

Dr. Gabriela Aguilar Medical Aesthetics

Inspection report

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Date of inspection visit: 15 March 2022
Date of publication: 22/04/2022

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive to people's needs?	Good 
Are services well-led?	Good 

Overall summary

This service is rated as Good overall.

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 Dr. Gabriela Aguilar Medical Aesthetics as part of our inspection programme and to provide a rating for the service.

Dr. Gabriela Aguilar Medical Aesthetics is registered as an independent doctors consulting service providing a range of non-surgical aesthetic treatments for patients over the age of 18 years.

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. Dr. Gabriela Aguilar Medical Aesthetics provides a range of non-surgical cosmetic interventions, for example dermal fillers and body slimming procedures which are not within the CQC scope of registration. Therefore, we did not inspect or report on these services.

Dr. Gabriela Aguilar 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:

- The service provided care in a way that kept patients safe.
- There were systems in place to protect patients from avoidable harm.
- Policies and procedures were in place to support the delivery of safe services.
- The premises and equipment were well maintained and appropriate risk assessments undertaken to mitigate potential risks and ensure the safety of patients and staff.
- Appropriate checks were undertaken when recruiting new staff.
- The service had systems in place for identifying, acting and learning from incidents and complaints to support service improvement.
- Staff had access to appropriate training.
- Staff treated patients with compassion, kindness and respect. Patient feedback was very positive about the service.
- Patients could access the service in a timely way that was convenient to them.
- The leadership, governance and culture of the service supported high quality care.

Overall summary

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

- Provide accessible information about the complaints process on the service website.

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.

Background to Dr. Gabriela Aguilar Medical Aesthetics

Dr. Gabriela Aguilar Medical Aesthetics is registered as an independent doctors consulting service providing a range of cosmetic treatments for patients over the age of 18 years.

The service is located within Nottingham City Centre at:

17 Hurts Yard

Nottingham

NG1 6JD

There is no dedicated parking for the service however, there is parking available within the city centre and good access via public transport.

The provider also operates from another location at:

43 George Road

Edgbaston

Birmingham

B15 1PL

Dr. Gabriela Aguilar Medical Aesthetics registered with CQC in 2019, for the regulated activities: Surgical procedures and Treatment of disease, disorder or injury. Services offered include PDO thread lift (non-surgical face lift) and treatment of hyperhidrosis (excessive sweating) with Botox.

The service is available by appointment. The Nottingham clinic is usually open:

Monday 9am to 4pm

Tuesday 10am to 2pm

Thursday 10am to 3pm

Friday 10am to 3pm

Saturdays 10am to 4pm (alternative weeks)

Dr. Gabriela Aguilar's clinics in Nottingham and Birmingham are registered separately with CQC. However, the Nottingham clinic is the main base for the service with staff travelling to the Birmingham clinic as needed.

Staffing for the service consists of the principal doctor (Dr Aguilar), a Clinic Director and a Clinic Manager.

How we inspected this service

We undertook a site visit where we spoke with staff, reviewed information made available to us by the provider, reviewed a sample of clinical records, made observations and reviewed patient feedback.

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:

Dr. Gabriela Aguilar Medical Aesthetics demonstrated that they provided services for patients in a manner that ensured patients and staff safety.

Safety systems and processes

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

- The provider conducted safety risk assessments. There were appropriate safety policies, which were regularly reviewed and communicated to staff and outlined clearly who to go to for further guidance. Staff had signed to say they had read and were familiar with the policies.
- The service had systems to safeguard children and vulnerable adults from abuse. The practice had safeguarding policies and procedures in place. At the time of inspection, we saw that all staff had completed training in safeguarding vulnerable adults but did not for child safeguarding. Staff told us that they did not see patients under 18 years or allow children on site. Following the inspection, the provider made a decision to include child safeguarding as part of their key training and provided evidence that this had been completed by all staff.
- Staff told us that they requested patient identification at the patient's first consultation to provide assurance that patients receiving treatment were over 18 years, but did not formally record this. Following the inspection, the provider shared with us their amended consultation forms to ensure identity checks were recorded.
- We reviewed a staff recruitment file and saw that the provider had carried out appropriate staff checks at the time of recruitment. 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).
- There was an effective system to manage infection prevention and control (IPC). We observed the premises to be visibly clean and tidy. Cleaning was carried out by staff on a daily basis with cleaning schedules in place. An external cleaning company also attended every two weeks to undertake a clean. The service had IPC policies in place to support staff and an IPC risk assessment had been completed to identify any areas that needed to be addressed. All staff had completed IPC training.
- We saw that there were systems for safely managing healthcare waste.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We saw that equipment had been tested for electrical safety and fire equipment checked. The practice advised that they did not have any equipment that required calibration checks.
- Staff had undertaken fire safety training and carried out fire drills so that they knew what to do in the event of a fire.
- The provider carried out various environmental risk assessments, which took into account the profile of people using the service.

