

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

## Face the Future Limited

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4BY

Tel: 01132827744

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2013

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

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safeguarding people who use services from abuse</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard

## Details about this location

Registered Provider	Face the Future Limited
Registered Manager	Ms. Kate Bancroft
Overview of the service	Face the Future is a small private clinic, specialising in all aspects of skin and body conditions; laser hair removal and anti-aging techniques. The clinic is managed by a Registered Nurse. Face the Future is situated in an out of town location for discreetness with easy access from Leeds and Wakefield city centres.
Type of service	Community healthcare service
Regulated activity	Treatment of disease, disorder or injury

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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

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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 announced 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 18 April 2013, talked with people who use the service and talked with staff.

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### What people told us and what we found

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We found that a full lifestyle and medical history was taken. The treatment options, risks and benefits were discussed with the person who used the service before they signed the consent form. People were given sufficient time and information to make an informed decision about treatment.

We found that people's needs were assessed and treatment was planned and delivered in line with their individual treatment plan. Also that treatment was delivered in a way that was intended to ensure people's safety and welfare.

We spoke with staff who had received safeguarding training and were aware of how to safeguard people. They were able to describe the types of abuse and the action they would take if they suspected abuse. They were confident that any issues would be dealt with promptly by the provider.

We spoke with three members of staff. They told us that they had been interviewed by the provider prior to their appointment and had been required to provide two references. After their appointment they had taken part in an induction programme. Staff said that they were aware of and knew how to access the provider's policies and procedures.

Staff we spoke with told us the registered manager was very approachable, they received regular informal supervision and felt they had sufficient support on a daily basis. They told us access to training was good and they were encouraged and supported to obtain further relevant qualifications.

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

### 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

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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### Reasons for our judgement

We spoke with the registered manager, three members of staff and four people who used the service, as well as reviewing six care records to establish that people were able to give informed consent to their treatment.

The registered manager told us about the consultation process in relation to the treatments provided, including risks and informed consent. People who used the service initially contacted the provider to make an appointment for a free consultation.

At the first consultation a full lifestyle and medical history was taken. The treatment options, the risks and benefits involved were discussed with people before they signed and dated the consent form.

People were given the consent form, the treatment plan including costs and the relevant information literature to take away to read and consider. This was to give people time to make a decision about the treatment prior to the commencement of any proposed treatment.

Following the initial consultation people still wishing to use the service then contacted the clinic for a further appointment, the clinic did not pressurise people to commence treatment. The members of staff and people who used the service we spoke with confirmed that this was the process followed.

The registered manager, staff and people who used the service all told us, that at each appointment, people were required to confirm consent to treatment, and any changes to medical history was rechecked, updated where necessary, signed and dated.

We reviewed six care records. All showed there was documentation about each person giving written consent to their care and treatment, as well as evidence that a discussion

took place about proposed treatment plans. The records showed that the care provider had ensured that people were able to give valid consent. They also demonstrated that risks and benefits of treatment were explained, as well as people's goals and expectations from the treatment.

We spoke with three members of staff who were able to explain their understanding of when and how to obtain consent. The clinic had up to date policies and procedures for consent and the use of chaperones in place.

The provider explained that due to increased demand for a specific acne treatment, following careful consideration they had decided to provide this specific treatment to children over 14 years of age. The registered manager and staff we spoke with told us that to ensure that consent was carried out appropriately in accordance with legal requirements the child would need to meet the 'Fraser guidelines' (in 1985 the House of Lords and the Law Lords, Lord Scarman, Lord Fraser and Lord Bridge ruled "...whether or not a child is capable of giving the necessary consent will depend on the child's maturity and understanding and the nature of the consent required. The child must be capable of making a reasonable assessment of the advantages and disadvantages of the treatment proposed, so the consent, if given, can be properly and fairly described as true consent.") before consent was taken. If they did not meet these guidelines the parents would have to provide the consent for the treatment.

The provider informed us that one member of staff; an RGN (Registered General Nurse) was the child protection lead within the clinic. This person had undertaken training in the Protection of Children and rolled out this training to the staff. We saw a document, signed by each member of staff who had been updated.

We looked at the patient guide. This included the statement of purpose; terms and conditions of services; contract of provision of services; complaints procedure; patient survey summary and Care Quality Commission (CQC) contact details.

During our inspection we spoke with four people who used the service. They all told us they were fully involved in decisions about their treatment, that the options were explained and the risks and benefits were made clear. People also told us that the staff were very good at explaining the treatment they received.

People said they felt they were given appropriate information and support regarding their treatment. This included information about treatment after care and contact details to ask questions or seek advice at any time, even out of hours.

One person told us that at their first consultation, the provider had explained that due to an existing medical condition, the treatment requested was not appropriate. This person said "I was very impressed with this, it made me really feel like an individual. I was not railroaded into an unsafe treatment for me just to make money, my medical history was clearly taken into account and I was not pushed to choose an alternative."

