

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

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting 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. There is a car park in front of the building.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Surgical procedures 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

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 3 October 2013, talked with people who use the service and talked with staff.

What people told us and what we found

On the day we visited Nu Cosmetic Clinic Ltd there were no patients attending the clinic for us to speak with. We were able to speak with four patients who had received care and treatment at the clinic over the telephone. We also reviewed feedback from patients who had completed a satisfaction survey this year. All patients stated they were treated respectfully and were very 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 found that patients were given plenty of good understandable information in respect of the services provided and specific treatment and care. This was in written and verbal format. Patients were fully informed and involved in their care or treatment.

We found that patients care and treatment was assessed, planned and delivered in order to meet their needs.

Staff were inducted, trained and supervised appropriately and told us they were well supported by the manager and provider.

We found that complaints were addressed appropriately and outcomes recorded

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

The provider had a statement of purpose that was displayed in the waiting room and was also available in braille format. We saw a patients guide that contained all relevant information in respect of the provider, services provided, treatment costs, complaint procedure and contact details. There were a number of treatment and operation specific information guides which were given to patients at consultation and post operatively.

We found that patients were provided with appropriate written information about their chosen procedures, which included complications, long term risks, peri-operative risks and other treatment options available. Patients confirmed they were given plenty of good written and verbal information at all stages of their care. We were told:

"I was able to see three different surgeons at the clinic and spent 30-40 minutes with each. They thoroughly explained everything to me and didn't pressurise me at all. I was able to make an informed decision as to who performed the operation and the exact treatment I would have".

This meant that patients were given information they understood and were able to make informed choices.

We were told by patients we spoke with and staff that following the initial consultation patients were offered a period of time in which to reflect on their decision to undergo treatment or surgery. Patients told us they were always treated with dignity and respect. A chaperone was always offered at consultation. We saw the chaperone policy was displayed and information regarding chaperones was included in the information guide.

The results of a recent patient experience survey carried out by the provider showed that 96% of patients felt all their questions were answered at their consultations and 100% of patients felt that the information provided to them was well presented and easy to understand.

This meant that patients had their views and experiences taken into account and were treated with dignity and respect.

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

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.

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 patients' treatment records and found evidence of appropriately completed records in respect of patient's initial consultation and assessment and the treatment delivered, including consent. There was evidence of communication between consultants and patient's General Practitioners' prior to any surgical procedures being carried out.

We spoke to four patients who had received care at the clinic. They told us they were all very pleased with the service provided to them. They said:

"It's excellent, well above my expectations",

"I am really, really pleased with the care. They offer a totally different and better service to any of the other clinics I know",

"The care and support was fantastic, the aftercare is particularly very good",

"I was very impressed, they are excellent. The surgeon was very welcoming and explained everything to me".

We saw that each set of notes recorded individual's medical history including any allergies they had 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.

There were arrangements in place to deal with emergencies. In each room there was an emergency procedures and contingency plans notice displayed. This contained information in respect of medical emergencies and utility failures. We saw evidence that staff had received fire safety training, training in first aid and cardiopulmonary resuscitation (CPR). We discussed medical emergencies with staff who told us they knew to contact the emergency services via '999' in the case of an emergency at the clinic. We saw there was emergency equipment available which included an automated external defibrillator, a manual self-inflating resuscitator (Ambubag) and airways. We found that not all staff had

been trained in or felt confident in using this equipment. There was no oxygen cylinder accompanying the equipment, yet the Ambubag had oxygen tubing attached. There was no evidence of regular checks of the equipment to ensure it was in working order. The manager told us they would review the emergency equipment to ensure it was suitable.

Patients told us about and we saw information regarding a 24 hour emergency telephone number to enable them to contact staff, or the surgeon for support and guidance following any surgery.

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

Our judgement

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.

Reasons for our judgement

We saw that the provider had a policy for safeguarding and protection of children and young adults and a vulnerable and disadvantaged adult protection policy. The provider may find it useful to note that there was no reference to and no local authority (Liverpool) safeguarding policy and guidance information for staff to refer to.

We saw that staff had received training in safeguarding in the last two years. We talked to staff who demonstrated a basic knowledge and awareness in safeguarding and protection of vulnerable adults and children.

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

Staff we spoke with told us they felt well supported and that they received regular training updates. We were told about the induction programme undertaken. This included environmental induction and awareness of policies and procedures. We saw evidence of a completed induction for one recently employed member of staff. Staff completed a three month period of probation before confirmation of permanent employment.

We were also told about supervision and appraisal processes that took place. Clinical supervision was available for clinical staff. Most of the clinic staff we spoke with told us they received regular six monthly appraisals and supervision; however the provider may find it useful to note that one nurse we spoke with told us they had not received an appraisal at the clinic and had worked there for three years. We saw documented evidence of other staff appraisals within their files.

Clinical professionals told us about their continuous professional development (CPD) they were required to undertake to ensure compliance with professional registration requirements. We saw evidence that demonstrated all clinical professionals were registered with their relevant professional regulatory body. The provider regularly monitored their registration in order to ensure they remained fit to practice.

We saw the training plan and record of training (matrix). This demonstrated that most of the staff were up to date with their requirements to undertake a selection of mandatory topics at various intervals decided by the provider. These topics included information governance, infection control, safeguarding adults and children, basic life support and emergency situations, fire safety and manual handling. Training was undertaken via eLearning or face to face with an external trainer.

There was a whistleblowing policy and procedures in place. Staff we spoke to told us they felt confident in reporting any issues and all felt well supported by the clinic manager and corporate management team.

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

We saw information about how to make a comment or complaint displayed on the provider's website, as well as in patient information leaflets. The complaints policy did not however have information on how to make comments in respect of the service to the Care Quality Commission.

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. The log we saw contained information in respect of complaints for the year 2012. We looked at some complaints for 2013 however these had not been entered onto the log. The manager told us this would be rectified immediately. We reviewed recent complaints received by the service and how they were managed. People's complaints were fully investigated and resolved, where possible, to their satisfaction.

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.

Patients that we spoke with told us they were aware of how to complain if they needed to and had seen information within the information leaflets they had been given.

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.

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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