Risks to patients

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

- The practice had a small team of staff which met the needs of the service. The practice did not employ any agency staff. All patients were under the care of the principal doctor.
- As the service did not provide any urgent care the principal doctor told us they planned any leave around their patients.

Are services safe?

- Patients who attended the service for treatments were usually of good health. Before receiving any treatment, patients were asked to provide information about their past medical history and medicines. In the event of any queries relating to a patient's health, the principal doctor requested the patient seek medical advice and approval from their treating consultant or doctor before commencing treatment at the clinic.
- The principal doctor was aware of potential medical risks for treatments provided. We were advised that anaphylaxis was the main risk and they held emergency medicines for this, we saw that these were in date and checked regularly. The practice also had a defibrillator which was regularly checked to ensure it was in working order.
- Staff had undertaken emergency first aid training which they advised included anaphylaxis and defibrillator training.
- We saw that there was appropriate indemnity arrangements in place for the principal doctor and clinic insurance for public liability.

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 comprehensive and managed in a way that kept patients safe. The 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 other agencies to enable them to deliver safe care and treatment. The provider collected information about a patient's NHS GP. They had also sought advice from other organisations, when needed.
- At the time of the inspection the service had considered but not documented how they would retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading. Following the inspection, the service provided documentary evidence of their plans for managing records should they cease trading.

Safe and appropriate use of medicines

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

- The service maintained a stock of medicines. These were stored securely in locked facilities. We checked medicines at random and found that these were in date. We did however note that the temperature where medicines were stored was not monitored to ensure it was in line with manufacturer's instructions. Following the inspection, the service advised that a thermometer was now in place and the temperature where medicines were stored had been included in the general monitoring arrangements.
- The service had a medicines fridge for medicines that required storage at lower temperatures. Temperatures of the fridge were recorded on a daily basis.
- The service did not hold stocks of prescription stationery and prescriptions were rarely issued. If a prescription was needed, for example, to prescribe antibiotics, a private prescription would be issued.
- The service did not prescribe any controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).

Track record on safety and incidents

The service had a good safety record.

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

Are services safe?

- 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 shared with us a recent incident where a patient had fallen, this included the action taken and learning they had implemented following the incident.
- Staff told us that they were aware of and complied with the requirements on Duty of Candour. They showed us how they had reported a recent incident to the Health and Safety Executive. Staff told us that they had all received training in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).
- The provider had signed up to receive Medicine and Healthcare Products Regulatory Agency (MHRA) alerts but told us that they had not needed to act on any.

Are services effective?

We rated effective as Good because:

We found Dr. Gabriela Aguilar Medical Aesthetics was providing effective care and treatment in accordance with the relevant regulations. Patients received appropriate information and support for their chosen treatment.

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 and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- We saw from our review of clinical records that 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 support them when making decisions about a patient's care and treatment.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. Treatments available resulted in temporary changes to the patient's appearance and required continued treatments to maintain the effect of changes over longer periods. Patients had opportunities to discuss the treatments and longer-term effects with the doctor before committing to treatment.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service used information about care and treatment to make improvements. We saw that the provider had a quality assurance plan in place. Patients were asked to attend for a follow up appointment after their treatment which enabled the provider to evaluate the effectiveness of the treatment received.
- The provider had undertaken a review of medical records to check the completeness of information and a review of all patients to assess for any complications.
- Patient feedback was also used in monitoring the quality of the service.

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 newly appointed staff.
- The principal doctor was registered with their professional body, the General Medical Council (GMC) and was a member of the British College of Aesthetic Medicine. The principal doctor underwent revalidation. Revalidation is the process by which doctors demonstrate their fitness to practise.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Staff had access to online training and regular appraisals to discuss their performance, roles and responsibilities.
- The principal doctor was able to show how they kept up to date within the field of aesthetic medicine. They attended regular conferences and training events in support of their professional development.

Coordinating patient care and information sharing

Are services effective?

Staff worked with other organisations, to deliver effective care and treatment, where required.

- Patients received coordinated and person-centred care. Treatments were discussed with the patient prior to a procedure. This enabled the doctor to understand what the patient wanted to achieve, discuss their individual procedure and manage expectations.
- Before providing treatment, the doctor ensured they had adequate knowledge of the patient's health. Detailed accounts of patients' medical history were obtained prior to treatment. Where patients had complex medical history, the patient was asked to provide further information from their treating doctor before commencing any procedures at the clinic.
- Details of a patient's NHS GP was obtained and information would be shared with them if a patient requested it.

Supporting patients to live healthier lives

Staff were proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Following treatment, patients were given written aftercare advice, specific to the procedure they had undergone. This explained what activities to avoid, what to expect during healing and what to do if there were any concerns.
- Patients were also given a 24-hour telephone contact number, this enabled them to contact the doctor in and out of hours if they had any concerns and needed additional support following a procedure.

