

Lumley Aesthetics LLP

Lumley Aesthetics LLP

Inspection report

5 Pound Lane

Sevenoaks

Kent

TN13 3TB

Tel: 0800 316 2627

Website: www.lumleyaesthetics.co.uk/

Date of inspection visit: 24 January 2019

Date of publication: 22/02/2019

Overall summary

We carried out an announced comprehensive inspection on 24 January 2019 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

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

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. Lumley Aesthetics provides a range of non-surgical cosmetic interventions, for example wrinkle reduction injections which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The provider 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.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 55 comment cards all of which were positive

Summary of findings

about the standard of care received. There was praise for the clinical staff, particularly for their diagnostic and listening skills. There was also praise for the reception staff for being caring and attentive.

Our key findings were:

- The care provided was safe. There was a culture of placing safety at the core of activity.
- Systems to support safety within the building were effective and well embedded.
- There was abundant information for patients on how to approach their treatment. This included providing

in-house leaflets, as well as standard leaflets, and links to the latest dermatological research. Patients were enabled to be as knowledgeable about their choices as possible.

- There were a range of lasers available allowing patients to be treated at the clinic rather than referring to secondary care.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Lumley Aesthetics LLP

Detailed findings

Background to this inspection

We inspected Lumley Aesthetics Clinic on 24 January 2019.

Lumley Aesthetics LLP is a doctor's treatment service which comprises of a single location clinic with one treatment room situated within the home of the provider. The clinic carries out some non-surgical treatments which do not come under the registration of the Health and Social Care Act, but carries out a few treatments for which the clinic is registered.

The clinic is open Monday to Friday 9.30am to 5.30pm and Saturday 9.30 am to 12.00 noon occasionally.

Lumley Aesthetics does not treat patients under the age of 18 years of age.

The clinic does not have disabled access.

The clinic has the following facilities; one private car parking space and public on-street parking, a

waiting room with refreshment facilities, toilet facilities and one private consultation and treatment room.

The inspection was led by a CQC inspector and a Consultant Dermatologist.

We reviewed information from the provider including evidence of staffing levels and training, audit, policies and their statement of purpose.

We interviewed staff, reviewed documents, talked with the provider and examined the facilities including the building. We also asked for CQC comment cards to be completed by patients prior to our inspection. We received 55 comment cards.

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

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed. They outlined clearly who to go to for further guidance.
 - 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.
 - All staff had received a Disclosure and Barring Service (DBS) check, in accordance with the provider's policy. (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).
- logged in books in the treatment room as well as in the patient's records. Safety goggles and check-lists were available where laser equipment was used. This helped to ensure that equipment was used safely and patients and staff were protected. Doors were kept locked from the inside when the lasers were in use.
 - The laser equipment was maintained in accordance with the manufactures' instructions. We saw evidence of regular servicing, testing and calibration.
 - All staff had received annual basic life support training. There were emergency medicines available and staff knew where they were located.
 - There was oxygen with adult masks and an automated defibrillator within 100 yards of the premises. There were first aid kits and EpiPen's (an injection which can reverse the symptoms of an allergic reaction).
 - All the medicines we checked were in date and stored securely.

Risks to patients

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

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
 - When reporting on medical emergencies, the guidance for emergency equipment is in the Resuscitation Council UK guidelines and the guidance on emergency medicines is in the British National Formulary (BNF).
 - When there were changes to services or staff the service assessed and monitored the impact on safety.
 - The provider had a single professional indemnity policy covering all the staff and clinical activities within the building.
 - The provider had specialist advice on the management of lasers from an accredited laser protection adviser and had conformed to the advice provided. For example, there was a laser protection supervisor at a local level, room blinds were sealed to prevent the egress of laser light, rooms had none reflective surfaces to prevent accidental reflections of laser light.
 - There was written guidance in the treatment room regarding the use of equipment. All treatments were
- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
 - 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 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.

Information to deliver safe care and treatment

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

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- There were processes for handling medicines which included the review of high risk medicines. For example, patients prescribed certain acne treatments, which carried higher levels of risk.

Are services safe?

- There was an awareness of the need for stewardship in the use of antibiotic medicines. However, the antibiotics, generally used in dermatology practice, did not fall into those classes where resistance to their use was a major cause for concern.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. There were processes for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protects patient safety.
- 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. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, staff we spoke with were aware of an incident involving a patient having experienced an adverse reaction to a particular dermal filler. The provider met with the patient face to face to discuss the diagnosis and support them to access appropriate services. We looked at records and saw that the patient had been seen by a dermatologist. The practice liaised with the manufacturer of the product and decided to no longer use it.
- 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 for knowing about notifiable safety incidents.

Track record on safety

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.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and 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 worked together and with other health professionals to patients' needs and to assess and plan ongoing care and treatment. For example, the provider worked with the local dermatologist. Where patients referred services outside the local area the provider had an established network to help ensure that liaison with the relevant clinician was maintained.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement.

- In 2018 there had been an audit of patients' record cards and as a result 95% were completed correctly. Investigations showed that most of the omissions occurred on records of family and friends. This was to be repeated in 12 months.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. An audit of 115 derma- filler treatments had been completed and highlighted that one patient had adverse effects of swelling and bruising. This was then seen as a significant event and the patient was referred to a local dermatologist for review.

Effective staffing

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

- All staff were appropriately qualified.
- Relevant professionals (medical) were registered with the General Dental Council (GDC) 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.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, local dermatologists.
- 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.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- 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 have been referred to other services.

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.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Are services effective?

(for example, treatment is effective)

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.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- 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.

- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- The clinic was open from 9.30am to 5.30pm Monday to Friday and 9.30am to 12 noon on occasional Saturdays.
- There were arrangements to support patients outside of those hours. Patients were given the provider's personal mobile numbers.

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 a complaints policy and procedures. Records showed that the service had learned lessons from individual concerns, complaints received in the past, and also from analysis of trends. It acted as a result to improve the quality of care. We saw that no complaints have been received in the last 12 months.

Are services well-led?

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

Our findings

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- 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.
- 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.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, the provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There was a strong emphasis on the safety and well-being of all staff.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The 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 assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- Leaders 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.
- Patients were “patch tested” (treatment carried out on a small unobtrusive area) to assess response, reaction and cosmetic outcome before treating a more visible area.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Patients completed a comprehensive questionnaire regarding their previous medical history and allergies. These were recorded in way that all staff carrying out treatment would be aware of them.
- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Are services well-led?

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

Engagement with patients, the public, staff and external partners

The service involved patients to support high-quality sustainable services.

- The patients' views and concerns were encouraged, heard and acted on to shape services and culture. The provider conducted a patient survey in April 2018, there were no negative comments. One hundred percent of patients commented that they had been given enough information about the treatment including pre/post treatment.
- There were 55 completed CQC patient comment cards, all comments were positive.

- The provider's website had a reviews page and had been rated five stars following patients' comments.

Continuous improvement and innovation

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

Lumley Aesthetics clinic was a highly caring clinic to its patients and staff. They told us they intend to maintain high standards they have set for themselves, through continued hard work and the perseverance required to maintain such goals.