

Jayne Taylor Aesthetics

Inspection report

57a Highgate Road,
Queensbury
Bradford
BD13 1ED
Tel: 01274965767

Date of inspection visit: 06 March 2023
Date of publication: 20/03/2023

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

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Jayne Taylor Aesthetics. This was the first inspection of this service undertaken by CQC. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Act.

The provider offers a range of medical and non-medical aesthetic and cosmetic services. This includes the treatment of hyperhidrosis (excessive sweating) and bruxism (excessive grinding, or clenching of the teeth and jaw), the use of botulinum toxin to medically treat migraine, medical skin peels, and the provision of vitamin B12 injections. The provider had considered delivering slimming services and polydioxanone (PDO) thread lifts (non-surgical face lift), but at the time of inspection these services were not being delivered.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Jayne Taylor Aesthetics provides a range of non-surgical cosmetic interventions, for example, Botox, dermal fillers and cheek contouring which are not within the CQC scope of registration. Therefore, we did not inspect or report on these services.

The director of Jayne Taylor Aesthetics is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Patient feedback for the service was very positive. A survey conducted by the provider in 2023 showed high levels of patient satisfaction with accessibility, the care they experienced, and the outcomes of the treatments they received.

Online patient reviews were also positive. Of 145 reviews posted on one site, 144 rated the service 5 stars and 1 post rated it 4 stars.

Direct patient views given to CQC via the Give feedback on care online form showed that all 47 submissions from patients were positive about their experience of using the service.

Our key findings were:

Overall summary

The service was provided on a fee-paying basis and was accessible to people who chose to use it.

Patient treatment was safely managed.

The service had systems in place to identify, investigate and learn from incidents relating to the safety of patients and staff.

There were policies, processes and practices in place to safeguard patients from abuse.

Patient notes were comprehensive and detailed.

Patient outcomes, incidents and patient feedback was evaluated, analysed and reviewed as part of quality improvement processes.

Staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.

There was a clear governance framework which supported the delivery of quality care.

The areas where the provider **should** make improvements are:

Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.

Improve the frequency of the monitoring of refrigeration storage temperatures.

Implement actions to record:

- The flushing of the water system as part of Legionella controls.
- The cleaning and disinfection of reusable equipment utilised to treat patients.

Gain assurance that the fixed electrical wiring in the building meets regulatory standards.

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 lead inspector. The team included a second CQC inspector. The team also had access to advice from a CQC pharmacist specialist.

Background to Jayne Taylor Aesthetics

Jayne Taylor Aesthetics operates from:

57a Highgate Road,

Queensbury,

Bradford,

West Yorkshire,

BD13 1ED.

The clinic the service operates from is located on a main roadside position, with on-road parking available. Services are delivered from first floor accommodation above another commercial unit so may not be suitable to potential patients with mobility issues. Patients with mobility issues are assessed by the service to establish if treatment could be provided via alternate arrangements or via referral to other local providers. The service comprises a reception area, 2 treatment rooms and a toilet.

Services are delivered by the provider who is a registered nurse prescriber, and a non-medical aesthetic therapist. The service is supported by a doctor who acts as a medical director.

The service specialises in a combination of medical aesthetic treatments, treatment for certain health conditions and cosmetic procedures, some of which do not fall under the scope of the CQC.

Services are available to adults aged over 18.

The service is usually closed on Tuesdays, but appointments can be offered on those days if a need arises. Regular opening hours are:

Monday 10:00-20:00 (alternate weeks)

Wednesday 09:00-17:00

Thursday 10:00-20:00

Friday 09:00-16:00

Saturday 09:00-15:00

Patients are provided with emergency contact details for the provider who is available as required. Out of hours appointments can be offered in line with the needs of the patient and the capacity of the provider.

Consultations are mainly carried out face to face, although remote consultations can be provided either online or via telephone if required.

The service is registered with the CQC under the Health and Social Care Act 2008 to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Surgical Procedures

How we inspected this service:

We carried out this inspection on 6 March 2023. Before visiting the location, we looked at a range of information that we hold about the service. We reviewed information submitted by the service in response to our provider information request, this included completed staff questionnaires. During our visit, we spoke with the Registered Manager/Director, reviewed documents and clinical records, and made observations relating to the service and the location it was delivered from.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good because:

The provider had developed and implemented processes and procedures to manage safety within the service. Staff had the experience, training and information they needed to deliver safe care and treatment.

