Aesthetic Beauty Centre

Quality Report

Aesthetic Beauty Centre
2 Ashmore Terrace
Sunderland
SR2 7DE
Tel: 0191 567 2900
Website: aestheticbeautycentre.co.uk

Date of inspection visit: 13 February 2020
Date of publication: 21/04/2020

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Are services safe?	
Are services well-led?	

Summary of findings

Letter from the Chief Inspector of Hospitals

Aesthetic Beauty Centre is operated by Aesthetic Beauty Centre LLP. The service provided a range of cosmetic procedures under local anaesthetic to fee paying patients over 18 years old.

The service is situated in a large three storey terraced house which has been converted into a number of consulting rooms and an operating room, that is wheelchair accessible to ground floor level (but without ramps) and is located conveniently for access to local public transport networks, but also pay and display close by. Service users arriving were met by staff and directed to a downstairs reception room and waiting area. Adjacent to this were a consulting room and office spaces. There were stairs to the first floor landing and also an electronic stair lift, to an unisex toilet and storage. There was a further stair case and electronic stair case to the consulting rooms and an office space. On the second floor there was a theatre, pre-theatre room, together with a room used by staff as the office.

We inspected this service as a responsive inspection following information, we received relating to concerns about services provided from this location during a follow up inspection at another Aesthetic Beauty Location. We carried out a short notice inspection on 13 February 2020. Following this inspection we issued a notice of decision under Section 31 of the Health and Social Care Act (2008) imposing conditions to suspend the carrying out of any surgical activity which required local anaesthetic at this location until 04 April 2020.

To get to the heart of experiences of care and treatment for patients, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate. The inspection was in response to information received and so does not cover all five key questions. We looked only at those parts of safe and well led that caused concern. We did not consider ratings at these inspections.

Services we rate

We had not previously rated this service which was registered on 31 March 2011. As this was a focussed responsive inspection these inspections looked at specific areas and did not cover the whole domains on key questions. Therefore, we inspected but did not rate the service.

We found the following issues, that the service provider needs to improve:

- Care premises, equipment and facilities were unsafe for example there was no ventilation system in the treatment room in accordance to HTM guidance 03/01, therefore, there was a risk of post-operative infection.
- Infection prevention and control procedures were not robust, for example the emergency trolley was corroded and dusty. The process for the disposal of clinical waste was inappropriate.
- Medicines were not stored safely, securely or appropriately.
- Hazardous substances were not stored in line regulations.
- The was no antimicrobial stewardship, we saw patients' general practitioners were not informed when a service user was given antibiotics.
- Patient risk assessments were not always completed and updated in line with best practice.
- All staff were not aware of their duty to identify and report female genital mutilation.
- There were no risk assessments in place with regard to the environment and patient care.
- We found evidence of inappropriate monitoring of patients. This meant patients were not always monitored appropriately during procedures, this meant the provider would not be able to and did not identify patient deterioration in a timely manner.
- There was poor completion of the world health organisation (WHO) safety checklist. Much of the documentation we reviewed was illegible and not in line with professional standards.
- There was no audit of pre assessment documentation, to identify improvements which could be made.

Summary of findings

- There was no registered manager for this location at the time of our inspection although the provider had made an application to the CQC.
- The providers statement of purpose dated 1 January 2020 did not reflect the activities and procedures which were being undertaken during our inspection.

Following this inspection, we told the provider that it must take 19 actions to comply with the regulations. We also issued the provider with three requirement notice(s) that affected Aesthetic Beauty Centre – Sunderland. Details are at the end of the report.

Ann Ford
Deputy Chief Inspector of Hospitals (North)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery		Surgery was the main registered activity at this location

Summary of findings

Contents

Aesthetic Beauty Centre

Services we looked at

Surgery;

Summary of this inspection

Background to Aesthetic Beauty Centre

The service did not have a registered manager at the time of inspection and the service is registered for the following regulated activities:

- Diagnostic and screening procedures
- Surgical procedures
- Treatment of disease disorder or injury

However, all the regulated activities above were subject to a condition that the provider must only undertake minor surgical and cosmetic procedures under local anaesthesia as detailed in its statement of purpose for service users aged 18 or over at this location.

