

# Define Medical

## Inspection report

Wendover House  
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Beaconsfield  
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Tel: 01494678749

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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 Define Medical on 30 May 2022. The service was registered with the Care Quality Commission (CQC) in May 2019. We carried out this first rated inspection as part of our regulatory functions. The inspection was undertaken to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

Define Medical provides a range of independent dermatology services, including non-surgical cosmetic interventions, which are not within CQC scope of registration. We did not inspect, or report on, those services that are outside the scope of registration.

Define Medical is registered with the CQC to provide the following regulated activities:

- Treatment of disease, disorder or injury

Therefore, we only inspected treatments relating to medical conditions which include treatment for excessive sweating (hyperhidrosis) and non-surgical treatments for a range of skin conditions.

The service was founded in 2019 by a cosmetic surgeon who is also the medical director and CQC registered manager. A registered manager is a person who is registered with the CQC 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.

## **Our key findings were:**

- The service had clear systems to keep people safe and safeguarded from abuse. The service used recognised screening processes to identify patients who could be at risk of body dysmorphic disorder (BDD) or dysmorphophobia, a preoccupation with an imagined defect in one's physical appearance.
- Patients received effective care and treatment that met their needs. The way in which care was delivered was reviewed to ensure it was delivered according to best practice guidance. Staff were well supported to update their knowledge through training.
- Patients were provided with information about their health and with advice and guidance to support them to live healthier lives.
- Feedback from patients was consistently positive, feedback highlighted a strong person-centred culture. Staff respected patients' privacy and dignity and adapted the service to strengthen existing privacy systems.

# Overall summary

- Patients had timely access to services. Patients interested in commencing treatment were given relevant information and booked their consultations as part of a planned programme. Feedback from patients was positive with regards to booking appointments and access to treatment.
- The service had a culture of high-quality care and put their patients first before financial gain. The service focused on the needs of their patients, in turn, patient satisfaction from various sources was positive.

The service should:

- Formalise the recording of identity checks on patients' clinical record.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

The inspection was led by a Care Quality Commission (CQC) Inspector who had access to advice from a specialist advisor.

## Background to Define Medical

Define Medical Ltd is the medical aesthetic element in a two-location clinic in Beaconsfield, Buckinghamshire. The other service within the clinic is a dental service, known as Define Dental Clinic. Although the premises, governance and some staff work across both services, this report, rating and findings refer solely to the service provided via the medical aesthetics element of Define Medical Ltd.

Define Medical opened in 2019 and provides a small range of treatments for people aged over 18 that come under scope of regulation by the Care Quality Commission (CQC). These treatments are given via pre-bookable appointments. Patients attend for an initial consultation, where a treatment plan is discussed and agreed, and then they are booked in for treatment at a later date. Only specific treatments are regulated by CQC and they include treatment for excessive sweating (hyperhidrosis) and non-surgical treatment for a range of skin conditions, including acne, rosacea and psoriasis.

Treatments are provided from:

- Define Clinic, Wendover House, 24 London End, Beaconsfield, Buckinghamshire HP9 2JH.

The service website is: [www.defineclinic.com](http://www.defineclinic.com)

Define Clinic is located in renovated Grade II listed premises which comprise of four treatment rooms, two offices and a reception area.

The service is open Monday to Friday with core opening hours of 9.30am to 6pm. Saturday and evening appointments are available on request. This service is not required to offer an out of hours service. Patients who need medical assistance out of corporate operating hours can access out of hours support via the service and this is detailed in patient literature supplied by the service.

Regulated activities (treatments regulated by CQC) are provided by a cosmetic surgeon (who is the Medical Director) and two aesthetic therapists, all of whom have extensive qualifications in aesthetic medicine. An operational manager, practice manager and a team of reception, administration and coordinator staff undertake the day-to-day management and running of the service.

### How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently. This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

We carried out this inspection on 30 May 2022. Before visiting the location, we looked at a range of information that we hold about the service. During our visit, we interviewed staff, reviewed documents and clinical records, and made observations relating to the service and the location it was delivered from.

Due to the current pandemic, we were unable to obtain comments from patients via our normal process where we ask the provider to place comment cards in the service location. However, we were shown examples of patient feedback which the provider monitored on an ongoing basis. We did not speak to patients on the day of the site visit.

