

# Dawn Attewell Aesthetics Limited

## Inspection report

3-5 Back St Annes Road West  
Lytham St. Annes  
FY8 1RD  
Tel: 01253725777

Date of inspection visit: 04 October 2022  
Date of publication: 06/12/2022

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.** This was the first inspection of Dawn Attewell Aesthetics Limited since the service was registered in February 2020.

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 Dawn Attewell Aesthetics Limited on 4 October 2022 under Section 60 of the Health and Social Care Act 2008. The 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 was the first rated inspection of the service.

Throughout the Covid-19 pandemic the Care Quality Commission (CQC) has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently. This inspection was carried out in a way which enabled us to spend a minimum amount of time on-site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Requesting documentary evidence from the provider prior to the inspection.
- Speaking with staff in person and on the telephone.
- A site visit.
- Additional communications for clarification.

Dawn Attewell Aesthetics Limited is registered with the Care Quality Commission to provide the following regulated activities: surgical procedures and treatment of disease, disorder or injury.

The provider offers consultations, examinations and treatments in medical aesthetic treatments and dermatological skin conditions. The treatments provided which are covered under the CQC regulated activities include: intravenous drip therapies and thread lift procedures (for adults only).

The provider was 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 a 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:

# Overall summary

- The service was offered on a private, fee paying basis only and was accessible to patients who chose to use it. Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs.
- The provider demonstrated a good awareness of the aesthetics industry and their role and responsibilities in delivering safe care and treatment.
- They were aware of current evidence-based guidance and had the skills, knowledge and experience to carry out their role.
- The provider responded promptly to inspection feedback.
- The provider had established governance and monitoring processes to provide assurance that systems were operating as intended.
- Systems, processes and records had been established to seek consent and to offer coordinated and person centred care.
- There were appropriate arrangements in place to manage medical emergencies and infection prevention and control. Areas viewed appeared clean and hygienic.

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

- The provider should seek feedback on the quality of clinical care received and treatment outcomes, in addition to customer satisfaction.
- Continue with plans to ensure formal ongoing clinical supervision of the provider, particularly in relation to prescribing.
- Progress with plans to ensure patient records are stored in a single record system to minimise the potential for errors or oversight.

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist professional advisor.

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.

## Background to Dawn Attewell Aesthetics Limited

Dawn Attewell Aesthetics Limited (the registered provider) provides independent consultations, examinations and treatments in medical aesthetic treatments and dermatological skin conditions.

The service is located at:

3-5 Back St. Annes Road West,  
Lytham St Annes,  
FY8 1RD

The clinic opening times are:

- Monday – 9am – 8pm
- Tuesday – 9am – 5pm
- Wednesday – 9am – 8pm
- Thursday – 9 am – 8pm
- Friday – 9 am – 5 pm
- Saturday – 9 am – 3 pm

The Dawn Attewell Aesthetics Limited team comprises of the registered manager who is also the clinical director, an aesthetic nurse and two reception managers.

The provider owns a beauty and holistic therapy business which is located in the same building. Several staff are employed in this business. However, this business does not carry out any CQC regulated activities.

Dawn Attewell Aesthetics Limited is located on the ground floor of the premises. The clinic is accessible via a staircase which leads to a reception and seating area and a large well-equipped consultation and therapy room. There are other therapy rooms, toilet facilities, a store room and an office on this floor. The facilities on the first floor of the building are not used for CQC regulated activities.

At the time of this inspection the provider had submitted an application to register a second location where they would undertake regulated activities with CQC.

Further information on the service can be found on the provider's website at: <https://therapyhouse.co.uk/contact/>

# Are services safe?

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

The provider had developed safeguarding policies and procedures which provided appropriate guidance to staff. There were systems to assess, monitor and manage risks to patient safety. Staff had the information they needed to deliver safe care and treatment to patients. The service had systems in place to learn and make improvements should things go wrong.

Patient records should be stored in a single record system to minimise the potential for errors or oversight.