We conducted a short notice focussed responsive inspection on 13 February 2020.

The service provided cosmetic procedures (such as, removal of small blemishes on the skin) which we do not regulate and so we did not inspect those services.

At the time of our inspection service did not have a registered manager in place, however, an application had been made.

Our inspection team

The team that inspected the service this inspection comprised of a CQC inspection manager and a specialist advisor who was a theatre manager. The inspection team was overseen by Sarah Dronsfield, Head of Hospital inspection.

Information about Aesthetic Beauty Centre

The service is registered to provide the following regulated activities:

- Diagnostic and screening procedures.
- Surgical procedures
- Treatment of disease disorder or injury

The above regulated activities were subject to a condition noted above.

During the inspections, we spoke with four staff which included the two directors who were the lead nurse and surgeon, and two receptionists.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection.

Prior to this responsive inspection there was planned inspection on 25 February 2014 using our previous inspection methodology.

Throughout this report, our findings apply to all the regulated activities, unless expressly stated otherwise, albeit the prime focus of our inspection was on the activity of surgical procedures.

This was so because the other regulated activities were ancillary to that main activity.

Activity – October 2019 to January 2020 (reporting period)

In the reporting period we were informed the provider had transferred some surgical procedures from another registered Aesthetic Beauty Centre location.

- We requested this information from the provider following our inspection however this was not provided.

Summary of this inspection

Track record on safety

- Zero service user deaths or never events.
- Zero duty of candour notifications.
- Zero safeguarding referrals.
- Zero incidences of healthcare acquired infections.
- Zero unplanned urgent transfers to another health care provider.
- Zero unplanned return to theatre.
- Zero cancelled procedures for a non-clinical reason.

Outsourced services

- Pathology for excisions (mole) are dealt with by an external NHS provider.
- Clinical waste is disposed of by a third-party contractor.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We did not rate this domain

Care premises, equipment and facilities were unsafe for example there was no ventilation system in the treatment room in accordance to HTM guidance 03/01, therefore, there was a risk of post-operative infection.

Infection prevention and control procedures were not robust, for example the emergency trolley was corroded and dusty. The process for the disposal of clinical waste was inappropriate.

Medicines were not stored safely, securely or appropriately. In addition, hazardous substances were not stored in line with regulations.

The was no antimicrobial stewardship, we saw patients' general practitioners were not informed when a service user was given antibiotics.

Patient risk assessments were not always completed and updated in line with best practice.

There were no risk assessments in place with regard to the environment and patient care.

We found evidence of inappropriate monitoring of patients. This meant patients were not always monitored appropriately during procedures, this meant the provider may not be able to identify patient deterioration in a timely manner.

There was poor completion of the World Health Organisation safety checklist. Much of the documentation we reviewed was illegible and not in line with professional standards.

There was no audit of pre assessment documentation, to identify improvements which could be made.

All staff were not aware of their duty to identify and report female genital mutilation.

Are services well-led?

We did not rate this domain

There was no registered manager for this location at the time of our inspection although the provider had made an application to the CQC.

Summary of this inspection

The providers statement of purpose dated 1 January 2020 did not reflect the activities and procedures which were being undertaken during our inspection.

Surgery

Safe	
Well-led	

Are surgery services safe?

Cleanliness, infection control and hygiene

During this inspection we noted that not all clinical areas were compliant with best practice infection prevention and control procedures. We found that the sink in the theatre, where clinical staff would undertake a surgical scrub, although large and deep it was not installed well. We saw there was a gap surrounding the drainage point which was a focus for infection which could not be thoroughly cleaned and posed a risk to patients.

The treatment room did not have ventilation in line with the department of health HTM guidance 03-01. We were shown evidence that invasive procedures (e.g. hair transplant) which required specialist ventilation had taken place within the three months prior to our inspection. We also found room temperatures were not monitored or recorded at this location. This posed a risk of surgical site inspection as hair transplants are invasive procedures involving multiple surgical incisions over several hours.

There was no dirty utility, we were told by the lead surgeon previously that contaminated surgical instruments would be cleaned in the scrub sink. However, at the time of our inspection we were told the service was using 'single use only' instruments and the provider was in communication with a local NHS trust to provide future sterile services to this location.