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:**

## **Safety systems and processes**

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

- The service conducted safety risk assessments for all areas of the clinic. The operational manager maintained appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. We also saw the operational manager had extensive training and qualifications in facilities management and health and safety.
- The service had systems to work with other agencies (when 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. Contact numbers for the local authority safeguarding team were easily accessible and appropriate safeguarding policies were in place. Staff who acted as chaperones had appropriate training and were able to describe how they would carry out this role and record the chaperone activity.
- Despite being in a Grade II listed building, all areas of the building had been renovated and refurbished to a high medical grade specification. There was an effective system to manage infection prevention and control. The service had a process in place to monitor infection prevention and control using room checklists. There was an infection control policy in place. The clinical lead was the infection control lead. We found all areas of the service, including all treatment rooms and patient areas visibly clean and hygienic. Staff followed infection control guidance and attended relevant training. The service undertook daily infection prevention and control checks and had introduced COVID-19 policies to ensure staff, patients and visitors were kept safe. The Legionella risk assessment had been completed in June 2021.
- There were systems for safely managing healthcare waste, including for sharps. (Sharps is a term for medical instruments such as needles, scalpels, razor blades and any other sharp items that may cause a penetrating injury, laceration or puncture to the skin).
- Single use medical packs were used in all treatments to minimise the risk of cross infections.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. This included equipment calibration in March 2022 and portable application testing in May 2022.
- There were appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them. This included a fire risk assessment, completed in April 2022.

## **Risks to patients**

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

- There was a small team, with three staff members performing regulated activities. The service was managed by an operational manager and a practice manager, whilst an administration team co-ordinated and booked consultations, treatment and post treatment appointments to ensure suitable staffing arrangements at all times.
- The service could adjust staffing levels according to the needs of patients.

# Are services safe?

- Although the service did not see acutely unwell patients, staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Staff had completed a range of training to manage medical emergencies. We also saw staff had access to the Aesthetic Complications Expert (ACE) Group which supported medical practitioners in the management of non-surgical aesthetic complications by providing advice via telephone and email.
- Staff told us patients were mostly fit and healthy but was also aware of identifying the symptoms of the acutely unwell patient. For example, in the event of anaphylaxis (a severe, potentially life-threatening, allergic reaction).
- We noted that all treatments that were within scope of regulation (treatment for excessive sweating and non-surgical treatment for skin conditions) were of low risk and that patients received full medical assessments to determine they were of sufficiently good health to undertake the treatments.
- The emergency medicines kept onsite were appropriate for the type of service offered to patients.
- When there were changes to services or staff the service assessed and monitored the impact on safety. This included changes and temporary closures between March 2020 and June 2020, then January 2021 and February 2021 due to the COVID-19 pandemic and regulations.
- There were appropriate indemnity arrangements in place.

## Information to deliver safe care and treatment

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

- We reviewed a sample of records and saw patients' medical histories were taken and included additional general health-related questions.
- Individual care records were written and managed in a way that kept patients safe. The service used a variety of templates to ensure record keeping was consistent and auditable. The care records we saw showed information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- There was a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- The service did not have a clear protocol in place for documenting that it had checked patient identification. When a patient arrived for their appointment, they were asked for their name, but no formal identity checks took place to confirm these details correlated with the original contact information supplied.
- The service did not make referrals. Patients were advised to see their GP if their condition required treatment not provided by the service.

## Safe and appropriate use of medicines

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

- The service stored minimal medications and we saw the arrangements for managing medicines kept patients safe. Medicines were stored safely in line with the manufacturers' recommendations and checked to ensure they did not pass their expiry date. This included medicines which required refrigeration.
- In relation to the treatments subject to CQC regulation, antibiotics were not prescribed.
- Due to the nature of the service, it did not hold any stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- The fridge temperature was appropriately monitored and recorded on a daily basis.

## Track record on safety and incidents

# Are services safe?

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

- There were comprehensive risk assessments in relation to safety issues.
- Despite the size and scope of the treatments within scope of regulation being small, the service monitored and reviewed activity. This included daily huddles for all the team, monthly clinic meetings and quarterly governance meetings.
- There was a system for receiving safety alerts, such as those relating to the use of medicines. The medical director and operational manager received the alerts and assessed whether they were relevant to the service and acted upon them when necessary. We noted that the service had not received any safety alerts that were relevant to the regulated activities we inspected.
- Staff told us if a patient or practitioner was concerned about the safety of a medicine following its administration, this would be reported to the Medicines and Healthcare products Regulatory Agency (MHRA) which will investigate and take action to minimise risk and to protect public health.