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. Patients were offered a free introductory consultation to discuss the treatment. If patients wished to proceed with the treatment a second consultation was undertaken to discuss individual needs, any potential risks and costs of the procedure.
- Consent was obtained before undertaking any procedure and a minimum 48 hour 'cooling off' period was given, should the patient change their mind.
- The service monitored the process for seeking consent appropriately through their audit of medical records.

Are services caring?

We rated caring as Good because:

Patient feedback was very positive and demonstrated patients were treated with compassion dignity and respect. Patients had opportunities to discuss and be involved in decisions about their care and treatment.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. This was carried out via in-house surveys and online reviews. The principal doctor also collected patient feedback as part of their own appraisal.
- Feedback from patients was positive about the way staff treated people. For example, during 2021 the service received 121 responses to their in-house survey from patients treated at their Nottingham and Birmingham location. 100% of patients rated the service as good or very good for politeness and making them feel at ease.
- We saw that online reviews were also positive about the service.
- Staff demonstrated an understanding of patients' personal needs and provided care with understanding and a non-judgmental attitude towards 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.

- Patients had opportunities to discuss the treatment and ask questions prior to treatment.
- The provider did not use interpreters, but told us that they encouraged patients who did not have English as a first language to bring someone with them to help. One of the staff was also able to speak a second language.
- Patient feedback from online reviews and in-house surveys showed 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. For example, results from the provider's in-house survey of 121 patients showed, 100% of patients rated the service as good or very good for being listened to and involving them in decisions about their care and treatment.
- Staff communicated with people in a way that they could understand, for example, the provider's in-house survey showed, 99% of patients rated the service as good or very good for explaining the treatment to them. The practice used visual information to show how the treatment would be provided.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of patient's dignity and respect.
- Consultations and treatments were discussed in private rooms.
- Staff signed confidentiality agreements as part of their employment contract.
- Information about care and treatment was stored securely to minimise the risk of unauthorised access.

Are services responsive to people's needs?

We rated responsive as Good because:

Reasonable adjustments were made where possible and services were delivered in a timely way to patients. We did however, identify one area where the provider should improve, relating to the accessibility of complaints information.

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 practice offered care and treatment at two locations; patients could attend the location most convenient to them.
- 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. Patients with mobility difficulties were able to receive treatment in a clinical room on the ground floor, however, the provider told us that they made patient's aware that toilet facilities were not accessible to patients who used a wheelchair or with mobility difficulties.

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 and treatment. These were arranged by the patients at a time convenient to them.
- Waiting times, delays and cancellations were minimal and managed appropriately. Patients were contacted to remind them of their follow up appointments.
- Patients accessed the service online or by telephone for their initial free consultation.

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.

- The service had a complaints policy and procedure which set out the process for raising a complaint and expected time scales.
- Staff told us that information about how to make a complaint was available in the clinic and on the website. However, we were unable to find any information relating to the complaints process on the provider's website.
- Staff treated patients who made complaints compassionately. The provider shared with us a complaint they had received; we saw that this had been responded to appropriately and in a timely manner.

Are services well-led?

We rated well-led as Good because:

The service was well organised, the leadership and culture supported high quality care. There were clear governance arrangements and policies and procedures in place to support staff.

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 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.

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 plans to achieve priorities.
- The provider had set out their aims and objectives within their quality improvement plan.
- The service monitored progress against delivery of the strategy.

Culture

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

- The service was provided by a small team, staff were supported and valued.
- The service focused on the needs of patients.
- Leaders and managers promoted behaviour and performance consistent with the vision and values of the service.
- 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 were able to raise concerns through regular meetings and discussions.
- There were processes for providing all staff with the development they needed. This included an induction programme, regular appraisals and access to relevant training for their role. Clinical staff undertook appropriate professional development to meet the requirements of professional revalidation.
- There was a strong emphasis on the safety and well-being of staff.
- At the time of inspection, training records showed that not all staff had received equality and diversity training. However, following the inspection the provider sent evidence that the training had since been completed by all staff.
- There were positive relationships between the staff team.

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.
- Staff were clear on their roles and responsibilities and received full job descriptions.
- Leaders had established appropriate policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. These were accessible to all staff who signed to confirm they had been read and understood. Policies and procedures were routinely discussed at staff meetings.
- The service used performance information which was reported and monitored to support improvement.
- 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 and records.

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 medical records and patient feedback.
- Leaders had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place and had trained staff for managing major incidents.
- The provider was receptive to feedback to support service improvements.

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 at relevant meetings with staff.

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. Feedback seen about the service was very positive.
- Staff could describe the systems in place to give feedback. Regular meetings and discussions took place within the team.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

Are services well-led?

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

- There was a focus on continuous learning and improvement. The principal doctor attended conferences, training and was involved in research in their specialist area.
- The service made use of internal and external reviews of incidents and complaints, as appropriate. Learning was shared and used to make improvements.