We found the emergency trolley was dirty and corroded. This meant the provider would not have been able to clean it effectively and this posed an infection risk to patients. We found the trolley was dusty, and there were no checking processes in the procedure room that provided assurance the environment was checked and cleaned regularly.

The procedure couch / table appeared visibly clean, however, it did not have removable cushions to enable it to be clean thoroughly. On further inspection we found areas where dirt had accumulated. We also found the couch / table had a broken fitting which posed an infection risk to patients as the provider would not be able to clean in it appropriately.

When we reviewed the environment and equipment available at the location, we noted that in the waiting room where patients changed post procedure, there were chairs which were fabric which is not compliant with best practice.

There was no record of formal deep cleaning undertaken in the treatment / procedure room. We were told by the lead nurse they would use a domestic steam cleaner to do this, however, we were not assured the temperature of the cleaner met Health and Social Care Act 2008 Code of Practice on the prevention and control of infection and related guidance (2015).

We followed the process for the disposal of clinical waste in the location and found this was inappropriate. Clinical waste was placed in clinical waste bags and carried by hand, through the procedure room on the top floor of the building, and finally through a domestic kitchen prior to being placed in a locked clinical waste bin.

We reviewed the infection prevention and control policy dated 12 December 2019. This policy did include all the relevant areas that would be expected within a policy such as hand hygiene, use of personal protective equipment and environmental cleaning. However, we were not assured that this was embedded in practice and that the provider had systems in place to monitor compliance with this policy.

Environment and equipment

The treatment room was located on the second floor of the premises. There were two staircases with the first flight of stairs having electric stair lifts to the first floor consulting rooms but no lift.

During the inspection we reviewed evidence which showed the provider had undertaken labiaplasty (or vaginal rejuvenation) at this location. The treatment room couch did not have fittings for lithotomy poles or stirrups for a lady to rest her legs during the procedure. The lead surgeon informed us he would remove the bottom of the bed, and request the lady place her feet on the couch. There were no risk assessments in place to identify if this posed a risk to the patient or the lead surgeon in the event, the patient may be unable to sustain this position.

Surgery

We found the first floor landing area was cluttered, and the stair cases to the first floor had electric stair lifts installed which reduced the accessible width of the stairs. There were no environmental risk assessments in place for the evacuation of the critically ill patient. The provider informed us they had undertaken an evacuation exercise using an evacuation chair, however, we did not see documented evidence of this exercise. We were told the provider had not undertaken the evacuation exercise using a stretcher. This posed a risk as it was possible a patient could deteriorate to the point at which they would need to be evacuated by an ambulance crew on a stretcher. Due to the layout within the location and the proximity of the treatment room we felt this posed a potential delay in the evacuation of a seriously ill patient.

Assessing and responding to patient risk

We reviewed three patient records for invasive procedures (hair transplant) which could last between six to eight hours. We did not see any evidence of patient safety checklists or risk assessments in any of these records, such pressure area risk assessment tool. This meant the provider was not aware of the risk a patient may acquire a pressure sore during the procedure.

We found 14 specimen pots which contained formalin (formaldehyde) which were not stored in a locked cupboard in line with the Control of Substances Hazardous to Health (2002) regulations.

We asked the lead nurse regarding systems the provider had in place to identify and report female genital mutilation (FGM). The provider did not have a specific policy regarding FGM, however, it was contained within the safeguarding children policy (September) 2019. However, we were not assured all staff were fully aware of their responsibilities to identify and report cases to the relevant authorities.

Records

We reviewed four patient records during this inspection as these were the only records available at the location on the day of inspection for surgical procedures which had transferred from the other aesthetic beauty location. We found significant gaps in written documentation within patient records and they were not fully completed.

In particular, there was very little documented evidence of full risk assessments being carried out for all patients undergoing surgical procedures. The pre-printed forms were comprehensive and posed several questions pertinent to patients' past medical history, tests required and carried out, current medicines and psychiatric health. However, we found minimal patient assessment information was completed. We also found there was limited documented evidence of informed consent being obtained from patients.

