

# EK Clinic

## Inspection report

43 High Street  
Brackley  
NN13 7BW  
Tel: 07926129054  
www.expertiseinaesthetics.co.uk

Date of inspection visit: 8 August 2022  
Date of publication: 21/09/2022

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Overall summary

We carried out an announced comprehensive inspection at EK Aesthetics on 8 August 2022.

This was the first inspection of the clinic since it was registered with CQC in April 2021.

We based our judgement of the quality of care at this service on a combination of:

- What we found when we inspected.
- Information from our ongoing monitoring of data about services.
- Information from the provider, clients, the public and other organisations.

How we carried out the inspection:

During the inspection, we visited all areas of the service. We spoke with the registered manager, who is a nurse prescriber. We also spoke with a nurse prescriber who was employed by the service. We reviewed comments from clients collected by the service. We reviewed five sets of client records.

We have rated this service as Good overall.

We found that:

- The service had good systems to ensure clients received safe and effective care and treatment.
- There was an effective system to identify and safeguard people from abuse.
- The service ensured that care and treatment was delivered according to evidence-based guidelines and reviewed the appropriateness of care provided.
- Staff treated people with kindness, dignity and respect. The service had received positive client feedback.
- Clients could access care and treatment when it was convenient for them and within short timescales.
- There was a focus on learning and improvement and staff professional development.

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

**Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services**

## Our inspection team

Our inspection team was led by a CQC Inspector and included a nurse specialist advisor.

## Background to EK Clinic

EK Aesthetics is operated by EK Clinic Ltd. The clinic is based in Brackley in Northamptonshire. Facilities include two clinic rooms and a reception area.

The clinic provides certain procedures which are within the scope of the provider's registration with CQC that are non-surgical interventions that involve prescribing medicines for hayfever and to support with weight loss. Also, Botox to treat hyperhidrosis.

The clinic offers other cosmetic procedures such as Botox and fillers which are outside the scope of the providers' registration with CQC.

The clinic manager is the owner and a nurse prescriber. There is also a nurse prescriber employed by the service.

The clinic is registered to provide the following regulated activities:

- Treatment of disease, disorder or injury.

Clinic opening hours are:

Monday to Saturday 9am to 6pm (9am to 8pm two days a week between Monday and Friday)

Sunday closed

# Are services safe?

## Safety systems and processes

### The service had clear systems to keep people safe and safeguarded from abuse.

- The service had appropriate safety policies, which were regularly reviewed and communicated to staff. There was a safeguarding policy which was reviewed annually. Staff had completed appropriate safeguarding training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support clients and protect them from abuse. Staff took steps to protect clients from abuse, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate, including Disclosure and Barring Service (DBS) checks.
- There was an effective system to manage infection prevention and control. The service had robust audit schedules and completed a full infection prevention and control audit every month, including checks on preventing the spread of COVID-19. We saw the last audit was carried out in July 2022.
- Legionella risk assessments were in place and we saw they had been reviewed in July 2022.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste, including a waste collection agreement with an external company.

## Risks to patients

### There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning the number and mix of staff needed.
- Staff understood their responsibilities regarding managing emergencies as well as recognising those in need of urgent medical attention.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. The service did not keep a defibrillator on site but had a risk assessment in place, and access to one within walking distance if needed in an emergency.

## Information to deliver safe care and treatment

### Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept clients safe. We reviewed five sets of client records which showed information needed to deliver safe care and treatment was available to relevant staff in an accessible way. Clinical notes were thorough and clear.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

## Safe and appropriate use of medicines

### The service had reliable systems for appropriate and safe handling of medicines.

- There were systems and arrangements for managing medicines. No medicines within scope were stored on site, as they were prescribed directly to clients.
- The service did not prescribe controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).

# Are services safe?

- Nurse prescribers prescribed medicines to clients and gave advice on medicines in line with legal requirements and current national guidance.
- There was an aesthetic lead doctor who offered advice and support relating to prescribing who worked on a consultancy basis for the service.

## **Track record on safety and incidents**

### **The service had a good safety record.**

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## **Lessons learned and improvements made**

### **The service learned and made improvements when things went wrong.**

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. There had been no significant events in the last 12 months.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons and took action to improve safety in the service.
- We saw the service had systems in place to enable staff to keep a log of clinical incidents and action taken. There had been no incidents in the last 12 months.
- The service was aware of and complied with the requirements of the Duty of Candour. Managers encouraged a culture of openness and honesty.
- The service acted on and learned from external safety events as well as medicine safety alerts. The service had an effective mechanism in place for sharing safety alerts with the team.

