

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Aesthetic Beauty Centre

2 Ashmore Terrace, Sunderland, SR2 7DE

Tel: 01915672900

Date of Inspection: 23 January 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	Aesthetic Beauty
Registered Manager	Mr. Stephen Steel
Overview of the service	<p>The Aesthetic Beauty Centre Sunderland is a private facility providing cosmetic treatments to day clients using a range of non-invasive or minimally invasive procedures including laser and non-laser technology and treatment techniques. Consultations for invasive surgical treatments are carried out in the service and the surgery is through their Newcastle location.</p>
Type of services	<p>Doctors consultation service</p> <p>Doctors treatment service</p>
Regulated activities	<p>Diagnostic and screening procedures</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p>

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<b>Our judgements for each standard inspected:</b>	
Care and welfare of people who use services	6
Cleanliness and infection control	8
Management of medicines	9
Assessing and monitoring the quality of service provision	11
Complaints	12
<b>About CQC Inspections</b>	13
<b>How we define our judgements</b>	14
<b>Glossary of terms we use in this report</b>	16
<b>Contact us</b>	18

## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 January 2014, observed how people were being cared for and talked with people who use the service. We talked with staff and were accompanied by a pharmacist.

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### What people told us and what we found

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Everyone we spoke with told us they were happy with the services provided by this practice and would recommend the service to family and friends. People told us the service they received was "Brilliant" and "Excellent". They also told us that the staff were "Efficient and friendly" and how the staff were "always willing to help". One person said "I would not go anywhere else and the owner has such a gentle manner".

We found there were suitable arrangements for obtaining people's consent for the care and treatment provided to them. People told us they were always asked for any changes in their medical history at each appointment.

We found that people were protected from the risk of infection because appropriate guidance was followed. People told us that the surgery was always very clean when they visited.

People were protected against the risks associated with medicines management because appropriate arrangements were in place to safely manage them.

The practice reviewed the quality of care and treatment being monitored regularly. This helped to ensure that the service was run in the best interests of the people who were using it.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

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### Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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### Reasons for our judgement

We found that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We spoke with three staff members. There was a spacious patient waiting area and contained patient information leaflets

People's needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan. People's needs were assessed through the consultation process. When people began using the service they met with a member of staff to discuss their needs and expectations. This was followed by a clinical examination, along with an assessment of people's personal medical history; and a discussion regarding the possible risks and outcomes of treatment options.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We looked at four people's records. Records contained clear entries which detailed the examinations, assessments and treatments which had taken place. We saw assessments took into account people's medical histories and their physical and mental health needs.

Some of the treatments offered by the service were carried out at the provider's Newcastle clinic. We were told that the consultant medical practitioner spoke with people on the day of their treatment to talk through the procedure and to answer any questions.

We spoke with two people who used the service. People told us they were happy with the care and treatment they had received. People told us the service they received was "Brilliant" and "Excellent". They also told us that the staff were "Efficient and friendly" and how the staff were "Always willing to help". One person said; "I would not go anywhere else and the owner has such a gentle manner". Other comments we received from people who used the service included, "I have no concerns at all about the treatment here and I have no complaints and the staff are very friendly and professional".

Staff we spoke with told us before providing treatment; they made sure they had a full

updated medical history and details of any changes in medication since their previous visit to the clinic. This enabled them to make the appropriate clinical decisions in the interests of each person.

We saw contemporaneous (completed at the time of the consultation) clinical notes were in place, detailing examination and treatment planning of peoples' individual care. We saw that all people had a treatment plan which they had been involved in developing and had agreed as the basis for their treatment and frequency of how often they needed to visit.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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We had a tour of the clinic premises and saw that the areas visited by people receiving treatment and the equipment used by people were clean and being maintained. People we spoke with told us that they felt that the clinic was clean and people were complimentary about the service provided by the staff. One person told us that, "The clinic is always clean on the occasions I have attended."

Staff we spoke with confirmed that there was system in place for ensuring that each room was cleaned regularly and that a system was in place. We saw cleaning checklists had been recorded however the last entry was dated September 06 2013. There were no other records of cleaning carried out after that period. The provider should note about the importance of maintaining up to date contemporaneous cleaning records.