In all of the records we reviewed we found National Early Warning Scores (NEWS) were not fully completed and calculated. This meant the provider could not be assured they would be able to recognise a deterioration in a patient's condition.

We found the completion of the World Health Organisation surgical safety checklist in all four records we reviewed was poor. We found much of the information documented was illegible which was not in line with professional standards. The provider was not undertaking any audits of pre-assessment documentation therefore gaps were not identified and improvements could not be made.

Medicines

Medicines were not stored appropriately or in areas which could be easily accessed in case of emergency. For example we found lipid emulsion (which is used in the event a patient had an allergic reaction to local anaesthetic) was stored on a different floor of the location, in a locked fridge. In addition, the key was accessed in a combination locked cupboard. This meant there could be a delay in the patient receiving the emergency treatment.

We found medicines such as antibiotics, intravenous fluids, adrenaline and lignocaine were stored in a locked office cabinet. However, this cabinet could be accessed using force. In this cabinet we also found the provider stored, makeup and surgical supports. This meant that there could be confusion about what was being provided to patients.

Medicines were kept in an open container on the emergency trolley in the treatment room, however, these were not stored in a tamper proof box. This meant the drugs were easily accessible to anyone and open to possible misuse. The lead nurse told us these were usually stored in the medicine cabinet, which we have previously identified was not suitable. There was no routine audit of medicines in the location. Which meant the provider could not be assured medicines were not misused as they were not being appropriately monitored and managed.

Surgery

There was no evidence of any antimicrobial stewardship in accordance with the Health and Social Care Act 2008. We were told by the lead surgeon that all patients were prescribed broad spectrum antibiotics without signs of infection. In the four patient records we reviewed we found evidence where antibiotics had been given as a take home medication, however, this was not documented in the letter for the patient's general practitioner. This meant the patient's own general practitioner was not aware of this prescription and may result in the patient taking an unnecessary antibiotic medicine.

We saw there was a thermometer in the cabinet where medicines were stored, however, temperature readings were not formally monitored or documented. Which meant the provider could not be assured that medicines were stored at the right temperature.

Are surgery services well-led?

Leadership

The leadership team consisted of the two directors of the business who were the cosmetic doctor/surgeon and the lead nurse. In addition, there were a senior administrator and a receptionist. At the time of our inspection there was no registered manager for this location, however, we were aware the directors had made an application to the CQC.

When Aesthetic Beauty Centre first registered with CQC in 2011 there was a condition listed on the certificate of registration which stated that the registered provider must only undertake minor surgical and cosmetic procedures under local anaesthesia as detailed in the statement of purpose. We were provided with an updated statement of purpose dated 1 January 2020. We found procedures which the provider reported were being undertaken in this location which were not included within the updated statement of purpose.

We were concerned that the provider did not understand their responsibilities as a registered provider in line with the Care Quality Commission (Registration) Regulations 2009, specifically Regulation 4 which highlights that the provider is responsible for carrying on the regulated activity. In addition, the company directors did not demonstrate that they fully understood their responsibilities in carrying on or managing the regulated activity and that services provided met the standards required in the regulations.

Staff we spoke with told us the leadership team were visible, open and approachable. Staff said they met regularly with them to discuss service related issues, however, this was not a formal documented discussion.

Managing risks, issues and performance

During our inspection we found there was inadequate risk assessment and monitoring of patients who were undergoing procedures at the location. We were concerned the environment was not fully equipped to deal with patient deterioration.

The provider did not monitor patient outcomes; however, they did report they monitor patient satisfaction this, however, this was not line with best practice and would not be able to drive improve services. This meant the provider was not meeting the requirements of either the HSCA or professional standards as a registered Healthcare professional.