Safety systems and processes

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

The provider had conducted safety risk assessments and had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff had received safety information from the service as part of their induction. The service had systems to safeguard children and vulnerable adults from abuse.

The service provided treatment to patients who were 18 years and over. The provider had processes in place to verify the age of persons who sought to access treatment at the clinic.

The service had processes and procedures in place to work with other agencies if required to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, 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. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The service had the ability to provide chaperones if requested. Staff who acted as chaperones were trained for the role and had received a DBS check.

There was an effective system to manage infection prevention and control. However, at the time of inspection there were no records to evidence that water systems had been flushed on a regular basis as a control for Legionellosis. Since the inspection we have been informed that the weekly flushing will be noted on the clinic's cleaning record.

The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There was though no individual record for the cleaning and disinfection of equipment used to deliver services. However, we were informed that it was practice to clean and disinfect equipment prior to each use. In addition to this, since the inspection the provider had amended their decontamination policy, and equipment cleaning was to be recorded on the cleaning schedule for each treatment room.

There were systems for safely managing healthcare waste.

The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

Are services safe?

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

There were arrangements for planning and monitoring the mix of staff needed.

There was an effective induction system for agency staff tailored to their role.

Staff understood their responsibilities to manage emergencies, and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.

There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

There were appropriate indemnity and public liability arrangements in place.

Patients were provided with information regarding the treatments undertaken, and were supplied with aftercare instructions.

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 patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. The provider informed us that they planned to extend appointments to allow additional administration time to complete notes contemporaneously.

Patients were required to complete a pre-treatment questionnaire. This included details of their medical history and specific risks such as known allergies.

The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they ceased trading.

Safe and appropriate use of medicines

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

Some of the medicines this service prescribes are unlicensed, this included botulinum toxin. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. These medicines are not recommended by the National Institute for Health and Care Excellence (NICE) or the appropriate professional regulatory body.

We saw that the provider discussed the use of unlicensed medicines with patients and had begun to record this on their patient consent form.

Are services safe?

The systems and arrangements for managing medicines, including emergency medicines and equipment minimised risks.

The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe Schedule 4 or 5 controlled drugs.

Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

Refrigerated storage was available for medicines which required this. We saw that operating temperatures had been monitored, however, there were some gaps in the records, and it was noted that there was no secondary temperature monitoring device installed in the medicines refrigerator. Since the inspection we have been informed that a regular temperature monitoring regime had been put in place to prevent gaps in monitoring, and that a secondary temperature monitoring device had been installed.

Track record on safety and incidents

The service had a good safety record.

The service had some health and safety procedures, risk assessments and other safety assurance checks in place. However, the provider was unaware of the overall condition and safety of the fixed electrical wiring system installed in the premises. Since the inspection they have informed us that they have requested this from the owner of the building.

The service monitored and reviewed activity. This helped managers to understand risks and gave a clear, accurate and current picture that led to safety improvements.

The provider was able to draw on the services and support of a registered doctor who acted as a medical director.

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. There were systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes, and took action to improve safety in the service. Following a recent incident, the provider had recognised that greater detail was required with regard to gathering the full medical and aesthetic treatment history of the patient. They now ensured that they examined past histories in as great a depth as possible prior to providing treatment. We saw that in the 2 significant incidents which had occurred in the previous 12 months, that the provider had actively supported affected patients. They kept records of any verbal interactions as well as written correspondence.

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

The service acted on and learned from external safety events as well as patient and medicine safety alerts. There was an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Are services effective?

We rated effective as Good because:

The provider had in place effective measures for the delivery of care to patients in line with national standards. Processes were in place to assess patient needs and plan the delivery of care.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians and non-clinicians up to date with current evidence-based practice. We saw evidence that clinical staff assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.

The provider had attended sector specific training courses and maintained competencies in a number of relevant areas of both medical and non-medical aesthetics. The provider was a member of several national cosmetic and aesthetic treatment organisations, and also regularly accessed professional journals. Through this they kept themselves aware of developments within the industry. In addition, the provider met with other peer providers locally on a quarterly basis to discuss quality and safety issues, and to share best practice.

Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. For example, the provider screened potential patients for body dysmorphia (a mental health condition where a person spends a lot of time being concerned about flaws in their appearance).

Clinical staff had enough information to make or confirm a diagnosis, and make appropriate treatment decisions.

We saw no evidence of discrimination when making care and treatment decisions.