## **Safety systems and processes**

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

- The provider conducted safety risk assessments. For example, in relation to fire, health and safety, legionella, control of substances hazardous to health and infection prevention and control.
- The provider had implemented appropriate safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service confirmed they would work with other agencies to support patients and protect them from neglect and abuse should this be required. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider had developed policies and procedures for the recruitment and selection of staff. Disclosure and Barring Service (DBS) checks were routinely undertaken for all staff. (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). We checked the recruitment records for two staff and noted that one file contained no evidence of satisfactory evidence of conduct in previous employment and the other contained a written record confirming only a verbal reference had been received. Following our inspection, the provider submitted additional evidence to confirm evidence of satisfactory conduct in previous employment had been received for both staff.
- Training records confirmed that the provider had completed level one and two training in safeguarding adults and children. Additionally, the aesthetics nurse had completed safeguarding adults training at level one and two. At the time of our inspection the two reception managers had not completed any formal safeguarding training. Following the inspection, the provider sent us evidence to confirm that both staff had completed a level one 'safeguarding essentials' training course. 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. A legionella risk assessment had been completed for the premises during September 2022 and this confirmed that the risks relating to waterborne diseases were low.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. For example, we saw evidence which confirmed portable appliances, gas safety, electrical wiring, fire detection and alarm system, and fire extinguishers were routinely inspected and maintained.
- There were systems for safely managing healthcare waste.

## **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.

# Are services safe?

- 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.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

## Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept 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.
- However, we noted that there was a mixture of paper and computer records for patients that could potentially lead to errors or oversight. Following inspection feedback, the provider confirmed that they would take steps to ensure all patient records relating to CQC regulated activities would be paper based.
- 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 provider had developed a policy for medicines and systems and arrangements for managing medicines, emergency medicines and equipment minimised risks.
- The service carried out medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, we saw evidence that an antimicrobial prescribing audit that had been undertaken during March 2022.
- 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 prescribed.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. Standard operating procedures had been completed for all procedures undertaken as part of the regulated activities.
- 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. No significant events had been recorded.

## Lessons learned and improvements made

### The service had systems in place to learn and make improvements should things go wrong.

# Are services 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 reported that no significant events had occurred in the service at the time of our inspection.
- There were adequate systems for reviewing and investigating should things go wrong. The provider assured us that they would look to identify learning and share any lessons arising from any future events should they arise, to identify themes and take action to improve safety in the service.
- The provider had developed a policy on the Duty of Candour and encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service understood their responsibility to provide people with reasonable support, truthful information, a verbal and written apology and to keep written records of verbal interactions as well as written correspondence.

The service had established systems to act on and learn from external safety events as well as patient and medicine safety alerts. At the time of our inspection, the provider had not established a system and clear audit trail of actions taken in the event this was required. However, we noted that the provider was monitoring alerts, recalls and safety information and that no actions had been required at the point the service was inspected.

# Are services effective?

## We rated effective as Good because:

The provider assessed needs and delivered care in line with current legislation and evidence-based guidance. The service was actively involved in quality monitoring activity. The provider obtained consent to care and treatment in line with legislation and guidance.

The service should seek feedback on the quality of clinical care received.

## 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).**

- 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 was a member of the British Association of Cosmetic Nurses and the British Association for Medical and Aesthetic Complications.
- The provider had achieved the Save Face accreditation. Save Face is a national register of accredited practitioners who provide non-surgical cosmetic treatments such as anti-wrinkle injections and dermal fillers. Save Face assesses every practitioner and the premises from which they operate against a set of defined standards.
- 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.

## 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 provider was in the process of preparing to move into new premises to expand the range of treatments provided in response to patients' needs to include hyperbaric oxygen therapy (HBOT). HBOT is a supplemental therapy that effectively delivers oxygen systemically to maintain tissue viability and can be used to treat complications arising from aesthetic procedures.
- The provider had established a range of audits to maintain oversight of the services provided. For example, clinical governance, infection prevention and control, cleaning, antimicrobial prescribing, clinical records and consent.

## Effective staffing

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

- Clinical staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) 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.



# Are services effective?

## Coordinating patient care and information sharing

### **Staff worked together with other organisations where necessary, to deliver effective care and treatment.**

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, staff at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked to 'opt in' via consent forms if they wished the provider to share details of their consultation and any medicines prescribed with their registered GP. Following inspection feedback, the provider confirmed that they would amend their consent form to 'opt-out' so that there was more opportunity for routine sharing of information with patients' GPs.
- The provider had risk assessed the treatments they offered. For example, we saw that the provider had developed standard operating procedures for different procedures undertaken such as intravenous treatment, thread lifts and venepuncture.
- Systems were in place to ensure care and treatment for patients in vulnerable circumstances was coordinated with other services.
- Patients were asked to book in for a review following a procedure to ensure they were followed up. The provider reported that moving forward they intended to implement a formal questionnaire to obtain feedback on long term outcomes.

