it was excellent.
- We saw the information for platelet rich plasma therapy contained a list of the contraindications, risks and complications.

Monitoring care and treatment

- The doctor reviewed patient outcomes at each consultation and if necessary adapted the treatment to meet the patient needs.
- The provider carried out the British College of Aesthetics audit. The audit reviewed the aesthetic services offered

by the provider and the clinical outcomes and any adverse events. The provider carried out an annual audit of clinical records for the British College of Aesthetics.

Effective staffing

- The provider was an active member of the Independent Doctors Federation (IDF).
- The provider had completed their revalidation by the GMC in 2016. (This is the statutory body responsible for licensing and regulating medical practitioners.)
- The provider had received an appraisal by the British College of Aesthetic medicine (BACM). (Aesthetic medicine means a medical speciality, undertaken by registered & licensed medical practitioners. Comprising of a range of surgical and non-surgical procedures or treatments, performed with topical or local anaesthesia. To restore, enhance, or modify the appearance, anatomy, or physiology of the cutaneous, subcutaneous tissues or associated structures. Using techniques that combine aesthetic considerations with the treatment or prevention of diseases, disorders, or conditions in the promotion of the physical and mental health of patients.)
- The provider had completed courses for fire safety, Mental Capacity Act, basic life support training and anaphylaxis and safeguarding children and adults to level three.
- The provider had completed specialist training in intravenous nutrient therapy, food – the future medicine, beyond hormones for 21st century wellness medicine and from the world society of interdisciplinary anti-aging medicine.
- The secretary had completed safeguarding awareness, basic life support and health and safety training.

Coordinating patient care and information sharing

- The provider was the sole practitioner, patients therefore received consistent care.
- The provider communicated using written referrals to other agencies. The secretary sent the referrals by post or e mail.
- The provider informed patients about any test results by letter, at the next appointment or by telephone if urgent.

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

- The provider described how they encouraged patients to take part in the NHS screening procedures, such as breast and cervical screening.
- The provider discussed changes to care or treatment with patients as necessary.

Consent to care and treatment

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

- The provider had made information and support available to help patients understand the care and treatment options and costs.
- The doctor understood and applied the legislation and guidance regarding consent. This included the Mental Capacity Act 2005 and the Children's Acts 1989 and 2004.
- The provider sought written consent for all treatments.

Are services caring?

Our findings

We found that this service was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

- As part of our inspection, we reviewed 14 CQC comment cards completed by patients. They described the provider as caring, professional, patient focused and that they would recommend the service. Some commented they had attended the service for many years.
- The provider had carried out a patient survey between May and June in 2017. Patients had completed 50 questionnaires where patients were asked to score each point from one (poor) to five (excellent). When asked about the welcome/greeting they had received when they arrived at the clinic all had stated a score of five.

Involvement in decisions about care and treatment

- In the provider patient survey between May and June 2017, when the patients were asked about the explanations given by the doctor about your appointment all had scored five (excellent).

Privacy and Dignity

- Staff recognised the importance of patients' dignity and respect.
- The secretary explained the procedures they had in place to ensure patient's confidentiality was maintained.
- The practice had policies and procedures in place that ensured the service complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing responsive care in accordance with the relevant regulations.

Responding to and meeting people's needs

- The provider carried out a range of treatments regarding age management. Some that were not covered by the CQC registration.
- The premises consisted of a consultation and treatment room and office area located on the first floor. The premises did not have a lift and this would have prevented patients who required mobility assistance from using the service.
- The secretary explained during the initial contact with the patient's arrangements would be discussed about whether an interpreter was required. Due to this most patients preferred that a relative accompanied them to interpret, when their first language was not English.

Timely access to the service

- The service was open to patient's alternative Mondays from 12pm to 8pm and Wednesday and Fridays 12pm to 8pm.

- All appointments were pre-booked. The next appointment available at the time of the inspection was in May 2018. The secretary operated a waiting list to enable patients to access an earlier appointment.
- The service offered evening appointments to enable patient who worked to access the service.
- The provider gave patients, who attended the service regularly, a mobile number should they wish to contact them urgently. The provider offered longer appointments where needed.
- The provider explained that they would not take annual leave at the same time as the secretary so that all patient queries could be responded to.

Listening and learning from concerns and complaints

- The provider reported that they had not received any complaints in the last twelve months.
- There was a complaints procedure, which was available in the patient information booklet
- Information was provided about the steps patients could take if they were not satisfied with the findings or outcome once their complaint had been responded to.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We found that this service was providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability

- The provider was the sole practitioner at the service, who was supported by the secretary.
- The provider understood the challenges to the service and what actions they had to take to address them.

Vision and strategy

- The provider explained they enjoyed their work as a sole practitioner and was particularly interested in all aspects of age management.

Culture

- The secretary reported they felt supported and respected by the provider.
- The comment cards and survey described a friendly, honest and professional service, that all would recommend.

Governance arrangements

- The secretary and provider had developed policies and procedures for the service.
- The service had a audit in place to help ensure the quality of the service.
- The provider and the secretary were clear about their roles and understood their accountability and said they worked well together.
- The provider was aware of the implications of the duty of candour and had a policy in place.

Managing risks, issues and performance

- The provider had considered the risks to patients and to performance. They had procedures in place to manage risks to the patient's and staff.
- The provider carried out a monthly audit that covered most aspects of the business. This included an audit of 20 patient records to check whether the records were legible, a record of consultation was completed and consent had been obtained. It also included the management of medicines, safety and suitability of the premises and equipment and complaints.
- Following the inspection the provider submitted a policy regarding what would happen to patient records should the business close.

Appropriate and accurate information

- The secretary had arrangements in place to ensure that data or notifications were submitted to external bodies as required. The policy manual contained details of how to notify the CQC if a patient was injured at the service.
- The provider had arrangements in place to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards.

Engagement with patients, the public, staff and external partners

- The provider sought and collated patient's views for their annual appraisal.

Continuous improvement and innovation

- The provider was an active member of the British College of Aesthetic medicine (BACM).
- To improve the service the provider described how they were considering moving to new premises.