

London Knightsbridge Cosmetic Clinic Ltd

The London Cosmetic Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 25 April 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

London Knightsbridge Cosmetic Clinic Ltd provides private aesthetic medical and cosmetic services at The London Cosmetic Clinic in the Royal Borough of Kensington and Chelsea and treats adults over 18.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by a medical practitioner, including the prescribing of medicines for aesthetic purposes. At The London Cosmetic Clinic, the cosmetic treatments that are also provided by the doctors and laser technician are exempt from CQC regulation.

We received feedback from 19 people about the service, including comment cards, all of which were very positive about the service and indicated that clients were treated with kindness and respect. Staff were described as helpful, caring, thorough and professional.

Our key findings were:

- There were arrangements in place to keep clients safe and safeguarded from abuse.
- Most health and safety and premises risks were assessed and well-managed.

Summary of findings

- Most systems for the management of medicines were operating effectively.
- The service had some systems for learning and improving when things went wrong.
- Assessments and treatments were carried out in line with relevant and current evidence based guidance and standards.
- There was evidence of quality improvement.
- The provider had ensured that staff had appropriate inductions and training to cover the scope of their work.
- Staff treated clients with kindness, respect, dignity and professionalism.
- Opening hours reflected the needs of the population and clients were able to book appointments when they needed them.
- The service had a clear procedure for managing complaints. They took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- Leaders had the skills and capacity to deliver the service and provide high quality care.

- Staff stated they felt respected, supported and valued. They were proud to work in the service.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The service encouraged feedback from clients. Staff encouraged clients to leave an online review and these were used to monitor performance.

There were areas where the provider could make improvements and **should**:

- Review the systems for ensuring effective oversight of the health and safety needs of the service.
- Review procedures and policies for communicating with clients' GPs and carrying out identification checks for clients to confirm age.
- Review the incident reporting procedure for the service.
- Review systems for recording verbal concerns and complaints and systems for recording learning points and action taken following complaints.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

- The service had policies and procedures in place to keep people safe and safeguard them from abuse.
- Procedures were in place to ensure appropriate standards of hygiene were maintained and to prevent the spread of infection.
- Most health and safety and premises risks were assessed and well-managed.
- Most systems to manage medicines including prescribing were safe, however management of medicines refrigerators was not always operating effectively.
- The service had some systems for learning and improving when things went wrong, however there was no formal incident reporting policy in place.
- A system for acting on medicines and safety alerts was implemented after the inspection.
- The service did not have robust procedures for sharing information with a patient's GP or verifying a patient's identity, however a policy for communicating with GPs was put in place after the inspection.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

- Assessments and treatments were carried out in line with relevant and current evidence based guidance and standards.
- We found evidence of quality improvement measures including records audits.
- The provider had records to demonstrate that staff had appropriate training to cover the scope of their work.
- There was evidence of a comprehensive induction programme and structured meetings for staff.
- The service obtained consent to care and treatment in line with legislation and guidance.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- Staff treated clients with kindness, respect, dignity and professionalism.
- We received feedback from 19 clients including Care Quality Commission comment cards. All comments were highly positive about the service experienced.
- Staff helped clients be involved in decisions about their treatment and information about treatments were given if indicated.
- There was evidence that the service respected privacy and dignity. Patient information was stored and used in a way that maintained its security

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- The facilities and premises were appropriate for the services delivered.
- Where clients had language barriers, they were advised ahead of their appointment to bring someone to act as an interpreter.
- Clients felt they were easily able to contact the service and reported that communication was excellent.

