

The Clinic by Dr Mayoni

Inspection report

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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 The Clinic by Dr Mayoni as part of our inspection programme of a new provider registration for the service. This was a first rated inspection for the service that was registered with the Care Quality Commission (CQC) in August 2020. During this inspection we inspected the safe, effective, caring, responsive and well-led key questions.

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.

The Clinic by Dr Mayoni provides a range of non-surgical cosmetic interventions, for example dermal fillers, lip fillers and Botox injections which are not within the CQC scope of registration. Therefore, we did not inspect or report on these services.

The service director 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.

Our key findings were:

- The premises were clean and well maintained. There were effective systems in place to reduce the risk and spread of infection.
- There was evidence safety risks were assessed and well-managed; the service had established an effective system of health and safety checks.
- The service had developed comprehensive policies which staff had reviewed to ensure the information was up to date and relevant.
- There were safe procedures for managing medical emergencies including access to emergency medicines and equipment.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured care and treatment was delivered according to evidence based guidelines.
- The service responded to client feedback and their needs and improved their services.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

Overall summary

- There was evidence of systems to support good governance and management.

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

- Implement a regular programme of clinical audit to monitor quality and identify areas for improvement.
- Consider obtaining a hearing loop and make available large print information.

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

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

Background to The Clinic by Dr Mayoni

The Clinic by Dr Mayoni is a private doctor and consultation service. Dr Lankika Mayoni Byrne provides consultation, examination and treatments in aesthetic medicine and treatment of skin diseases and disorders to adults, at 43 Honor Oak Park, London SE23 1DZ.

The Clinic by Dr Mayoni registered with the Care Quality Commission (CQC) in August 2020 and provides a small range of treatments for people aged over 18 that come under scope of regulation of 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.

The service is located on the ground floor and has two treatment rooms. Services are available to any fee-paying patient. The service is open between 10am and 6pm Tuesday and Wednesdays and is open 10am to 8pm on Thursday and open between 9.45am and 6pm on Friday. The service is closed on Mondays and is not open at the weekend. This service is not required to offer an out of hours service. Patients who need medical assistance out of operating hours can access out of hours support via the service and this is detailed in patient literature supplied by the service.

Services are available to people on a pre-bookable appointment basis. The service director is a registered doctor. Two aesthetic therapists work at the service. Support with the management of the service is provided by a clinic coordinator. The service uses an external company who manage appointments for service users.

The location is registered with the CQC to provide the following regulated activities, treatment of disease, disorder or injury and diagnostic and screening procedures. At this inspection, the service was not providing any minor surgery or services in slimming clinics.

The service website is <https://drmayoniskinfit.co.uk/>

How we inspected this service

We carried out this inspection on 20 July 2023. Before visiting the location, we looked at a range of information 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. 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 5 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 provider conducted safety risk assessments. It had 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. The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies 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. We reviewed three staff personnel files and found appropriate recruitment checks had been undertaken prior to employment.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. 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. An IPC lead with appropriate training had been identified. An infection prevention and control (IPC) audit had been undertaken in the previous 12 months. Actions to prevent the risk of the spread of infections and dates for completion had been identified.
- Records showed a risk assessment process for Legionella with appropriate monitoring processes in place, to prevent contamination. A legionella risk assessment was carried out on 15 Feb 2023. The provider carried out monthly monitoring checks to control the risk of legionella. Consulting rooms were risk assessed and procedures such as phlebotomy were performed in a specific clinical room that conformed to infection prevention and control standards.
- The rooms used by the service looked visibly clean. Staff followed an hourly cleaning schedule including wiping down equipment and surfaces after every client. Cleaning of the premises was carried out by a contractor. There was a cleaning checklist which detailed all the cleaning tasks of areas within the service.
- The provider ensured facilities and equipment were safe and equipment was maintained according to manufacturers' instructions. We saw evidence of equipment calibration and portable appliance testing (PAT). A fire risk assessment was carried out on 25 April 2023 by an external assessor. We reviewed the fire risk assessment and saw the provider had checked priority actions were completed. There was a fire safety policy and a visible fire procedure in the areas of the premises used by patients. Fire extinguishers were checked annually. The provider was responsible for carrying out annual fire evacuation drills and we were given evidence showing a drill had occurred within the last 12 months.
- There were systems for safely managing healthcare waste. Clinical waste bags were labelled and stored securely awaiting collection. There was a sharps injury policy and a protocol for the disposal of sharps (including needle stick injuries), was displayed in treatment rooms and available in the staff handbook. Single use medical packs were used in all treatments to minimise the risk of cross infections.
- 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.