Arrangements were in place to deal with repeat patients. Patients returning for treatments were reassessed by the service.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

The service used information about care and treatment to make improvements including completed audits. We saw that an external third-party nurse undertook audits at the service. The last had taken place in January 2023 and looked at:

- Documentation and patient records.
- Medication management.

We saw evidence that improvement actions following audits had been actioned. For example, improving the level of information collected and recorded regarding patient details.

Other monitoring and improvement activity included the completion of regular infection prevention and control audits, and implementing learning from significant events and concerns raised by patients.

Are services effective?

The provider had introduced an assessment system for patients in receipt of vitamin B12 (a vitamin involved in metabolism). This captured patient scores of energy and wellbeing levels pre and post receipt of treatment, and was used to measure patient perceptions of improvement.

Patient surveys and feedback included assessments by patients of the outcomes of treatments they had received.

Effective staffing

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

Staff were appropriately qualified and experienced in their roles. The provider had an induction programme for newly appointed staff. Feedback from a staff member corroborated that induction processes were in place.

Relevant professionals (medical and nursing) involved in the operation of the service were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council, and were up to date with revalidation.

The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained.

Coordinating patient care and information sharing

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

There were processes in place to share information with the patient's own GP. However it was noted that sharing was limited, and only undertaken with the consent of the patient, and if it was identified that there were health risks or other concerns regarding the patient or their treatment. This would be assessed on a patient by patient basis. GP details were collected by the service as routine when the patient approached the clinic for treatment.

Before providing regulated and non-regulated treatment, clinical and non-clinical staff at the service ensured they had adequate knowledge of the patient's health, any relevant conditions and their medicines history. If patients were assessed as being unsuitable to receive treatment at the service, they were signposted to more suitable sources of treatment if this was seen as appropriate.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

Where appropriate, staff gave people advice so they could self-care. For example, the provider informed patients of aftercare advice, and had materials available which explained conditions and treatments.

The provider informed us that they sought to deliver a holistic service, and as well as delivering treatments discussed with patients their drives for accessing aesthetic treatments, as well as outlining expectations.

Consent to care and treatment

Are services effective?

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 patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

The service monitored the process for seeking consent appropriately. For example, we saw in the January 2023 audit of documentation the completion of patient consent forms had been checked.

Are services caring?

We rated caring as Good because:

Treatment delivered to patients was done so with care, dignity and compassion, and patients were involved in decisions about the care and treatment they received.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

The service sought feedback on the quality of clinical and non-clinical care patients received.

Feedback from patients about the way staff treat people was positive. For example, many of the 145 online patient reviews that we examined noted the caring attitude of the staff. Feedback from in-house patient surveys were also positive regarding patients' care and treatment.

Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.

The service gave patients timely support and information.

The provider offered complimentary or discounted treatments to some specific patients who had been identified as needing additional support and care. This additional service was not advertised, and the treatments offered were dependent on the needs of the patient. Services provided have included massage therapy, and facial and filler treatments for those who had lost facial structure. Similarly, the service also offered non-medical wellbeing treatments to patients who were identified as carers. The provider told us that they had plans to introduce a wellbeing day for carers to be rolled out in late Spring 2023.

Involvement in decisions about care and treatment

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

Online interpretation services were available for patients who did not have English as a first language. The service website had the functionality to be translated into other languages.

Feedback from patients indicated that they felt listened to and supported by staff. An audit undertaken in January 2023 demonstrated that of 8 records examined 100% of these showed that treatment options had been discussed.

Staff had some measures in place to communicate with people who had specific needs. For example, large print documents were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

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

Are services caring?

The provider had measures in place to ensure confidentiality.

Are services responsive to people's needs?

We rated responsive as Good because:

Services provided were responsive to patient need and processes were in place to manage comments and complaints from those who accessed the clinic.

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 patients. The provider told us that they took the time to discuss with patients their expectations regarding treatment outcomes. In addition, the provider took on board comments and suggestions from patients to improve services and fed this back to patients using the You Said We Did approach. For example, following feedback the provider had extended opening times, and added new non-regulated aesthetic treatments.

The facilities and premises were appropriate for the services delivered.

Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. However, it was noted that access to the service was limited as it was located on the first floor and so would be difficult to access for patients with some mobility issues. When we discussed this with the provider, they told us that they would examine ways to meet the needs of these patients such as seeking alternate ways of delivering treatment, or by referring on to other providers with better physical access.

