

Sthetix Limited

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Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 21 September 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

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.

The service provides a range of minor surgical and non-surgical cosmetic procedures. The clinic is also used for consultations for major surgical procedures but these procedures are carried out at a local hospital. Post-operative care is also carried out at the clinic. The service had seen approximately 245 patients for consultation appointments between January to June 2018.

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.

At Sthetix Ltd, the aesthetic cosmetic treatments that are also provided are exempt by law from CQC regulation. Therefore, we were only able to inspect the consultations and surgical procedures but not the aesthetic cosmetic services.

The lead clinician 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.

Summary of findings

As part of our inspection we asked for Care Quality Commission comment cards to be completed by patients prior to our inspection visit. We received 24 comment cards, all of which were positive about the standard of care received.

Our key findings were:

- Systems were in place to protect people from avoidable harm and abuse. When incidents occurred, lessons were learned.
- There were effective arrangements in place for the management of medicines.
- The service had arrangements in place to respond to medical emergencies.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Patient survey information and Care Quality Commission (CQC) comment cards reviewed indicated that patients were very satisfied with the service they received. Patients commented that staff were knowledgeable and professional; and that they were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- The provider proactively gained and used patient feedback. Information about services and how to complain was available.
- The provider was aware of the duty of candour.
- There was a clear leadership and governance structure.
- There were a range of continuous improvements to the service using new technology.

Sthetix Ltd

Detailed findings

Background to this inspection

Sthetix Ltd is a cosmetic clinic located at 20 Knight Street, Liverpool, L1 9DS. Sthetix Ltd is registered with the Care Quality Commission (CQC) to provide:

Diagnostic and screening services

Surgical procedures

Treatment of disease, disorder or injury.

The service is a private clinic for a range of minor surgical and non-surgical cosmetic procedures. The clinic is also used for consultations for major surgical procedures but these procedures are carried out at a local hospital.

The service is open Mondays and Fridays 9am-5pm; and Tuesday, Wednesday and Thursday 9am-8pm. Saturday appointments were sometimes available by arrangement.

Arrangements were in place for patients who required advice outside of the opening hours.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service.

How we carried out this inspection

Our inspection team was led by a CQC Lead Inspector and a GP Specialist Advisor.

We inspected this service on 21 September 2018. During our visit we:

- Spoke with five members of staff.
- Reviewed documents and policies.
- Looked at the computer system for record keeping and staff information.
- Reviewed patient survey results information, CQC comment cards and spoke with one patient.
- Looked at the arrangements for managing medicines and medical emergencies.
- Looked at the suitability of the premises.

The service provided background information which was reviewed prior to the inspection. We did not receive any information of concern from other organisations.

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?

Our findings

We found that this service was providing safe services in accordance with the relevant regulations.

Safety systems and processes

The service had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse:

- The service had recruitment procedures that assured them that staff were suitable for the role and to protect the public. This included appropriate recruitment checks through the Disclosure and Barring Service (DBS), (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).
- The service had both adult and child safeguarding policies. The policy clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- The service treated adults only and had systems to check the identification and date of birth of the patient.
- The service maintained appropriate standards of cleanliness and hygiene. There were cleaning schedules and monitoring systems in place. There were infection prevention and control protocols and staff had received up to date training. There were regular audits. Clinical waste was appropriately disposed of.
- The premises were suitable for the service provided. Health and safety risk assessments for the premises, materials and equipment had been carried out, including a Legionella risk assessment. There had been a fire risk assessment and fire safety equipment was tested.
- All electrical and clinical equipment was checked to ensure it was safe to use and was in good working order.

Risks to patients

The service had adequate arrangements in place to respond to emergencies. The service was not intended for

use by patients with either long term conditions or as an emergency service. In the event an emergency did occur, the provider had systems in place so emergency services could be called. In addition: -

- Staff received annual basic life support training.
- The clinic had a defibrillator and oxygen with adult masks and there was also a first aid kit available.
- Emergency medicines for anaphylaxis and other medical emergencies was available. There was a monitoring system for expiry dates.
- Clinicians had appropriate professional indemnity cover to carry out their role.

Information to deliver safe care and treatment

On registering with the service, and at each consultation patient identity was verified and the clinicians had access to the patient's previous records held by the service.

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system and their intranet system.

Information regarding any visit was shared with the patient's own GP.

Safe and appropriate use of medicines

- The arrangements for managing medicines, including emergency drugs in the clinic kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- The clinic carried out regular medicines audits to ensure administration was in line with best practice guidelines for safe prescribing. The fridge temperature was appropriately monitored daily, and we saw evidence of the cold chain being maintained.
- Blank prescriptions were securely stored and monitored.

Track record on safety

The service maintained a log of all incidents and complaints. This was monitored by the lead clinician.

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.

The service had systems in place for reporting notifiable safety incidents.

Are services safe?

Lessons learned and improvements made

Regular staff meetings were held and we saw that learning from incidents was disseminated to staff.