## 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.
- 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.**

- The provider had developed a policy on consent and staff we spoke with understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they would assess and record a patient's mental capacity to make a decision.

The service monitored the process for seeking consent appropriately.

# Are services caring?

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

Staff helped patients to be involved in decisions about their care and treatment. Staff understood the needs of patients and respected their privacy and dignity.

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

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

- The service routinely sought feedback on patient experience and analysed a sample of feedback forms on an ongoing basis.
- Feedback received from patients via surveys was positive about the way staff treated people.
- Staff received guidance on equality and diversity awareness as part of their induction training. 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.**

- Staff confirmed that interpretation services would be sourced for patients who did not have English as a first language.
- Staff communicated with people in a way that they could understand. A range of patient information leaflets had been produced and the provider was able to produce additional information in large print and alternative languages subject to individual need.
- At the time of our inspection a hearing loop was not available for patients to use. Following our inspection feedback, the provider contacted us to confirm they had contacted a hearing loop provider to install a hearing loop in the premises.

### **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?

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

The service organised and delivered services to meet patients' needs. Feedback was routinely sought from patients to monitor their experience and to improve the service. Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

### **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.
- The provider's statement of purpose and patient guide detailed that the service was unable to offer access to patients who used wheelchair or experienced mobility difficulties. However, should the service be unable to provide services to any disabled patients, the provider would seek to provide details of an alternative provider.

### **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, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The appointment system was flexible to accommodate the needs of patients.
- Referrals and transfers to other services were undertaken in a timely way.

### **Listening and learning from concerns and complaints**

**The provider understood the need to take complaints and concerns seriously should they arise and to respond to them appropriately to improve the quality of care.**

- The service had a policy on complaints management and the handling and investigation of complaints.
- No complaints had been received by the service however staff understood the need to treat future complainants with compassion and dignity.
- Information about how to make a complaint or raise concerns was available.
- The service understood the need to inform patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

# Are services well-led?

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

The provider had established clear responsibilities, roles and systems of accountability to support governance. Processes were in place for monitoring and managing risks, issues and performance concerns within the service.

### **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 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 aims and objectives. The provider's stated vision was: "We strive to be acknowledged by our patients, suppliers and regulators as the leader in our sector. This will be achieved by ensuring that we recruit and train highly professional staff whose ambitions are to exceed patient expectations".
- The service did not have a supporting business plan in place to achieve priorities however the provider was able to articulate their plans for the future.
- Staff were aware of and understood the provider's vision and values and their role in achieving them.

### **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 as a role model and acted on behaviour and performance inconsistent with their vision and values.
- There had been no incidents or complaints however the provider understood the importance of being open, honest and transparent 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.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing staff with the development they needed. This included appraisal and career development conversations. Staff had received annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. All staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.

# Are services well-led?

- The service actively promoted equality and diversity. Staff had received guidance on equality and diversity as part of their induction training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## Governance arrangements

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

- The provider had developed a policy for clinical governance to clarify the organisation's approach and expectations.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective, however, patient feedback forms asked about patient satisfaction, as opposed to quality of care and there were no systems to formally review patient outcomes.
- Staff were clear on their roles and accountabilities.
- The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- We found that there was no system for or evidence of peer review and no formal clinical supervision of the provider, particularly in relation to prescribing. Following our inspection, the provider informed us that a colleague had recently completed a clinical oversight review, however the colleague could not comment on the provider's prescribing practice as the person was not a qualified prescriber. The provider assured us that arrangements had been made for a suitably qualified prescriber to complete a clinical oversight audit within a month.
- 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 robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- There were systems to support improvement and innovation work. For example, the provider was in the process of expanding their business and moving to new premises to increase the treatments available.

## Managing risks, issues and performance

### **There were 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.
- Leaders had oversight of safety alerts, incidents, and complaints.
- The provider had developed business continuity 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.

# Are services well-led?

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

## 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 had not had any significant events or complaints but had established systems to act upon and monitor incidents and complaints that may arise. Systems were also in place to share any learning and make improvements should this become necessary.
- The provider encouraged staff to take time out to review individual and team objectives, processes and performance.

We saw evidence that the provider had been shortlisted for the Safety in Beauty Diamond Award for best aesthetic nurse of the year award in 2022 and had achieved the Save Face Accreditation standards.