Are services safe?

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role. The service had a staff handbook which was given to all new members of staff.
- 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. They knew how to identify and manage patients with severe infections, for example sepsis. All staff had completed annual basic life support training.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. The clinic stocked adrenaline and aspirin on site. (Adrenaline is a first line treatment for life threatening allergic reactions and is also used to treat acute angioedema, which is swelling of the deeper layers of the skin, caused by a build-up of fluid). Aspirin is a medicine used to treat suspected heart attacks. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision. At the time of our inspection, the provider did not have a pulse oximeter for the emergency treatment of anaphylactic reactions, in line with Resuscitation Council guidelines. Staff told us patients were mostly fit and healthy and they were aware of identifying the symptoms of an acutely unwell patient. For example, in the event of anaphylaxis (a severe, potentially life-threatening, allergic reaction). Immediately following our inspection, the provider purchased a pulse oximeter to be able to monitor a patient with anaphylaxis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- 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.

- Individual care records were written and managed in a way that kept patients safe. 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. All patients were required to complete a comprehensive registration form prior to their first appointment. This included the patient's personal details, past medical history, GP details and a signature. The provider told us they would not register a patient who declined to give this information about themselves.
- 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 they ceased trading.
- Clinicians made appropriate and timely referrals in line with up-to-date evidence-based guidance. We saw examples where the clinician had advised patients 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 systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.

Are services safe?

- There was information available to staff to inform them of the correct procedure for monitoring fridge temperatures and action to take if temperatures fell outside of the acceptable range. We viewed the temperature monitoring log and saw no incidents of temperatures falling outside the recommended range.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). The service does not 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.
- Some of the medicines this service prescribes were unlicensed. For example, the provider prescribed Bioidentical Hormone Replacement Therapy (BHRT). 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 British Menopause Society. We found people's needs were assessed and treatment delivered in line with current legislation and standards and evidence-based guidance.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. The service provided a metabolic and hormone treatment programme which included weight management. The prescriber told us they did not prescribe any medicines to aid weight loss.
- The service provided treatment for acne. At the time of our inspection, this did not include prescribing isotretinoin for more severe cases of acne. The side effects of isotretinoin treatment can be serious. The provider told us they prescribed topical creams if appropriate, which did not require monitoring blood tests.
- There were effective protocols for verifying the identity of patients. Staff checked and verified a patient's identity prior to treatment.

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. The service monitored any unintended side effects post treatment. For example, skin infections, swelling or bruising, following treatment. The service told us they booked patients for a follow up appointment two weeks after giving any botox treatment.

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. Leaders and managers supported them when they did so.
- There were adequate 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.
- 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 had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.

Are services safe?

- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had 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:

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 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 was a member of the British College of Aesthetic Medicine (BCAM). BCAM is a membership body which provides information, guidance and advice on aesthetic medicine and promotes safe and ethical practice.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. For example, the provider completed a medical aesthetic audit as part of a national survey of members of BCAM. The aim of the survey was to audit complications or infection rates following botulinum toxin and hyaluronic acid anti-wrinkle treatments. By comparing audit data from the practitioner's own clinical practice with nationally pooled data from a large sample of aesthetic practitioners, individual practitioners could report on the relative safety of their own treatments. The provider shared a copy of the BCAM audit of their patients, completed in 2022. There were no adverse events or complications from skin infections reported by the provider's patients. The result of the audit showed the provider was performing safely within the remits of national complications.

