

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

Star Clinic

Milton Hall, 244 Deansgate, Manchester, M3 4BQ

Tel: 08717054565

Date of Inspection: 04 February 2013

Date of Publication: February 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Star Clinic Limited
Registered Manager	Dr. Andrea Marando
Overview of the service	Star Clinic provides a range of surgical and non surgical cosmetic treatments.
Type of service	Doctors consultation service
Regulated activity	Surgical procedures

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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'.

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Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 February 2013 and talked with staff.

What people told us and what we found

Due to the nature of the service we did not have the opportunity to speak with people who had used the service. We therefore spoke with the provider who is also the surgeon who carried out the cosmetic treatments and looked at documents and records relating to people who had received treatment or had sought information about treatments. We found that Star Clinic provided service users with appropriate information and support in relation to their treatment.

We looked at comments made by people who had used the service in a patient and colleague feedback report that had been carried out by the provider in November 2012. Without exception, all comments made by people who had experience of using the service were extremely complimentary of both the treatment they had received and the conduct and professionalism of the provider and staff at the clinic. Many of the people that had responded had returned to the clinic for further treatments.

We found that the provider maintained appropriate standards in relation to cleanliness and infection prevention and control. They also had systems in place to monitor the quality of the service provided.

The provider is also the Cosmetic Surgeon for the practice and is the registered manager. The term provider has been used throughout the report for clarity.

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

More information about the provider

Please see our website 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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

People who used services understood the care and treatment choices available to them. People's privacy, dignity and independence were respected.

Reasons for our judgement

Due to the nature of the service we did not have the opportunity to speak with people who had used the service. We therefore spoke with the provider who is also the surgeon who carried out the cosmetic treatments and looked at documents and records relating to people who had received treatment or had sought information about treatments.

We spoke with the provider who told us that an initial assessment would be carried out as part of the first consultation with the person seeking treatment. A discussion would be had that detailed the various and most suitable options available to the person along with the cost of the treatments. People were then asked to sign a consent form and they were provided with a copy of this document.

All treatments would be carried out by the provider at a chosen hospital and available dates for surgery would be provided to the person once they had agreed they wanted the proposed treatment(s) to be carried out.

We looked at four service users' records. In these files we found that a comprehensive assessment was in place which included details of the persons full medical history, any known allergies and a detailed treatment record. Full details of any previous treatment(s) were also seen. Each file contained a signed consent form which clearly indicated the cost of treatment. The cost of treatment was based on individual requirements but a 'general' treatment price list was also available for people to take away with them.

We saw that information was available in the reception and waiting area for patients to read. This included information about the services available and the qualifications of the provider and also details of how people could make a complaint or make suggestions for improvement.

All consultations took place in the privacy of the providers' consultation room and minor treatment such as botox injections took place in a single occupancy treatment room.

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

Our judgement

The provider was meeting this standard.

People experienced safe and appropriate care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Due to the nature of the service we did not have the opportunity to speak with people who had used the service. We therefore looked at records and other documentation available, to assess if people experienced safe and appropriate care, treatment and support that met their needs and protected their rights.

We looked at comments made by people who had used the service in a patient and colleague feedback report that had been carried out by the provider in November 2012. Without exception, all comments made by people who had experience of using the service were extremely complimentary of both the treatment they had received and the conduct and professionalism of the provider and staff at the clinic. Many of the people that had responded had returned to the clinic for further treatments.

In the waiting room we saw evidence of many 'thank you' cards and, again, all were very complimentary about the service and treatment(s) received.

We looked at four service users' files. We found that a comprehensive assessment was in place for each which included their previous medical and health history. A treatment record was also in place which had been updated after each consultation/treatment and showed when treatment had been modified following further consultation with the person and to meet their needs.

Risk assessments were in place for a range of areas including matters of health and safety such as, sharps injury and fire safety. There was also evidence to demonstrate that the provider had discussed the potential risk and benefits of proposed treatments with people. This demonstrated that the provider had taken appropriate action to manage and reduce risks to service users, staff and visitors.