When we looked at the domestic cupboard we saw only one mop and bucket in use for the whole of the premises. This meant one mop was being used to clean some of the clinical areas and reception areas where the laminate floor required cleaning. We received confirmation from the provider soon after our visit informing us three separate mops and buckets had been purchased and cleaning schedules revised paying due regard to the code of practice for health and adult social care on the prevention and control of infections and related guidance.

Hand sanitisers were available at the entrance to the clinic, however the expiry date on the bottle was December 2011. We received confirmation from the provider soon after our visit appropriate hand sanitisers had been purchased. Staff wore protective personal equipment (PPE) including aprons and gloves as needed and these uniforms were clean and tidy.

There was a system in place to ensure that used (dirty) and clean instruments were kept separate before they were placed in the steriliser called an autoclave. We saw that checks had been carried out to ensure that the decontamination equipment was functioning as it should be. We saw there were up to date maintenance records with contract specialists who service the autoclave machine. These records were important for infection control.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to safely manage them.

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## **Reasons for our judgement**

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We looked at how medicines were stored and handled, and reviewed the records of some people who had received treatment at the centre.

Appropriate arrangements were in place for the ordering and receipt of medicines. Records were maintained of all medicines received and batch numbers were recorded to assist in identifying any medication if implicated in a product recall. We saw that copies of drug alerts received by the provider were actioned and medicines removed and returned to the supplier if necessary. These records confirmed that a limited range of medicines were administered to people receiving treatment on site. The manager told us that this was due to the types of procedure that took place on site.

Medicines were kept safely in a lockable fridge and cabinet. Medicines requiring refrigeration were stored within the appropriate temperature range and temperatures were recorded regularly.

We were told that medicine expiry dates were checked as part of the regular audit of medicines but had not been completed since January 2013. The provider may find it useful to note that we found a number of partly used tubes of creams and ointments in the fridge, medicines cabinet and in the laser treatment room. We were told that these items were not in use and should have been sent for disposal. We discussed with the manager more frequent checks on medicines stock and dating creams and ointments when first opened to improve stock control.

Appropriate arrangements were in place in relation to the recording of medicines. We reviewed two people's care records and saw that medicines which had been given during procedures, or supplied to take home, had been properly recorded. We were told that if people required medicines to take home then a prescription was usually written for subsequent dispensing in a pharmacy. If treatment needed to be started immediately then sealed manufacturers packs of medicines were supplied by the clinic and fully labelled before issue.

We saw that a supply of oxygen was available for use in emergencies and this was checked regularly. However, the staff could not locate a supply of adrenaline injection in

the clinic which might be needed in an emergency to treat an adverse reaction to a medicine administered in the clinic. The manager told us that they would obtain a supply of adrenaline urgently.

We received confirmation from the clinic manager within 48 hours of our visit that a supply of adrenaline had been obtained and all out of date creams and ointments had been removed.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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The provider conducted audits of the service as a way of assessing and monitoring the quality of care and treatment provided. These included a complaints procedure explaining how people using the service could make a complaint and the action they should expect following a complaint. There were also patient satisfaction surveys undertaken. The last one was in November 2013. We spoke with two people who told us that they were always encouraged to give feedback either by writing or verbally to the registered manager and they felt that this was acted upon. This information was then used and analysed by the provider and used to improve practice on an on-going basis.

The manager also undertakes regular quality assurance audits including audits of clinical records to ensure they are appropriately completed, medication audits, and audits of the consent forms to ensure staff had appropriately filled them out. The results of the audit were later shared and discussed with staff.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available.

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### Reasons for our judgement

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The people using the service were given information about how to complain to Aesthetic Beauty Centre should they need to.

This information was available in the waiting room and the staff were clear about how this process would be managed.

Aesthetic Beauty Centre had a complaint policy which included a local resolution process. It also included information regarding data protection and how people would access their health records.

We were told that they had documentation for verbal and written complaints and guidance on how they should be recorded. We saw the guidance on how complaints would be managed and spoke to the staff who understood the process.

We were told the service had received no complaints in the previous 12 months and therefore could not look at a completed complaint record.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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