Timely access to the service

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

Patients had timely access to initial assessment, diagnosis and treatment.

Waiting times, delays and cancellations were minimal and managed appropriately.

Patients were able to access consultations, in person, by telephone or online, at a time to suit them.

Results from the provider's 2023 patient survey showed that:

- 90% of patients were able to book an appointment when they wanted one.
- 90 of patients were seen on time in the clinic.

Listening and learning from concerns and complaints

The service told us that they would take complaints and concerns seriously and respond to them appropriately to improve the quality of care.

In the previous 12 months the provider had received no complaints regarding the service.

The provider had in place procedures on how to deal with complaints and concerns raised with them by patients.

Are services well-led?

We rated well-led as Good because:

Management and governance processes were in place to support the safe and effective care and treatment of patients.

Leadership capacity and capability;

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

The provider was knowledgeable about issues and priorities relating to the quality and future of services delivered.

Feedback from a staff member indicated that the provider was visible, supportive and approachable.

The provider had effective processes to develop capacity and skills within the service. This included the potential introduction of new services.

Vision and strategy

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

The provider had a clear vision and set of values. The provider told us that their values were built around:

- Safety
- Professionalism
- Integrity
- Passion
- Caring.

The service had a realistic strategic approach to achieve priorities.

Staff were aware of and understood the vision, values and strategy and their role in achieving them.

The service monitored progress against service delivery and patient outcomes and satisfaction.

Culture

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

The staff member we received feedback from confirmed that they felt respected and supported. They told us that the service was focused on the needs of patients.

The provider told us that they would act on behaviour and performance inconsistent with the vision and values if this became apparent.

The values of openness, honesty and transparency were clearly demonstrated on the day of inspection. The provider was aware of, and had systems to ensure compliance with, the requirements of the duty of candour.

Are services well-led?

Staff were aware how to raise concerns.

The staff member we received feedback from had only recently been appointed. However, we saw that there were processes for providing staff with the development they need. This included planned annual appraisal and regular one-to-ones and on the day discussions.

There was a strong emphasis on the safety and well-being within the service.

Feedback indicated that there were positive relationships between the staff member and the provider.

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.

The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

There were effective processes to identify, understand, monitor and address current and future risks including risks to patient safety.

The provider was able to draw on the advice and support of a registered doctor who acted as a medical director for the clinic.

The service had processes to manage current and future performance. Performance of key clinical activities could be demonstrated through audits of consultation documentation and medication management. The provider had oversight of safety alerts, incidents, and patient feedback.

Quality improvement activity had a positive impact on care and outcomes for patients. There was clear evidence of action to change services to improve quality. For example, following an incident new processes had been put in place to improve the collection and assessment of patient medical histories.

The provider had plans in place, and had trained staff for major incidents and emergencies. We heard how the service had dealt effectively with a recent emergency incident which had occurred in the clinic.

Appropriate and accurate information

Are services well-led?

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 patients.

The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses, and we saw that improvements had been made when there had been a need for this.

The service was aware how to make notifications to external organisations as required.

There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

The provider was registered with the information commissioner's office (ICO).

Engagement with patients, the public, staff and external partners

The service involved patients, staff and peer providers to support high-quality sustainable services.

The provider met with other local peer providers to discuss service quality and safety issues on a quarterly basis.

The service encouraged and heard views and concerns from patients, and there were systems in place to give feedback. For example, patients were sent surveys after each treatment, and as part of an annual survey. Staff were able to give feedback directly to the provider at planned one to ones, and at daily meetings and debriefing sessions. Results from the 2023 patient survey (29 surveys returned) showed high levels of patient satisfaction. For example:

- 93% of patients felt that the duration of their appointment was long enough.
- 100% of patients were happy with the treatment outcomes.
- 100% of patients would recommend the clinic to others.

Where patients made comments and gave other feedback, we saw that these were considered by the provider, and when practicable planned for either further investigation for possible adoption or had been agreed to action. For example, the provider was in the process of examining the introduction of further facial treatments.

The staff member we received feedback from confirmed that they meet with the provider regularly and that they were able to discuss issues, raise concerns and 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 and external reviews of incidents and complaints. Learning was shared within the service and was used to make improvements. Learning from incidents and complaints were also shared with external peer providers who met quarterly to discuss quality and safety issues.

Are services well-led?

Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

There were systems to support improvement and innovation work.