Evidence was also seen on the files seen to demonstrate that post operative consultations had been carried out with the person to ensure they were happy with the treatment they had received.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People using the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Due to the nature of the service we did not have the opportunity to speak with people who had used the service. We looked at the comments made by people in the completed survey questionnaires they had returned to the clinic following their treatment and in the 'thank you' cards they had sent into the clinic. Comments made indicated that people felt safe and comfortable when using the services of the clinic and knew how to raise a concern or complaint if not.

We spoke with both the provider and patient coordinator about safeguarding procedures. They were able to tell us the correct procedure to follow if they suspected abuse had occurred or an allegation of abuse was disclosed to them.

We saw evidence that both had completed Safeguarding Adults training and the provider confirmed that this training would be reviewed and updated annually. The provider was also very clear about their role in reporting potential safeguarding incidents to the local authority.

Policies and procedures relating to Safeguarding Vulnerable Adults were available and details of how to contact the local authority were also included.

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

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. Treatment was provided in a clean, hygienic environment.

Reasons for our judgement

We looked around the clinic and found that it was clean and tidy. In the consultation room was a hand washing guidance poster which was displayed next to the stainless steel sink and hand wash and paper towels were available. The only person who would use this facility would be the provider, who is also the Cosmetic Surgeon for the practice. Cleaning schedules were in place for each room and we could see that the provider had signed these checks once cleaning had been satisfactorily completed.

There was a small treatment room, primarily used for non surgical procedures such as botox treatments. Sharps such as needles used during this type of treatment were single use which meant that equipment was used once then disposed of. We also saw that sterilised tweezers were single use only and again, following treatment, were disposed of. This indicated that people were treated with equipment that was free from the risk of infection or cross infection. We saw equipment was handled in an appropriate manner and then disposed of in a separate sharps bin.

We saw sharps waste and clinical waste was separated, handled and disposed of in line with best practice guidance. A contract was in place with an approved company for the collection of sharps and clinical waste.

A range of policies and procedures were in place in relation to infection control which gave staff clear instructions as to the expected standards of practice within the clinic. We saw that a full infection control audit of the clinic had been conducted by a professional company that specifically provided support for medical professionals and surgeries. We also saw that the provider carried out a monthly audit of cleanliness and infection control throughout the clinic.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

The staff at the clinic consisted of the provider and the patient coordinator.

The patient coordinator had been employed at the clinic since September 2012 and confirmed that they had received a full induction from the person who had previously held that post. They also told us that the provider of the service had been particularly supportive and carried out a probationary interview with them on completion of their first three months in employment at the clinic.

They confirmed that a full interview, reference check and enhanced Criminal Record Bureau disclosure check had been completed before they commenced working at the clinic. They also told us they had completed general training in health and safety and safeguarding. They confirmed that they were due to complete Life Support training in March 2013.

Daily meetings took place between the provider and coordinator and we saw evidence of the types of issues discussed. This included any concerns raised by people using the service, new enquiries, patients due for surgery and general day to day matters. The coordinator also had the opportunity to discuss their role and any matters relating to their training and personal development.

We saw evidence that the provider kept up their professional development and had completed various training courses, including attending professional seminars abroad. The provider was a member of the Independent Doctors Federation and, as a member, received an appraisal of his professional performance on a regular basis. We saw evidence of the last appraisal which was conducted in December 2012. The comments in this appraisal were extremely positive.

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

Our judgement

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.

Reasons for our judgement

The provider told us that cleaning schedules for the clinic were checked on a weekly basis and that they also conducted monthly clinic audits including health and safety and cleanliness and infection control. We saw completed records to demonstrate this.

We saw evidence that an annual survey was conducted of people using the services of the clinic to determine people's views on the quality of the service provided. Results were then collated. We saw the most recent analysis was for the period year ending November 2012. This reflected satisfaction with the service provided.

Risk assessments were present with evidence of regular review. Risk assessments were in place in relation to equipment, patient safety and the property. This demonstrated that the provider had taken steps to identify, assess and manage risks relating to the health, safety and welfare of the people who used the service.

A complaints procedure and record was in place. We could see that one complaint had been received during 2012 and was under investigation at the time of our visit to the service. We, the Care Quality Commission had received no complaints relating to the service at the time of this review.

We saw that contracts were in place for the servicing and maintenance of equipment by appropriate companies.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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