# Are services effective?

## Effective needs assessment, care and treatment

**The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed clients' needs and delivered care and treatment in line with current legislation, standards and guidance.**

- Clients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental wellbeing.
- Clinicians had enough information to make decisions about a course of treatment.
- We saw no evidence of discrimination when making care and treatment decisions.

## Monitoring care and treatment

**The service was involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. For example, the registered manager was a member of Aesthetics Complications Experts (ACE) and could access up to date guidance about treatments. The service consulted with a lead aesthetics doctor to share concerns, seek advice and promote improvements in the service.
- The service made improvements using audits. The manager oversaw the auditing process, action planning and completion of actions. For example, a monthly audit of client records had been completed to check that processes had been followed.

## Effective staffing

**Staff had the skills, knowledge and experience to carry out their roles.**

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (nursing) were registered with the Nursing and Midwifery Council (NMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time for training. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop their skills.

## Coordinating patient care and information sharing

**Staff worked together, and worked well with other organisations, to deliver effective care and treatment.**

- Clients received coordinated and person-centred care. Staff referred to and communicated effectively with other services when appropriate. For example, before weight loss medication was prescribed, staff would liaise with the client's GP if indicated by the client's assessment.
- Before providing treatment, staff at the service ensured where relevant they had adequate knowledge of the client's health and medical history.
- All clients were advised to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Client information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

# Are services effective?

## Consent to care and treatment

### **The service obtained consent to care and treatment in line with legislation and guidance.**

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported clients to make informed decisions.

# Are services caring?

## Kindness, respect and compassion

### Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care clients received. This included asking for feedback following appointments and collecting online feedback. Where clients provided feedback, staff sent a response to acknowledge positive comments or to acknowledge concerns.
- Feedback from clients was positive about the way staff treat people and the service provided.
- Staff understood clients' personal, cultural, social and religious needs.
- The service gave clients timely support and information.

## Involvement in decisions about care and treatment

### Staff helped patients to be involved in decisions about care and treatment.

- The service was able to arrange interpretation services if required and clients also had the option of arranging their own.
- Clients had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

## Privacy and Dignity

### The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.



# Are services responsive to people's needs?

## Responding to and meeting people's needs

**The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.**

- The provider understood the needs of their clients and improved services in response to those needs. For example, providing a range of available appointment times, including evenings and a Saturday clinic.
- The facilities and premises were appropriate for the services delivered.
- There was a ground floor treatment room if needed.

## Timely access to the service

**Patients were able to access care and treatment from the service within an appropriate timescale for their needs.**

- Clients had timely access to initial assessment, treatment and post treatment care.
- Waiting times were short and managed appropriately.

## Listening and learning from concerns and complaints

**The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available. Staff treated clients who made complaints compassionately.
- We saw there had been no formal complaints in the previous year. Any verbal comments that were not formal complaints were recorded for learning.
- The service informed clients of support available to them should they not be satisfied with the outcome of their complaint or how the complaint was handled.
- The service had complaint policy and procedures in place.

# Are services well-led?

## Leadership capacity and capability;

### Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The registered manager was a trainer in aesthetic medicine and kept up to date with current guidance and practice.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## Vision and strategy

### The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

## Culture

### The service had a culture of high-quality sustainable care.

- Staff we spoke with explained that they felt respected, supported and valued.
- The service focused on the needs of clients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included annual appraisal and career development conversations. Staff had time to complete mandatory training.
- The service actively promoted equality and diversity. Staff had received equality and diversity training.

## Governance arrangements

### There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities.
- Leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Policies were reviewed and updated regularly and had been reviewed in the last year.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of client identifiable data, records and data management systems.

# Are services well-led?

## Managing risks, issues and performance

### **There were clear and effective processes for managing risks, issues and performance.**

- There was an effective process to identify, understand, monitor and address current and future risks including risks to client safety.
- The service had processes to manage current and future performance.
- Performance of clinical staff could be demonstrated through audit of client records and prescribing. Leaders had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

### **The service acted on appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of clients.
- Quality and sustainability were discussed in relevant monthly meetings where staff had sufficient access to information.

## Engagement with clients, the public, staff and external partners

### **The service involved clients, the public, staff and external partners to support high-quality sustainable services.**

- The service encouraged and heard views and concerns from the public, clients, staff and external partners and acted on them to shape services and culture.
- Staff knew the systems in place to give feedback.

## Continuous improvement and innovation

### **There were systems and processes for learning, continuous improvement and innovation.**

- There was a focus on continuous learning and improvement.
- The service made use of internal reviews of incidents and complaints. Learning was used to make improvements.