## **Lessons learned and improvements made**

### **The service had processes to learn make improvements when things went wrong.**

- The service had a good safety record.
- The service had not reported any serious incidents relevant to the regulated activities we inspected since it opened in 2019. We were therefore unable to test whether the system was applied as intended. However, staff we spoke with were aware of the system and told us they would have no hesitation in submitting an adverse incident report.
- Given the co-located dental clinic within the same provider, we saw there were mechanisms to enable any appropriate learning to be shared across both services (the medical element and the dental element).
- The medical director and operational manager were aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

# Are services effective?

**We rated effective as Good because:**

## **Effective needs assessment, care and treatment**

**The service had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed individual needs and delivered care and treatment in line with current legislation, standards and guidance relevant to the treatments regulated by the Care Quality Commission.**

- We reviewed patient records and saw the service assessed needs and delivered care in line with relevant and current evidence-based standards.
- The medical director delivering regulated activities was an accredited trainer in their field of aesthetic medicine. This enabled the service to provide treatment in line with current legislation and guidance.
- The clinicians ensured they kept up to date with developments within the aesthetic cosmetic sector and related evidence-based practices. This included, where appropriate, membership of the British College of Aesthetic Medicine and Royal College of Surgeons, as well as ongoing professional development.
- Patients' immediate and ongoing needs were fully assessed and recorded. This included a record of the treatment prior to the appointment, limitations of the treatments and expectations. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Staff spoke clearly about building relationships with patients and delivering bespoke individual treatment plans, advising no two people are the same. Staff emphasised each treatment plan was individually built around the patient.
- Staff were aware of body dysmorphia and potential patients presenting with this condition. (Body dysmorphic disorder (BDD) or dysmorphophobia, is a mental disorder characterised by the obsessive idea that some aspect of the person's body or appearance is severely flawed and therefore warrants exceptional measures to hide or fix it). We saw the clinical record templates used for all treatments included reference to known signs of BDD and the clinical lead could further discuss BDD if required.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed clients' pain where appropriate. This included the use of local anaesthetic solution (a solution of three different medicines) via injection. From the records we saw, when anaesthetic solution was administered, the clinical record reflected the volume of anaesthetic used and the batch numbers and expiry dates of anaesthetic solution.

## **Monitoring care and treatment**

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

- The service used information about care and treatment to make improvements. Clinical records including treatment plans were template-based which allowed staff to review, audit and make improvements when necessary.
- There was a programme of annual audits which compared performance and different elements of the variety of treatments provided. This included an example of a two-cycle audit which reviewed consent documentation, for example:
  - In October 2021, the service reviewed how consent was recorded and documented within a sample of 73 records between January 2021 and October 2021. On review, 72 out of 73 (98%) had consent clearly documented. Following these findings, additional consent awareness refresher training was provided to all staff, emphasising the different forms of consent and the importance of clear record keeping inline within the consent policy.
  - In May 2022, the service completed the second cycle of the audit, using the same criteria and saw improvements had been made. The second cycle was a sample of 30 records between November 2021 and April 2022. All 30 records (100%) had consent clearly recorded. Although a smaller sample size, this was an improvement on the first audit cycle.

# Are services effective?

- We also saw examples of non-clinical audits that had been carried out which included hand hygiene and equipment safety.
- Patients were advised about possible expected and unexpected side-effects following treatment. This included potential localised pain, potential temporary numbness and residual swelling.

## Effective staffing

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

- All staff were appropriately qualified and there was an induction programme for any newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The service worked and engaged with the manufacturer of the treatment being used to ensure they were familiar with the treatment and products. Where required, staff continued to access remote support from the manufacturer to ensure the treatment was administered in accordance to the manufacturer's guidelines.
- Staff involved in regulated activities had extensive additional qualifications in aesthetic medicine. The Medical Director also completed aesthetic peer reviews and led scientific studies into the range of treatments provided. This included publications through the *Journal of Clinical and Aesthetic Dermatology* (JCAD). These studies and subsequent global education programme have supported other aesthetic practitioners deliver safe, effective treatment whilst promoting excellence in clinical practice.
- 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. Staff were encouraged and given opportunities to develop, for example, a member of the reception team highlighted an interest in the range of treatments provided by the service. To support their development, they were trained and mentored to become a treatment coordinator, a role designed to coordinate and discuss the range of treatments with potential patients.

## Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Patients received person-centred care. Before providing treatment, staff ensured they had adequate knowledge of the patient's health, their medicines, family history and any previous history of cosmetic procedures. Staff provided examples of when they had advised patients against treatment, for example due to their medical history or when the desired outcomes were not realistic.
- Patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP where 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.
- Advice about maintaining a healthy lifestyle and improving the outcome of treatment was shared with patients, which included good skin care and hydration. This also included advice on protection against sun damage to the skin as well as clear after-care advice following treatments, for example advice to avoid tight clothing and vigorous exercise post treatment for hyperhidrosis.

