

# Innersense Aesthetics Medical

## Inspection report

136 Boroughbridge Road  
York  
YO26 6AL  
Tel: 01904848312  
[www.innersense-aesthetics.com](http://www.innersense-aesthetics.com)






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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 to people's needs?	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 Innersense Aesthetics Medical as part of our inspection programme, to inspect all newly registered locations. This was a first rated inspection for the service since they registered with the Care Quality Commission (CQC) in January 2022.

Innersense Aesthetics Medical provides a private aesthetics service for fee paying clients. This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services they provide. 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. Innersense Aesthetics Medical provides a range of non-surgical cosmetic interventions, for example dermal filler injections, anti-wrinkle treatments and non-prescription topical treatment for skin conditions which are not within CQC scope of registration. Therefore, we did not inspect or report on these services. At the time of the inspection, they offered treatments for skin disorders such as acne, rosacea and moles. Procedures for upper blepharoplasty which is carried out to improve hooded or drooping eye lids or eye bags. Botulinum injections are carried into the masseter muscles for teeth grinding. Medical treatment for hyperhidrosis, weight management and a menopause clinic which were within scope of the regulations.

The nominated individual 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.

## **Our key findings were:**

- There were systems to assess, monitor and manage risks to patient safety.
- The provider assessed needs and delivered care in line with evidence-based guidelines.
- The provider had the skills, knowledge and experience to carry out their roles.
- Patients were treated with kindness, respect and compassion and helped to make decisions about care and treatment.
- The provider had received very positive feedback from patients about the care they had received.
- The provider understood the needs of their patients and wherever possible made reasonable adjustments to make sure the service was accessible and responsive to the needs of patients.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs. The provider ensured patients were at the centre of all decision making regarding their appointments.

# Overall summary

- There were clear structures, systems and processes to support effective leadership and governance. The provider had a drive to deliver safe, personalised, high quality care that met the needs of the people who used the service.

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

- When the new website is built make sure that the complaint process is available, and accessible in the event that someone is unhappy with the care or treatment received.
- Continue with plans to introduce a system of clinical audit, particularly 2 cycle audits so progress can be reviewed, and areas of continuous improvement can be developed.
- Continue to seek feedback from patients and to analyse results for any themes or trends.

**Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a specialist adviser.

## Background to Innersense Aesthetics Medical

Innersense Aesthetics Medical is located at Innersense Aesthetics, 136 Boroughbridge Road, York, YO26 6AL. The service has 4 consultation rooms which are all on the ground floor. Patients have access to toilet facilities.

The provider, Innersense Aesthetics Limited, is registered with the CQC to carry out the regulated activities treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures. The provider operates a clinician-led service which specialises in aesthetic treatments and weight loss services. Services are only offered to adults. The service does not offer NHS treatment. The service and the treatments within scope of registration are led and carried out by a plastic surgeon consultant (male) and 4 nurses (female). The service is open from 9.30am to 5pm Monday, Wednesday and Friday, 9.30am to 7.30pm Tuesday and Thursday. They are open 9am to 2.30pm on a Saturday.

### How we inspected this service

Before visiting we reviewed a range of information we hold about the service and information provided pre-inspection by the service.

During our inspection we:

- Spoke with the registered provider.
- Looked at information the clinic used to deliver care and treatment plans.
- Reviewed documents and policies used by the service.
- Reviewed patient feedback received by the provider and by CQC.
- Observed the premises where services were delivered from.

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:**

## **Safety systems and processes**

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

- The provider conducted safety risk assessments. They had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. 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.
- Services were offered to adults aged over 18 only; no services were provided to children and young people under the age of 18.
- The service 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). We reviewed 3 recruitment files and found that appropriate recruitment checks had been carried out.
- 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. The provider told us that all patients were offered a chaperone for appointments should they require one.
- There was an effective system to manage infection prevention and control. The provider had completed a health and safety risk assessment, they had regular cleaning schedules and all members of staff had completed training in infection prevention and control. We observed the premises to be visibly clean and well maintained. The provider was able to provide annual certificates for legionella checks. The provider had also completed a hand hygiene audit.
- 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.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them. This included writing a guide dog policy to assist a blind patient who attended the service.

## **Risks to patients**

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

- The provider utilised an external solicitor to regularly review all policies and procedures.
- 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.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. The provider had implemented a risk assessment to determine the scope and type of emergency equipment and medicines available. This was based on the type of services provided and client base. The provider had a defibrillator and oxygen on site that was easily accessible. All staff received basic life support (BLS) training annually.

# Are services safe?

## 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 service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Although the provider had not seen any patients at the time of the inspection for slimming clinics, they assured us they would write to all the patients GPs after consultations. The provider also had a system in place to contact patients GP's who attended their menopause clinic and were prescribed hormone replacement therapy (HRT).
- 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. Patients who attended for skin lesions and removals of bumps and lumps were referred to a consultant dermatologist who worked remotely to review results.