There was no provision should a patient require overnight care due to pain and discomfort. There were no robust plans or arrangements should a patient require transfer as the provider did not have any provision for patients to stay overnight. The surgeon informed us they had been in contact with colleagues at local NHS trusts to arrange for the transfer of patients if required, however, this had not been formalised through a service level agreement (SLA). The surgeon informed us a SLA was not required as ". other private hospitals don't have this in place for the transfer of patients". However, we are aware this is not the case, this further demonstrates the management team lack a full understanding of the governance and management required of an independent provider.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

The provider must ensure the sink in the treatment room is fitted correctly. **(Regulation 12)**

The provider must ensure the environment is cleaned in line with national guidance to include appropriate deep cleaning. **(Regulation 12)**

The provider must ensure all medicines are stored appropriately and safely, in particular the monitoring of environmental temperatures, and emergency drugs are stored in a tamper proof container when outside of the medicines cupboard. **(Regulation 12)**

The provider must ensure they have robust medicines management processes in place. **(Regulation 12)**

The provider must adhere to antimicrobial stewardship principle, in addition if a patient is prescribed medicines the details of which must be included in the GP letter. **(Regulation 12)**

The provider must ensure all items which meet the control of substances hazardous to health are stored safely and securely. **(Regulation 12)**

The provider must ensure risk assessments are undertaken as appropriate, including environmental risk assessments and patient safety risk assessments. **(Regulation 12)**

The provider must ensure they mitigated any risks identified to include but not limited to the evacuation of a seriously ill patient, completion of NEWS scores and patient safety. **(Regulation 12)**

The provider must review the disposal of clinical waste procedures in line with best practice. **(Regulation 12)**

The provider must develop a policy in relation to Female Genital mutilation and all staff be aware of the responsibilities of the provider to identify and notify. **(Regulation 12)**

The provider must ensure they treatment room has appropriately ventilation in line with HTM guidance 03-01 when undertaking invasive procedures. **(Regulation 15)**

The provider must ensure all equipment is safe for use for example the treatment couch was broken. **(Regulation 15)**

The provider must undertake a retrospective audit of all consultation, admission and nursing records to identify areas of improvement. **(Regulation 17)**

The provider must develop an annual audit plan to include but not limited to record keeping, infection prevention control and patient outcomes. **(Regulation 17)**

The provider must ensure the statement of purpose reflects all procedures which are undertaken at Aesthetic Beauty Centre – Sunderland location. **(Regulation 17)**

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The sink in the treatment room was ill fitting and the water outlet had area's which posed an infection risk. There was no evidence of deep cleaning in the theatre environment which met HTM 01-01 guidance. Medicines were stored in an office cabinet which could have opened using force. There was not audit of medicines to ensure they were not misused. There was no antimicrobial stewardship, we were told all patients received a course of antibiotics, however, these were not always recorded in the GP letter. We found items which contained formalin (formaldehyde) were not stored in line with COSHH guidelines. There were no environmental or patient safety risk assessments undertaken, therefore there was also no mitigation in place to reduce any identified risks. We saw clinical waste was carried through a domestic kitchen. Female genital mutilation (FGM) was specifically mentioned within the child safeguarding policy, however, was not cross referenced to the adult safeguarding policy. All staff were not aware of the referral process should a client present with FGM

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

This section is primarily information for the provider

Requirement notices

The provider was undertaking invasive procedures (e.g. hair transplants and labiaplasty) in the treatment room, however, there was no ventilation system in line with HTM guidance 03-01. In addition the environment was not temperature controlled and posed and infection risk to patients.

The treatment couch was broken and was unable to be cleaned appropriately.

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Patient risk assessments were not always completed and updated in line with best practice. Operation notes were not recorded on appropriate documentation for their purpose. Because of this they were difficult to find and not easily legible. We found evidence of inappropriate monitoring in patient records. This meant patients were not always monitored appropriately during procedures, this meant the provider would not be able to and did not identify patient deterioration in a timely manner.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Following our inspection we issued a notice of decision under Section 31 of the Health and Social Care Act 2008, to impose conditions on the registration. We took this urgent action as we believed a person will or may be exposed to the risk of harm if we do not do so. 1. The Provider must immediately suspend the carrying out of any surgical procedures which require local anaesthetic on service users at the location Aesthetic Beauty Centre, 2 Ashmore Terrace, Sunderland, SR2 7DE, until 04 April 2020. 2. The Provider must clean the environment in line with HSCA 2008 Code of practice on the prevention and control of infection and related guidance (2015) or equivalent at Aesthetic Beauty Centre, 2 Ashmore Terrace, Sunderland, SR2 7DE, until 4 April 2020.