The provider was aware of the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

The service received safety alerts and these were reviewed by the clinician and any action necessary was taken.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was providing effective services in accordance with the relevant regulations.

Effective needs assessment, care and treatment

The service assessed people's needs and delivered care in line with relevant and current evidence based guidance and standards.

The service had systems in place to keep all clinical staff up to date.

A comprehensive medical assessment was undertaken prior to recommending or administering treatments.

The provider offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against any client group.

Monitoring care and treatment

The service ensured guidelines were followed through audits and random sample checks of patient records. This included an up-to-date medical history, a clinical assessment and recording of consent to treatment. Clinical audits had also been completed for some minor surgical procedures which had resulted in changes to practice to reduce risks of infection.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The service could demonstrate how they ensured role-specific training and updating for relevant staff. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work.

Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the clinic's patient record system. This included details about medical records, investigations and test results.
- Consultations were carried out by the same consultant who treated the patient.
- Patients were advised on confidentiality and that personal medical information would only be disclosed to those involved with their treatment or care. It also asked for consent from people to share relevant information with their General Practitioner.

Supporting patients to live healthier lives

The provider had information available on their website and information leaflets were also available in the reception area of the clinic.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. Patients were given time to consider whether they wanted to go ahead with treatment, referred to as a 'mandatory cooling off period'. Patients then attended for a second consultation for comprehensive consent forms to be completed.

Staff had received training and understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services caring?

Our findings

We found that this service was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

We received 24 comment cards which highlighted that patients were treated with kindness and respect. Comment cards we received were very positive about the service experienced overall. Patients said they felt the clinic offered an excellent service and staff were helpful.

Involvement in decisions about care and treatment

A range of information about each procedure including preoperative assessments, the procedure and after care

was available on the provider's website. The website had details on how the patient could contact them with any enquiries. Information leaflets were also available in the waiting room.

CQC comment cards and patient survey information reviewed highlighted that patients felt involved in decision making about the care and treatment they received.

Privacy and Dignity

The consultation room door was closed during consultations; conversations taking place in this room could not be overheard.

Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the clinic offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing responsive services in accordance with the relevant regulations.

Responding to and meeting people's needs

- The premises were suitable for the service being delivered.
- Same day appointments were available for those with urgent needs.

Timely access to the service

The service is open Mondays and Fridays 9am-5pm; and Tuesday, Wednesday and Thursday 9am-8pm. Saturday appointments were sometimes available by arrangement.

Arrangements were in place for patients who required advice outside of the opening hours.

Listening and learning from concerns and complaints

Information about how to make a complaint was available on the service's web site. The provider had a complaints policy and procedure. The policy contained appropriate timescales for dealing with a complaint.

The provider was part of the cosmetic clinic redress organisation for when patients were not satisfied with the outcome of a complaint. Complaints were discussed at staff meetings and action taken to improve the service. For example, improvements to the consent forms.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We found that this service was providing well-led services in accordance with the relevant regulations.

Leadership capacity and capability;

There was a clear organisational structure. Consultants also worked for the NHS and could demonstrate how they kept up to date with regulations and guidance.

Vision and strategy

The service had a clear strategy to work together to provide a high quality responsive service that put caring and patient safety at its heart. The company had organisational level business plans. The provider's mission was 'to provide the highest possible standard of treatment to their patients with an unrivalled level of customer service and clinical care'.

Culture

The service had an open and transparent culture. The lead clinician understood their responsibilities for the requirements of the Duty of Candour. This was supported by an operational policy.

The provider had a whistleblowing policy in place. A whistleblower is someone who can raise concerns about practice or staff within the organisation.

Governance arrangements

Governance arrangements included: -

- A clear organisational structure and staff were aware of their own roles and responsibilities.
- A range of service specific policies which were available to all staff. These were updated when necessary. All staff signed a document to say they had read and understood the policies.

Managing risks, issues and performance

- The provider had sought external auditors to regularly check their compliance with health and safety of the premises and with the regulations. Actions had been taken by the provider and some were ongoing, for example expanding their clinical audit programme.
- There was a variety of daily, weekly and monthly checks in place to monitor the performance of the service.
- There was a comprehensive understanding of performance. A range of regular meetings were held which provided an opportunity for staff to be engaged in the performance of the service.
- Business contingency plans were in place for any potential disruption to the service.

Appropriate and accurate information

The service was registered with the Information Commissioner's Office and had its own information governance policies to ensure patient information security. Patient records were stored securely.

All staff had signed a confidentiality agreement.

Engagement with patients, the public, staff and external partners

The service encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged with patients in the delivery of the service. Patients' views were collected after every appointment by use of a computer tablet at reception.

Continuous improvement and innovation

All staff were involved in discussions about how to run and develop the clinic in weekly meetings, and were encouraged to identify opportunities to improve the service delivered. Improvements had included updating the website and introducing a new computer software package to reduce paperwork.