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.
- The provider was registered with the General Medical Council (GMC) and records completed by the provider confirmed they were up to date with revalidation. (Revalidation is the process by which all licensed doctors are required to demonstrate on a regular basis that they are up-to-date and fit to practise in their chosen field and able to provide a good level of care).
- 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.

Coordinating patient care and information sharing

Are services effective?

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.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment. We saw evidence where the provider referred patients to an NHS GP if a skin concern was suspicious, for example a skin mole. The provider told us they mainly carried out diagnostic treatment and did not carry out any lesion excision procedures.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. Staff told us that should a patient withhold their consent, a copy of their treatment record would be given to them with the advice that the information should be passed to their GP.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

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. The service promoted and supported patients to live healthier lives. For example, advice about maintaining a healthy lifestyle and improving the outcome of treatment was shared with patients, in pre- and post-consultations.
- 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.

- Staff understood the requirements of legislation and guidance when considering consent and decision making. There were processes for the assessment of patients' suitability for treatment which included their psychological well-being, mental capacity, and vulnerability. The service had a cooling off policy, typically a two-week cooling off period for patients before booking and consenting to treatment.
- 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. The service had a consent policy and procedure in place, which covered gaining consent face to face or remotely when providing treatment to adults. Best practice was followed in line with guidelines from the GMC. This meant people were involved in the decision making and consent process, prior to receiving treatment and procedures.

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. The service conducted annual in-house surveys as part of their feedback review processes. We saw patients left positive comments about the staff and service provided.
- Feedback from patients was positive about the way staff treat people.
- 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.

- Interpretation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- The service ensured patients had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- The provider told us they had introduced new software which triggered an anonymous feedback questionnaire, following each client's consultation. Patients commented that they felt listened to and supported by staff and 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.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

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 provider understood the needs of their patients and improved services in response to those needs. The service used online survey software to capture patient feedback about patient's experience of the service. We saw evidence from minutes that patient feedback was discussed weekly at the team meetings.
- The facilities and premises were appropriate for the services delivered. The premises were accessible for patients with mobility issues. Wheelchair access was available into reception and into the treatment rooms. However, the clinic did not have easy access to the toilet for patients with mobility issues. There was information on the service's website advising people that the toilet was not easily accessible to people with some mobility impairments.
- Reasonable adjustments had been made so people in vulnerable circumstances could access and use services on an equal basis to others. The service's registration process identified any potential access needs of a new patient.
- There was no hearing induction loop or large print information available.
- The service's website contained a range of patient information relating to treatments and the consultation experience and answers to general questions.

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, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.

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. We saw the service's complaints procedure was displayed within the reception/waiting area. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

Are services responsive to people's needs?

- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. Staff shared examples of responses made to complaints they had received. Team meetings were used to inform staff of incidents and to discuss complaints and ensure lessons were learnt. The service acted as a result to improve the quality of care. For example, a verbal complaint received by the service resulted in changes being made to the appointment process to improve the booking procedure for patients.

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.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- 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.
- The service developed its vision, values and strategy jointly with staff and external partners (where relevant).
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

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.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- 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 these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves these were operating as intended. The provider used a web-based platform to manage policies, staff training and governance systems. The provider employed a management consultant who supported with health and safety compliance.
- The provider had implemented an online platform to manage appointment scheduling and booking, invoicing and manage online record keeping securely.

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.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- 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 patients.
- We reviewed team meeting minutes and saw quality and sustainability were discussed with staff in relevant meetings.
- The service submitted data or notifications to external organisations as required.
- There were robust 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, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. The provider had created an eleven-step customer journey to ensure staff provided a high level of customer service to clients. The staff handbook identified the individual stages of the customer experience to support clients through their health journey.
- Staff could describe the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.

Are services well-led?

- The service was transparent, collaborative and open with stakeholders about performance.

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.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- There were systems to support improvement and innovation work. The provider had initiated a programme to integrate digital technology into the business to improve service delivery. The provider had written articles on aesthetic medicine and had expanded her business to provide functional medicine services for people. The provider had co-founded the British college of Functional Medicine – a charitable status organisation.