# Are services effective?

- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## **Consent to care and treatment**

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

- Attendance at the service was initiated by patients. Patients, who expressed an interest in taking up treatment, were given sufficient information about the range of treatments available to reach a decision on whether to progress with a particular treatment.
- The service asked patients to sign consent forms to indicate they understood the treatment fees and any risks (albeit minimal) involved.
- 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.
- From our review of records, we saw the service monitored the process for seeking consent appropriately.
- Consent was obtained for the use and retention of photographs that was used before and after treatments. This included specific consent for the use of photographs for marketing purposes.

# Are services caring?

**We rated caring as Good because:**

## **Kindness, respect and compassion**

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

- The service sought feedback on the quality of clinical care patients received. This included feedback collected via in-house surveys and feedback left on online review portals and social media channels.
- Following every treatment, patients were asked to provide feedback via an in-house survey. This included feedback on the premises, staff, provision of treatment and the outcome of treatment.
- From the sample of feedback, we saw, patients commented they were always treated with kindness and respect. Other comments highlighted the team listened to patients concerns and provided clear advice to achieve their skin goals.
- The operational manager monitored social media and online comments and reviews. For example, the service had received 142 reviews on a review website. The overall rating was excellent with 98% of reviews providing an excellent rating. We also saw there had been an additional 58 reviews on the review section on another review website with all 58 reviews rating the service five out of five stars (the maximum score).
- Patient feedback was a standing agenda item at the daily huddle meetings, the monthly clinic meetings and quarterly governance meetings. The clinical lead told us this was an opportunity to discuss all forms of feedback, including celebrating success stories with the team.
- 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.

## **Involvement in decisions about care and treatment**

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

- The service provided patients with information to enable them to make informed choices about their treatment. The medical director we spoke with told us how they took time to explain treatment to patients and we saw written information was available on specific treatments.
- Before providing treatment, patients attended for a consultation, where the clinician discussed with them the risks and benefits of any treatment and answered any questions. The clinician also discussed realistic outcomes and costs.
- Patients were clear that treatment and targets were personalised and jointly agreed between the clinician and the patient.

## **Privacy and Dignity**

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

- Staff recognised the importance of people's dignity and respect. Staff displayed an understanding and non-judgmental attitude when talking to patients who were seeking to resolve skin conditions or excessive sweating.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs. Furthermore, appointment times were planned to ensure the likelihood of a busy reception area was reduced.
- Staff gave patients the time they needed to explain their concerns and the clinics were set up in rooms that offered people privacy. There was also additional overflow waiting areas and private 'pod room' to increase privacy in the waiting areas.

## Are services caring?

- To further support a patient's dignity, if required, there was a private car park and patients accessed the service through the private entrance at the side of the clinic as opposed to the main entrance on the busy main road.
- We were told time was spent with patients both pre-treatment and post-treatment to carefully explain the aftercare, recovery process and options to reduce any anxieties they may have.

# Are services responsive to people's needs?

**We rated responsive as Good because:**

## **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 service understood the needs of their patients and improved services in response to those needs.
- In response to patient feedback, the service provided complimentary tours of the service. This gave an opportunity for patients considering treatment to view the clinic, facilities and treatment rooms.
- Staff understood their patients prioritised privacy and convenience and ensured appointments ran on time and patients were not kept waiting. New patient appointments were 45 minutes long and treatments could be up to three hours. Staff told us this provided sufficient time for the treatment to be carried out and time for recovery.
- Patients had a choice of time and day when booking their appointment. The service was open every weekday between 9.30am and 6pm. In addition to the core opening hours, some treatments could be booked for Thursday evenings until 7pm and occasionally on Saturdays.
- The facilities and premises were appropriate for the treatments provided. The clinic was housed over three floors, with regulated activities provided on the ground floor and first floor. The service was able to treat those with mobility restrictions who were unable to use stairs via a treatment room on the ground floor.
- Equipment and materials needed for consultation, assessment and treatment were available at the time of patients attended for their appointment.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.
- The information available made it clear to the patient what procedures were available to them.
- The website contained information about the qualifications and experience of all clinicians who carried out all of the procedures.

## **Timely access to the service**

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

- From the feedback collected by the service which we reviewed, patients reported timely access to initial assessment, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. All appointments were pre-booked.
- We found the service had an efficient appointment system in place to respond to patients' needs.
- Referrals and transfers to other services were generally not necessary.
- The service had been closed for a length of time because of COVID-19. We saw that patients had been kept up to date during COVID-19 via the website and through social media.

## **Listening and learning from concerns and complaints**

**The service had a system in place to respond to concerns and respond to them appropriately to improve the quality of care.**

- The operational manager was the designated responsible person who handled complaints. If required, the clinical lead would be included in the investigation of any clinical complaints.

