

Cosmedica Beauty

Inspection report

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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?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Cosmedica Beauty as part of our inspection programme.

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 and of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Cosmedica provides a range of non-surgical cosmetic interventions which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The medical practitioner 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.

Four patients provided feedback about the service.

Our key findings were :

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The clinic had clearly defined and embedded systems to minimise many risks to client safety.
- Staff were aware of current evidence-based guidance. Staff had received training to provide them with the skills and knowledge to deliver effective care and treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- There was a clear leadership structure and staff felt supported by management. The clinic proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour.

Dr Rosie Benneworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector with a Practice Nurse Specialist Advisor.

Background to Cosmedica Beauty

Cosmedica Beauty Limited is located at First floor suite, 39a Union Street, Ryde, Isle of Wight.

PO33 2AB.

Cosmedica provides a clinic for men and women looking to achieve greater health and wellbeing. The clinic is led by an onsite medical practitioner is supported by an Aesthetic and medical team.

The clinic conducts minor surgery for the treatment or removal of Benign Skin Lesions, Warts & Verruca's. The medical team are able to treat joint problems with steroid injections for problems affecting the elbow, knee, shoulder or carpal tunnel. The provides a private phlebotomy service for routine blood tests requested by an NHS GP. Consultations included assessment of psychological and mental health issues and the medical practitioner is trained in assessing signs of depression, anxiety, mental capacity and body dysmorphia. Body dysmorphic disorder.

The location's website can be found at www.cosmedicabeauty.com

The clinics opening times are:

Mondays: 10.00am to 4.00pm (Closed 1.00pm to 2.00pm)

Tuesdays: 4.00pm to 8.00pm

Thursdays: 10.00am to 4.00pm (Closed 1.00pm to 2.00pm)

Fridays: By Appointment only

Saturdays: 10.00am to 3.00pm

Sundays and Wednesdays: Closed.

How we inspected this service

During our visit we:

- Spoke with staff including, the registered manager and the clinic manager.
- Observed how patients were being cared for in the reception area.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the clinic.
- Looked at information the clinic used to deliver care and treatment plans.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good because:

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

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 including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the clinic as part of their induction and refresher training. The clinic had systems to safeguard children and vulnerable adults from abuse.
- The provider worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.

The premises were rented and the provider told us that the landlord had not done a legionella assessment. The provider therefore conducted a legionella assessment on 12/04/2019 using a professional company and had a contract with the company to deal with legionella testing.

- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. For example, fire

extinguisher checks were carried out on 19/11/2018 and a Gas safety certificate was produced showing a boiler service on 02/08/2018. There were systems for safely managing healthcare waste.

- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the clinic and those who may be accompanying them. The provider carried out daily dynamic risk assessments of the clinic every day they were on site.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- The provider had risk assessed the emergency medicines and equipment and it was appropriate and fit for use.
- There were appropriate indemnity arrangements in place to cover all potential liabilities

The medical practitioner at this clinic had taken out extra indemnity insurance to cover all the procedures that the clinic offered.

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.
- The provider had systems for sharing information with staff to enable them to deliver safe care and treatment.

Are services safe?

- 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 systems and arrangements for managing medicines, including emergency medicines and equipment.

Track record on safety and incidents. The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The provider 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.

- 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 provider learned and shared lessons identified themes and took action to improve safety in the clinic. The medical practitioner had made a home visit when a patient had a medical issue after a procedure at the clinic. There was no issues of concern and patient was happy with the results. The learning from the event was that an explanation would be made to patients of possible reactions to procedures and to ensure emergency equipment was always available and up to date.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents
- The provider acted on and learned from external safety events as well as patient and medicine safety alerts. The provider had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Are services effective?

We rated effective as Good because:

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)

Effective needs assessment, care and treatment

- 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.
- Arrangements were in place to deal with repeat patients. Consultations included assessment of psychological and mental health issues and the medical practitioner is trained in assessing signs of depression, anxiety, mental capacity and body dysmorphia. Body dysmorphic disorder (BDD), or body dysmorphia, is a mental health condition where a person spends a lot of time worrying about flaws in their appearance. These flaws are often unnoticeable to others.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The provider used information about care and treatment to make improvements. The clinic offered a two-week clinic review, they also provided a written or emailed (depending on patient choice) after-care advice summary highlighting do's and don'ts and ensured phone or text contact with the patient within two days of the treatment being provided to ensure the patient felt safe and cared for.
- The provider made improvements using completed audits. 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. The clinic had audited their performance to provide evidence of effective care. For example, there had been an audit of polydioxanone (PDO) facial Thread treatment. PDO threads are hypodermic needles

preloaded with an absorbable PDO suture. PDO stands for polydioxanone. It's a synthetic absorbable surgical suture composed of polydioxanone. We also saw an audit of minor surgery and a 360-degree performance review of the medical practitioner within the practice setting

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation.
- The medical practitioner had ensured valid credentials by maintaining an aesthetic medical role within their mandatory GMC regulated appraisal system as well as achieving a distinction result in a Masters degree in Aesthetic Medicine. The medical practitioner was also member of the British College of Aesthetic Medicine which holds annual medical conferences to which they attend to ensure safe and effective up to date knowledge.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, the medical practitioner at the clinic 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.

Are services effective?

- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered medical practitioner on each occasion they used the clinic.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The provider has produced its own template history document to be completed on line by the patient/client whilst waiting for the appointment

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. The clinic was also open with prospective patients and would rather refuse treatment than perform a procedure that was unnecessary.
- Where patients need could not be met by the clinic, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Good because:

Patients reported that they felt the medical practitioner and other members of the team listened to them and involved them in making decisions about their care and treatment. Treatment was fully explained, including the cost of treatment, and patients reported they were given enough time to think and ask questions about their care and treatment.

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 clinic gave patients timely support and information.
- The clinic ensured an honest approach to patient care and only treated according to appropriate need and benefit. The clinic assessed and discussed all options with patients, including if no treatment was required/needed.

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?

We rated responsive as Good because:

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

Responding to and meeting people's needs

- The provider understood the needs of their patients and improved services in response to those needs. For example, the clinic provided follow up support via a 24-hour support phone number where all calls are answered directly by the nurse practitioner or medical practitioner depending on availability.
- 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.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Referrals and transfers to other services were undertaken in a timely way.

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 clinic told us that they had not received any formal complaints and would deal with concerns immediately if raised by patients.
- The clinic had complaint policy and procedures in place.

Are services well-led?

We rated well-led as Good because:

There was a senior clinical lead responsible for the governance of the safe and effective use of medicines. Care and treatment records were complete, legible and accurate, and were kept secure.

There was a registered manager in post who understood their responsibilities and was supported by the provider.

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 any challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the clinic.

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 clinic had a realistic strategy and supporting business plans to achieve priorities.
- The clinic developed its vision, values and strategy jointly with staff and external partners (where relevant).
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The clinic 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 provider focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The provider actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and leaders.

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.
- 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 clarity around 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.

Are services well-led?

- The provider had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. 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.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The clinic 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.
- The clinic submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved the public, staff and external partners to support high-quality sustainable services.

- The provider encouraged and heard views and concerns from the public, patients and staff and acted on them to shape services and culture. The clinic utilised the skills learnt within the NHS and applied the same standards and expectations of safe professional safe provision as within an NHS primary care setting.
- The provider was transparent, collaborative and open about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The provider made use of internal and external reviews of incidents. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. For example, the service had been nominated for 'Best Clinic in the South of England' award in 2017 and were commended for their services. This required considerable planning and evidence of good practice to present to an adjudication panel of experts in aesthetic practice.