

City Aesthetics Clinic

Inspection report

Saville House
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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	
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Are services safe?	Good	
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Are services effective?	Good	
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Are services caring?	Good	
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Are services responsive to people's needs?	Good	
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Are services well-led?	Good	
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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 City Aesthetics Clinic as part of our inspection programme.

City Aesthetics Clinic provides aesthetic treatments such as the diagnosis and treatment of skin conditions like acne and rosacea, and medical weight loss treatment.

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. City Aesthetics Clinic provides a range of non-surgical cosmetic interventions, for example massage and laser hair removal, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

Our key findings were:

- There were systems and processes in place to ensure that care was delivered safely.
- The service was proactive in empowering patients, and supporting them to manage their own health and maximise their independence.
- Staff displayed an understanding and non-judgmental attitude to all patients.
- The service had received very positive feedback from patients about the care they had received.
- Access to care was timely.
- Leaders had the capacity and skills to deliver high-quality, sustainable care.

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

- Ensure the service's updated policy related to the recruitment of new staff is followed, including collecting references and obtaining photographic identification of new staff members;
- Review and improve the monitoring of staff training to ensure there are no gaps;
- Continue to ensure equipment is properly calibrated.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor and the CQC medicines team.

Background to City Aesthetics Clinic

Joie De Vivre Aesthetics Limited is registered with the Care Quality Commission to provide the regulated activities of treatment of disease, disorder, or injury (TDDI) from one registered location at the following address:

- City Aesthetics Clinic, Saville House, 5 Saville Place, Newcastle upon Tyne, NE1 8DQ

We visited this location as part of our inspection.

City Aesthetics Clinic provides aesthetic services such as medical treatments for skin conditions like acne and rosacea; treatment of hyperhidrosis with prescribed toxin injection; topical/systemic therapy for eczema, psoriasis, and acne; medical chemical peel; and a medical weight loss service. The service sees approximately 200 to 500 patients per month and offers treatments to people over the age of 18.

The service provides face-to-face appointments. The core opening times of the service are as follows:

- 10am to 8pm, Monday to Friday
- 10am to 4pm, Saturday
- Closed Sunday

The service consists of two advanced nurse practitioners, a general manager/clinic receptionist, a personal assistant/clinic receptionist, a director, and a junior receptionist.

How we inspected this service

Prior to visiting this service we reviewed information from stakeholders (for example, online reviews, CQC notifications) and data submitted by the provider.

We interviewed staff, and undertook observations and a review of documents both remotely and during a site visit.

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:

There were systems and processes in place to ensure that care was delivered safely.

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. 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.
- 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 some staff checks at the time of recruitment and on an ongoing basis where appropriate, but these were informal and could be improved. Disclosure and Barring Service (DBS) checks were undertaken for all members of 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) but no references had been sought for any employees and there was no photographic identification on record in the staff recruitment files. We were told that everyone who had been employed was known to the service in some capacity and therefore there had been no formal application process. However, all members of staff had been employed before the service registered with the Care Quality Commission, and we saw that since the inspection the provider had updated their recruitment policy to state that a formal recruitment process (job advertisement, written application, formal interview, and collection of references) would be followed from now on.
- Most staff had received up-to-date safeguarding and safety training appropriate to their role, but there was no evidence of training having been completed for two staff members. However, all staff knew how to identify and report concerns. Staff who acted as chaperones had received a DBS check but had not been formally trained for the role.
- There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. However, at the time of inspection we saw that some items of equipment, such as blood pressure monitors, were not regularly calibrated to ensure they gave accurate readings. Since the inspection we saw the provider had commissioned a company to calibrate equipment and reminders had been set up to ensure this happened on a regular basis. 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.
- The provider had applied for Save Face accreditation. Save Face is an organisation which regulates areas of non-medical cosmetic treatment which is not regulated by CQC.

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.
- 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.

Are services safe?

- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

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.
- 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 systems and arrangements for managing medicines, emergency medicines and equipment minimised risks.
- 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.

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 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 in place for recording and acting on significant events, however at the time of inspection no significant events had been recorded. Staff we spoke to understood their duty to raise concerns and report incidents and near misses. They told us they felt leaders and managers would support them when they did so. There was a policy in place which defined matters which might be classed as a significant event.
- 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

When there were unexpected or unintended safety incidents:

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.

Are services effective?

We rated effective as Good because:

The service had been proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

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 and the Aesthetic Complications Expert (ACE) Group.
- 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 assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service made improvements through the use of completed audits. Clinical audit had a positive impact on the quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, an audit of pain levels clients experienced during procedures led to changes in the routine pain relief people were offered.

Effective staffing

Staff had have 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 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. Records of skills, qualifications and training were kept, but at the time of inspection we saw there was no central record of training, which had contributed to some training being out of date. Following the inspection, we saw a training matrix had been put in place to address this. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

Staff worked work 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, the service wrote to a client's GP before prescribing weight loss medication. They also referred clients seeking mole removal back to their GP or a local dermatology service to have the mole assessed before proceeding with removal.

Are services effective?

- Before providing treatment, clinicians 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.
- 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. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with professional regulatory body guidance.
- 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.

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.

- 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?

We rated caring as Good because:

Staff at the service displayed an understanding and non-judgmental attitude to all patients and the service had received very positive feedback from patients about the care they had received.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people. The service had received 114 client reviews on an internet search engine with an average rating of 4.9 stars (out of five). They had the same rating from 82 reviews on a social media platform. No concerns had been raised with CQC by patients and we had received one example of positive feedback.
- 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.

- Interpretation services were available for patients who did not have English as a first language.
- We saw from publicly-available reviews of the service that patients 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 understood the needs of their patients and improved services in response to those needs. Access to care was timely and we saw that complaints were taken seriously.

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. For example they made multiple changes to their service in response to the coronavirus pandemic, not only to protect patients' safety but their wellbeing too.
- 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.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously.

- Information about how to make a complaint or raise concerns was available and on display in the reception area. Staff told us they would treat 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 in place. However at the time of inspection the service had not received any complaints.

Are services well-led?

We rated well-led as Good because:

Leaders had the capacity and skills to deliver high-quality, sustainable care. There were clear and effective processes for managing risks, issues, and performance.

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 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 and external partners (where relevant).
- 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.
- At the time of the inspection, the provider had not recorded any significant events or complaints about the service. The provider told us they would respond to these with openness, honesty and transparency if they received any in the future. 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.
- There was a strong emphasis on the safety and well-being of all staff.
- Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff.

Governance arrangements

Are services well-led?

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. The recruitment processes at the service had been informal in the past, but we saw evidence following the inspection that a formalised process (including a job application, formal interview, and the collection of references) would be followed from now on.
- 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.
- 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.

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 audits. 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.

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.

- 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.
- There were systems to support improvement and innovation work, such as audits and regular reviews of treatments offered.

Are services well-led?

- 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 systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service made use of external reviews of incidents and complaints. 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.

The provider had applied for Save Face accreditation. Save Face is an organisation which regulates areas of non-medical cosmetic treatment which is not regulated by CQC.