# Are services responsive to people's needs?

- Information about how to make a complaint or raise concerns was available. There was also a patient suggestion box in the waiting area, providing an option to feedback compliments and make suggestions on the provision of services.
- There was a complaint policy and procedure. The service would inform patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- All patient satisfaction was overwhelmingly positive and there had been no complaints relating to the service provided. Therefore, we could not test whether the procedure had been followed or identify any learning from complaints.
- Given the co-located dental clinic within the same provider, we saw there were mechanisms to enable any appropriate learning (following any complaints) to be shared across both services (the medical element and the dental element).

# Are services well-led?

**We rated well-led as Good because:**

## **Leadership capacity and capability**

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

- The service was founded by a Cosmetic Surgeon who was also the Medical Director and clinical lead. They worked alongside the operational manager to provide the range of services.
- Leaders at all levels were visible and approachable. They worked closely as a small team to make sure they prioritised compassionate and inclusive leadership. Through conversations, evidence collected during the inspection and a review of correspondence, it was evident the leadership of the service had the capacity and skills to deliver high-quality, sustainable outcomes.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood national and local changes and challenges, including changes within the medical aesthetic sector, changes within regulation of medical aesthetics and recent significant increase in other services offering similar treatments.

## **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, service beliefs and set of values. The service also had a documented purpose, realistic strategy and supporting business plans to achieve priorities. The Medical Director advised these components enabled the service to position and sustain itself within the aesthetic medicine sector.
- Staff were involved in the design and implementation of the vision and values, both of which covered the medical aesthetic element and the dental element of Define Clinic. The values included: respect, positivity, teamwork, ambition and compassion. Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service continuously monitored progress against delivery of the strategy and the position within the market.

## **Culture**

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

- Staff felt respected, supported and valued. They were proud to work for the service and proud of their work in improving patients' lives through improved aesthetic outcomes.
- The service focused on the needs of patients. Staff told us they always put the patient's best interest before any financial consideration. All staff we spoke with highlighted a strict adherence to the ethics of when or when not to treat a patient.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- There was awareness and compliance with the requirements of the Duty of Candour, as the service encouraged a culture of openness and honesty.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were given protected time for professional time for professional development and evaluation of their clinical work.

# Are services well-led?

- There was an emphasis on the safety and well-being of all staff. This included an employee of the month scheme and the promotion of exercise and time away from the desk. There was a clear sense of team and subsequent positive relationships between all staff at the service. Although there were two services (medical aesthetic clinic and a dental clinic), staff described a feeling of togetherness and 'one team, the Define Clinic' team.
- The service promoted equality and diversity.

## Governance arrangements

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

- The governance arrangements were evidence-based appropriate to the limited range of regulated activities provided and the small team delivering these services. This included embedded structures, processes and systems to support good governance and management of the regulated services.
- Service specific policies were implemented and were available to all staff. Staff were aware of how to access policies and the policies were kept up to date by an annual review.
- Although a small team, a range of daily, weekly, monthly and quarterly meetings were held, and learning/actions from meetings documented and recorded.

## 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 patient safety. For example, in 2020, the service temporarily suspended services in line with national COVID-19 pandemic lockdown requirements.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and review of treatments. Leaders had oversight and drove changes within the aesthetic medicine sector.
- Health and safety assessment processes had been established to identify, manage and mitigate risks. Given the practice is located within a converted and refurbished Grade II listed building, regular updates of risk assessments were undertaken.
- The provider had a business continuity plan and additional plans in place for major incidents.

## Appropriate and accurate information

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

- Sustainability, projected growth and expansion of services were discussed in relevant meetings. This aligned to the overall 'Define Clinic' project.
- The service used performance information, which was reported and monitored, and management and staff were held to account.
- The service submitted data or 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.

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

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

# Are services well-led?

- The service encouraged and heard views and concerns from the public, patients and staff.
- Staff could describe the systems in place to give feedback.
- The service monitored social media, online comments and reviews. We saw these were responded to and shared and celebrated with staff.

## **Continuous improvement and innovation**

### **There was evidence of systems and processes for learning, continuous improvement and innovation.**

- There was a focus on continuous learning and improvement. This included sharing learning and overseeing multiple aesthetic clinical research studies.
- Individual clinicians have been recognised on a number of occasions and presented with various aesthetic sector awards.
- Although impacted by the COVID-19 pandemic, there were systems to support improvement and innovation work. Following changes in COVID restrictions and patient behaviour, the service was ready to relaunch project 'Define Clinic'. This included reviewing potential new locations and new treatments.