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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We used a number of different methods to help us understand the experiences of people who used the service, including talking to people, staff and looking at records. We found that people's needs were assessed and treatment was planned and delivered in line with their individual treatment plan. Also that treatment was delivered in a way that was intended to ensure people's safety and welfare.

We looked at six care records. We saw that all the treatment plans included details of people's past medical history; ongoing signed and dated consent; a record of treatment given, including the area treated and any comments; advice of cost, frequency of treatment and if any future 'top ups' were necessary. We saw that treatment plans were reviewed each time they came to the clinic to make sure people's changing needs were identified and met. The provider explained that treatment was not advised if the person's reasons and expectations were unlikely to be met.

The registered manager and staff we spoke with told us that the care records were updated at every visit. The individual member of staff providing the treatment was responsible for updating these records. The care records were kept in locked filing cabinets.

During this visit we spoke with four people who used the service. Comments included:

"I like the friendliness of staff and their professionalism."

"I feel I can trust them, they have empathy with my condition and understand."

"I have recommended this clinic to other people, that's how good the treatment I've received is."

"They don't push you into anything, they make you go away and think about the treatment you want."

"It's a lovely atmosphere."

Staff told us people received good care and their needs were appropriately met. They said there were good systems in place to make sure people were supported before, during and after treatment. Staff also said people were encouraged to contact the staff if they had any concerns. They said every person had an individual treatment plan which was person

centred and they considered them as individuals. Staff said they found the treatment plans easy to use and informative. Staff we spoke with had a clear understanding of their roles and responsibilities within the team, and were knowledgeable about the treatments.

There were arrangements in place to deal with possible emergencies. Staff said they were trained in emergency first aid and were up to date with training. We saw evidence that staff had received emergency first aid training.

The provider also had policies in place for risk management; treatment of anaphylaxis as well as critical and untoward incident reporting. These were signed and dated by all staff.

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

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## **Our judgement**

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The provider was meeting this standard.

People who use 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.

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## **Reasons for our judgement**

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We looked at how the service protects people from the risk of abuse. We spoke with staff and found they were aware of how to safeguard people. They were able to describe the types of abuse and the action they would take if they suspected abuse. Staff we spoke with had received safeguarding training and understood how to report any concerns or allegations of abuse. They were confident that any issues would be dealt with promptly by the provider.

We looked at the training records within staff files, which showed that all staff had received safeguarding training. People who used the service told us they felt safe and they would speak to staff or the owner if they were worried or concerned about anything.

We looked at the provider's safeguarding policy and procedures. The policy described staff roles and responsibilities, the identification of abuse and the procedure for reporting abuse. To safeguard children, the provider discouraged children under the age of 14 years from attending the clinic with their parents, as there were no facilities to look after children, whilst parents undertook treatment. Also children under the age of 14 years were not treated within the clinic.

We saw that people were at ease and relaxed with staff and their surroundings and staff treated people with consideration and in a manner which protected their safety and comfort. People who used 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.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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We looked at the policies the provider had in place for the recruitment and selection of staff; induction; recording professional registration; training and continuous professional development. The recruitment and selection policy described the appointment process and the management of new starters.

We saw evidence that the induction process included fire, resuscitation, health and safety training. Induction also incorporated how to access further training and development as well as the appraisal and complaints process. The staff were required to sign to confirm they had read and understood the policies.

The record of professional registration policy required staff to complete a fitness to practice questionnaire and provide a full career history, validated evidence of registration, a CV (Curriculum Vitae) and evidence of date of birth.

We spoke with three members of staff. They told us that they had been interviewed by the provider prior to their appointment and had been required to provide two references. After their appointment they had taken part in an induction programme including shadowing and mentoring. The registered manager and the records we looked at confirmed this. Staff said that they were aware of and knew how to access the provider's policies and procedures.

We looked at five staff personal files. We saw evidence that appropriate checks were undertaken before staff began work. Staff files included a contract of employment, job description, statement of fitness to practice and pre employment checks, including references and criminal records bureau checks.

The staff files we looked at also contained the training record. We saw that all staff had recently attended training for infection control; safeguarding; resuscitation; fire and consent, amongst other previous relevant training.

We reviewed the monthly staff meeting minutes, these covered working hours; clinic closure for holidays; audits; treatments; complaints process and training. The provider explained that circumstances had prevented the staff meetings from being held since

December 2012. However there were plans in place to hold the next one in April 2013 and continue them each month. The members of staff we spoke with told us they found the staff meetings useful and looked forward to them starting again.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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Staff we spoke with told us they enjoyed working at the clinic, the registered manager was very approachable, they received regular informal supervision and felt they had sufficient support on a daily basis. Staff told us access to training was good and they were encouraged and supported to obtain further relevant qualifications.

Staff received appropriate professional development. We reviewed five staff files which showed evidence of staff attending statutory training such as safeguarding, resuscitation, fire and infection control as well updating specialised treatment skills. These records confirmed that staff were well trained and that training was regularly updated. Therefore people received care from a well informed staff team whose practice was up to date.

We looked at staff annual appraisals records. These included a review of objectives; training; objectives for the next 12 months; development of additional skills and future aspirations.

## 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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