

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

Nu Cosmetic Clinic Ltd

33A Rodney Street, Liverpool, L1 9EH

Date of Inspection: 13 February 2013

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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
Management of medicines	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Nu Cosmetic Clinic Ltd
Registered Manager	Mr. Niraj Manglam
Overview of the service	Nu Cosmetic Clinic Ltd is an independent healthcare provider registered to carry out surgical procedures and treatment of disease, disorder or injury. The clinic is located in Liverpool city centre, close to public transport links. The clinic has a reception area, consultation and treatment rooms.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Surgical procedures Treatment of disease, disorder or injury

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
<hr/>	
Summary of this inspection:	
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
<hr/>	
Our judgements for each standard inspected:	
Consent to care and treatment	5
Care and welfare of people who use services	6
Management of medicines	7
Requirements relating to workers	8
Complaints	9
<hr/>	
About CQC Inspections	10
<hr/>	
How we define our judgements	11
<hr/>	
Glossary of terms we use in this report	13
<hr/>	
Contact us	15

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 13 February 2013, talked with staff and received feedback from people using comment cards.

'We also reviewed other relevant records held by the provider.'

What people told us and what we found

On the day we visited Nu Cosmetic Clinic Ltd there were no people available for us to speak with. During our visit we reviewed feedback from people who had used the service, who stated they were treated respectfully and were happy with the care and treatment they received. Comments from people who had used the service included:

"I am more than happy with the care and treatment I received".

"Staff were wonderful".

"The aftercare has been great".

We saw that arrangements were in place to deal with foreseeable emergencies including appropriate staff training and the provision of items for use in an emergency. People were treated by staff who were appropriately recruited, well trained and experienced at supporting them.

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.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any treatment they were asked for their consent and the provider acted in accordance with their wishes. During our visit we reviewed a sample of patient records which contained evidence that patient consent had been obtained prior to the undertaking of any clinical procedures. Each consent form was signed by both the patient and the surgeon. Patient files contained signed copies of consent forms for the procedure, as well as evidence of consent for information to be shared with their general practitioner and, if relevant, for clinical photographs to be taken. Only people aged 18 years and older were treated by the clinic.

Patients were provided with appropriate written information about their chosen procedures, which included long term and post operative risks associated with the relevant procedure as well as other treatment options available. Staff we spoke with told us that following the initial consultation, clients were offered a period of time in which to reflect on their decision to undergo treatment or surgery. The results of a recent survey carried out by the provider showed that 96% of patients felt all their questions could be answered at their consultations and 100% of patients felt that the information provided to them was well presented and easy to understand.

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

Our judgement

The provider was meeting this standard.

People experiences care and support that met their needs and protected their rights.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We reviewed six peoples' treatment records and found evidence of appropriately completed records in respect of people's initial consultation and the treatment delivered, including consent. There was evidence of communication between consultants and people's General Practitioners' prior to any surgical procedures being carried out.

We looked at the case notes for a sample of people who used the service. We saw that each set of notes recorded each individual's medical history including any allergies they experienced or medications they were taking. Where applicable, this information was reviewed on subsequent visits. A full appointment history/chronology of treatment and record of any follow up to previous treatment where applicable were well recorded. The staff we spoke with were knowledgeable about their roles and responsibilities in familiarising themselves with people's needs and the actions required to meet and record the provision of those needs.

Staff at the service told us about the range of treatments and surgical procedures available. We saw that information was provided to people in a format they could understand and information was available in leaflets in the waiting room, on the provider's website and through consultations with clinical staff. A chaperone service was available for all consultations, as well as access to translation services.

There were arrangements in place to deal with foreseeable emergencies. We saw evidence that staff had received fire safety training, including the use of extinguishers. Staff told us they knew to contact emergency services '999' in the case of an emergency at the clinic. Staff had also received training in first aid and Cardiopulmonary resuscitation (CPR). They also told us patients were given a 24 hour emergency telephone number to enable them to contact staff, or the surgeon for support and guidance following any surgery. We saw this recorded in the aftercare information the patient received.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Medicines were handled appropriately. The provider had a policy in place for the management of medicines, this included medicines ordering, storage, disposal and return. Whilst there had been no concerns raised regarding the handling or administration of medicines, the provider's policy provided guidance for actions to be taken in the event of a medication error. At the time of our visit, the annual review of the provider's medication policy was overdue. We discussed this with the registered manager, who assured us this review would be carried out following our inspection.

Medicines were disposed of appropriately. The service had an arrangement in place for the return and disposal of medicines. Sharps bins and appropriate clinical waste disposal was available in clinic rooms and arrangements were in place for the appropriate handling of clinical waste.

Medicines were kept safely. A select number of medicines were stored at the service and these were securely stored in a locked fridge. Fridge temperatures were checked regularly by staff and recorded. No controlled drugs were held at the service.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Appropriate checks were undertaken before staff began work. During our inspection we spoke with the registered manager about the recruitment process for staff employed by Nu Cosmetics. We heard how their recruitment process ensured all staff underwent the appropriate pre-employment checks, including references and for some staff criminal records checks, before starting work. We looked at a sample of five staff personnel files and saw these contained a contract of employment, full employment history, satisfactory references, proof of identification and a risk assessment for whether or not a criminal records check was required. Evidence of registration with the appropriate professional bodies were also checked and a log held by the provider.

Staff we spoke with told us they felt well supported and that they received regular training updates, as well as supervisions and appraisals with their line managers. They stated that when they joined the service, they had completed a period of induction and mandatory training, as well as spending time shadowing more experienced members of staff. All staff complete a three month period of probation before confirmation of permanent employment.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People's complaints were fully investigated and resolved, where possible, to their satisfaction. We also saw information about how to make a comment or complaint displayed on the provider's website, as well as in patient information leaflets. Staff told us that they knew how to address any complaints that they received or were aware of and outlined how they would address these with the support of senior staff.

An annual log of complaints was held by the registered manager and during our inspection, we reviewed recent complaints received by the service and how they were managed. We discussed actions taken following complaints in the past, which included reviewing and amending patient information packs. This also included, when possible, feedback to the complainant. We saw evidence that patients were asked to complete surveys and offer feedback to the provider regarding their experience. We also saw that completed patient experience survey forms were generally positive about the care and treatments provided. This feedback was then analysed to look for any trends and possible areas of service improvement.

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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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