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- 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. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were appropriate arrangements for storing temperature sensitive medicines, including those that needed to be stored in a refrigerator. The provider had a thermometer datalogger to maintain a more reliable check of refrigerator temperatures.

## Track record on safety and incidents

### 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 them 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. The provider only had 2 incidents in the past 12 months. Both these were documented and where possible, learning was taken.

# Are services safe?

- 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. An example of this was that following patient feedback, changes were made to further protect the dignity of patients while they recovered from procedures. As a result of this feedback the recovery room was changed so patients didn't have to walk in front of reception following a procedure.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. When there were unexpected or unintended safety incidents:
- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service 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:**

## **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**

- 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.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. This was evidenced from a small sample of patient records seen. For example, as part of the pre-assessment process patients were screened for existing conditions, medication and social and mental health needs.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

## **Monitoring care and treatment**

**The service had some quality improvement activity in place.**

- The service used information about care and treatment to make improvements. The provider had carried out an audit looking at patients notes made by the nursing team. The aim of this was to ensure there was a consistent approach to note taking and that all relevant information was recorded. At the time of the inspection this was a single cycle audit so it had not been repeated therefore we could not determine what impact it had made.

## **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. This included specific mandatory training for their role.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) / Nursing and Midwifery Council (NMC) 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. Staff were encouraged and given opportunities to develop.
- The provider ensured staff received specific training and could demonstrate how they stayed up to date for the procedures carried out.
- Staff regularly attended conferences with other private aesthetic providers to share best practice and was a member of an educational forum where they could receive peer review, education and support.

## **Coordinating patient care and information sharing**

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



# Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- 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. We saw an example of notes from a patient's consultation where the patient was not deemed fit for treatment and was signposted to other services.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service monitored the process for seeking consent appropriately.
- All patients were offered a chaperone should they require one.

## 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 to support them to make informed decisions about treatment.
- 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.**

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions.

# Are services caring?

**We rated caring as Good because:**

## **Kindness, respect and compassion**

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

- The service sought feedback on the quality of clinical care patients received. Following our site visit the provider had implemented an audit gathering patient feedback after they had accessed services.
- Feedback from patients was positive about the way staff treat people. The provider achieved a 4.9 star review from a possible 5 stars from 145 reviews on an internet search engine, however this could not be determined if these related to the regulated side of the business.
- 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.**

- The provider had developed written information which they provided to patients, which gave information about the procedures, any side effects or known complications, aftercare and what to do in case of any adverse reactions or emergency following the procedure. They told us they gave people a cooling off period to consider whether the treatment was right for 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.
- Treatments and consultations were undertaken with the privacy of patients in mind.
- The provider was aware of information security, and we saw that patient records were stored securely.

# Are services responsive to people's needs?

**We rated responsive as Good because:**

## **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. There was wheelchair access to the service. Longer appointment times were provided for patients who had mobility problems.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. This included writing a guide dog policy to assist a patient who was blind to access services.

## **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.
- Patients reported that the appointment system was easy to use.
- Patients were able to book appointments in a way that was most convenient to them. This included making appointments in person, email and through a dedicated mobile phone application for the service that could be downloaded.

## **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 had complaint policy and procedures in place. This was available for all members of staff to access.
- The provider had not received any complaints either written or verbal. Feedback received by the provider was all positive.
- At the time of our inspection the provider was in the process of building a new website. They assured us there would be information available on there about how to make a complaint once the website was live.
- Social media platforms were monitored daily to ensure any queries, complaints and concerns were acted on.

# Are services well-led?

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

## **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.
- 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 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 and external partners.
- 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.
- 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.
- 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 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.
- The provider shared with us that they were working on setting up a 360-degree appraisal to enable leaders to develop at the service
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. They 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 teams. The provider had regular meetings and 1-2-1's with staff to enhance their wellbeing. They did regular team building activities and social events outside of normal working hours.

# Are services well-led?

## 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. All policies and procedures were regularly reviewed and updated when required.
- The provider recognised there was a need to develop their approach to quality improvement. There were some gaps in this area. For example, they had conducted a clinical audit going through patients notes. They had also done an audit on hand hygiene however both were single cycle audits, so we were not able to see what improvements had been made. However, we noted the small number of patients treated within the scope of the regulations, limited the potential for identifying improvement through clinical audit.
- 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 robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Managing risks, issues and performance

### **There were clear and effective 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. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.
- Leaders and managers had oversight of safety alerts, incidents and complaints.
- 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.

## Engagement with patients, the public, staff and external partners

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

# Are services well-led?

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. An example of this was that following patient feedback, changes were made to further protect the dignity of patients while they recovered from procedures. As a result of this feedback the recovery room was changed so patients didn't have to walk in front of reception following a procedure.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

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

- The provider had a focus on developing their skills and experience to better meet the needs of people who used the service.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The provider made use of external reviews of incidents and complaints. Learning was considered and used to make improvements.