

# Medsthetics Ltd

## Inspection report

11-13 High Street  
Caterham  
Surrey  
CR3 5UE  
Tel: 01883212800  
[www.theearcarecentre.co.uk](http://www.theearcarecentre.co.uk)






Date of inspection visit: 6 August 2019 to 6 August 2019  
Date of publication: 23/09/2019

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?	Requires improvement 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 

# Overall summary

We carried out an announced comprehensive inspection on 6 August 2019 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

This service is rated as **Good** overall.

## Our findings were:

The key questions are rated as:

Are services safe? Good

Are services effective? Requires improvement

Are services caring? Good

Are services responsive Good

Are services well-led? Good

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

Carol-Ann Crispin-Chavez 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.

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. Medsthetics Ltd provides a range of non-surgical cosmetic interventions under the name Medsthetics, for example, dermal fillers which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

32 patients provided feedback about the service. All the feedback we received was positive about the care and treatment received. Patients found the service to be professional, caring, supportive and maintained the privacy and dignity of patients at all times.

## Our key findings were :

- Training opportunities were provided to staff, however not all training required had been completed or was up to date.
- The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service had systems to learn from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Patients were provided with detailed treatment plans to support their care and treatment.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Recruitment practices ensured information required by regulation was in place prior to the appointment of staff.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

There were areas where the provider could make improvements and should:

- Keep the use of chemicals hazardous to health under review to ensure information is available to prevent harm to staff, patients and visitors.
- Review and improve the recording and receipt of safety events and medicine alerts to demonstrate that these had been assessed for potential action.
- Review and improve staff/ infection control records to include immunisation status of all members of staff.

**Dr Rosie Benneyworth** 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.  
The team included a GP specialist adviser.

## Background to Medsthetics Ltd

Medsthetics Ltd, formally known as The Ear Care Centre is a specialist ear microsuction service based in the town of Caterham. Services are provided to the local community and further afield. The provider also runs an aesthetic clinic from the same premises.

Services are provided from the following address:

11-13 High Street

Caterham

Surrey

CR3 5UE

The core times are Monday to Friday 9am - 6pm and Saturday 10am - 1pm (pre-booked appointment only).

Further information on the service, its opening times and the full range of services provided can be found at the provider's website [www.theearcarecentre.co.uk](http://www.theearcarecentre.co.uk)

As part of this inspection we interviewed staff, the registered providers, observed the environment and carried out a review of comment cards, feedback from patients, documents and policies.

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?

## Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- 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 for all staff as part of the service policy. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. We noted that the clinician had undertaken level three training in child safeguarding. They knew how to identify and report concerns.
- There was an effective system to manage infection prevention and control. We noted that the provider did not have a records of each staff members immunisation status.
- 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.

## 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.

- When reporting on medical emergencies, the guidance for emergency equipment is in the Resuscitation Council UK guidelines and the guidance on emergency medicines is in the British National Formulary (BNF). The service utilised the Aesthetic Complications Expert (ACE) group guidelines and risk assessment for emergency medicines in connection with their aesthetic work. The service did not have oxygen or a defibrillator on site. However, we were told that there were two devices located in nearby facilities with public access. We noted that this had now been considered as part of the service risk assessment.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

## 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 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, including emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.

## Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. This included information on the care of substances hazardous to health (COSHH). We noted that

## Are services safe?

not all of the small number of chemicals used in the service had a COSHH statement and risk assessment. The provider took steps to obtain these and they were put in place during the inspection.

- 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 for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service had a system to support learning and sharing lessons however as they had not had incidents this could not be demonstrated.

- 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 had systems in place to ensure they 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 external safety events as well as patient and medicine safety alerts. The service had a mechanism in place to disseminate alerts to all members of the team. However, the service did not regularly record the fact that they had reviewed alerts.

# Are services effective?

## 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 the provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards. These included 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.
- 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. We saw information to demonstrate that patients were seen for a course of treatments including follow up appointments.

## Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. The service undertook regular audits of the reoccurrence of ear infections post microsuction. We saw from a recent audit that there had been no incidents of infection following micro-suction.

## 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 provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills and qualifications were in place. However, we noted that training was out of date or had

not been undertaken in areas such as information governance, infection control and fire training. Staff were encouraged and given opportunities to develop. This was confirmed by the staff member we spoke with.

## 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. The clinical staff communicated with the patients GP when appropriate and also attended multi-disciplinary meetings to discuss patient care and treatment.
- 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.
- 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.
- 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.

## 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. Records we reviewed during the inspection contained treatment plans with evidence of contact with the patient's GP where appropriate.
- 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

## Are services effective?

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. We saw evidence of consent on the records we reviewed during the inspection.
- The service ensured patients were provided with all the information, including costs, they required to make decisions about their treatment prior to treatment commencing.

# Are services caring?

## Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.
- We received 32 CQC comment cards. This feedback confirmed that the service offered a caring, friendly and supportive service. Patients told us they were extremely happy with the care and treatment they received.

## 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. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- The service had developed a braille version of their brochure to assist patients and carers with obtaining information on the services provided.
- 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.

## 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.
- Feedback from comment cards confirmed that patients felt their privacy and dignity was maintained at all times.



# Are services responsive to people's 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.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The service had considered the needs of patients who may have limited mobility or use a wheelchair and had made provision for access for treatment.
- The service was also offering a reduced cost service one morning a week.

## 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.

- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported in comment cards that the appointment system was easy to use.

## Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had systems to respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Discussions with staff confirmed they would treat patients who made complaints compassionately.
- The service told us they informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint. We noted that the provider had amended their procedure to include the correct body the complainant could contact, given the service was an independent healthcare service.
- The service had complaint policy and procedures in place. The service process indicated how they would learn lessons from individual concerns and complaints and also from analysis of trends. The service had not received any complaints.

# Are services well-led?

## 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.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

## Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

## Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service. Staff members told us that they felt supported both on a personal and professional level by the management team.
- 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 in systems to respond to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they felt able to 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. Staff were

supported to meet the requirements of professional revalidation where necessary. They were given protected time for professional time for professional development and evaluation of their clinical work.

- There was an emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.
- There were positive relationships between staff.

## Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was a 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.
- Clinical audit had a positive impact on quality of care and outcomes for patients.
- 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.

## Are services well-led?

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

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

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

- The patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The service conducted a survey at the end of each consultation and received feedback through social media.

- Staff were able to describe to us the systems in place to give feedback. This was generally through service meetings and direct feedback.
- The service was transparent, collaborative and open with stakeholders about performance.

### 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.
- 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. The clinician, until recently, also worked at a local GP practice and kept up to date with research, attending conferences and meetings. They are now concentrating entirely on this service.

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This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>We found that the registered provider had not ensured all relevant training had been undertaken by staff.</p>