Summary of findings

- Opening hours reflected the needs of the population and clients were able to book appointments when they needed them.
 - The service had a clear procedure for managing complaints. They took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
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Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- Leaders had the skills and capacity to deliver the service and provide high quality care.
 - Staff stated they felt respected, supported and valued. They were proud to work in the service.
 - Regular staff meetings were held and there was evidence of clear communications with all staff.
 - There was an organisational structure and staff were aware of their roles and responsibilities.
 - 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.
 - There was evidence of processes for managing most risks, issues and performance.
 - There was evidence of quality improvement measures.
 - The service encouraged feedback from clients. Staff encouraged clients to leave an online review and these were used to monitor performance.
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The London Cosmetic Clinic

Detailed findings

Background to this inspection

London Knightsbridge Cosmetic Clinic Ltd is an independent provider of aesthetic medical services and treats adults over 18 in the Royal Borough of Kensington and Chelsea. London Knightsbridge Cosmetic Clinic Ltd is registered with the Care Quality Commission to provide the regulated activities surgical procedures and treatment of disease, disorder or injury. Regulated activities are provided at one clinic location: The London Cosmetic Clinic, 3rd Floor 168 Brompton Road, Knightsbridge, London, SW3 1HW.

The registered manager is the medical director and founder of the organisation. 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.

The clinic is housed on the third floor in leased premises in Knightsbridge. Access is via a commercial property on the ground floor. The clinic is accessed via stairs. There is a client waiting area, shared administrative office and kitchen, two treatment rooms on the third floor and one treatment room on the second floor. Staff and patient toilet facilities are on the second floor. The clinic is open between 9am and 7.30pm Monday to Friday and 9am to 4.30pm on Saturday. The clinic is closed on bank holidays and Sundays. Out of hours, the medical director oversees the service email account for urgent queries and there is a 24 hour answering service for messages.

Regulated activities are provided for clients over 18. Regulated services offered at the clinic include:

Consultations and treatment for dermatological conditions including acne and rosacea; prescription skincare; minor surgical procedures including scar excisions, ear lobe repair and mole excisions; hay fever treatments and Platelet Rich Plasma (PRP) therapy. The clinic sees approximately 50 clients per month who receive regulated activities which is about 40% of the total services provided by the clinic.

The service also offers the following which are not covered under the scope of our registration and as such were not inspected or reported on:

- Superficial mole and skin tag removal
- Dissolution of fat deposits
- Medical Micro-pigmentation
- Semi-permanent make up
- Facelifts
- Pulsed light and laser treatments
- Laser and pulsed light thread vein removal
- Hair removal
- Skin rejuvenation
- Cosmetic injectable

There are ten staff associated with the clinic. Services are provided by the medical director who is full time and two part time doctors who also work in the NHS and have a special interest in aesthetics. The doctors are supported by a doctor's assistant. Administrative support is provided by a patient services co-ordinator, three administrative staff and a clinic manager. The service also employs a laser technician.

How we inspected the service:

Our inspection team was led by a CQC Lead Inspector and included a GP Specialist Advisor.

Before visiting, we reviewed a range of information we hold about the service and contacted local stakeholders, however we did not receive any information of concern from them.

Detailed findings

During our visit we:

- Spoke with one doctor who was the director of the service and the registered manager.
- Spoke with two non-clinical staff members including the manager of the service.
- Looked at the systems in place for the running of the service.
- Viewed a sample of key policies and procedures.
- Explored how clinical decisions were made.
- Viewed six patient records.
- Made observations of the environment specifically the reception area, the waiting area, the doctors' room, toilets and the office.

- Reviewed feedback from 19 clients including CQC comment cards.

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?

Our findings

Safety systems and processes

The service had a number of systems to keep clients safe and safeguarded from abuse.

- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were available for safeguarding both children and adults and were accessible to all staff and these contained contact numbers for local safeguarding teams.
- Staff were aware of safeguarding procedures for the service and they knew how to identify and report concerns. However due to the nature of the service and the client population, there had never been any safeguarding concerns raised by staff.
- All staff had received up-to-date safeguarding children and adults training appropriate to their role.
- The practice carried out staff checks, including checks of professional registration and indemnity where relevant, on recruitment and ongoing. We found that the process for recruitment checks had improved since the service manager commenced in their role in October 2017.
- Disclosure and Barring Service (DBS) checks were undertaken for all staff in line with the service's policy (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).
- The service had a chaperone policy in place and the doctor's assistant who worked with the doctor acted as a chaperone. Chaperone duties had been discussed in staff meetings with all staff.
- The service had conducted a range of safety risk assessments for the premises including general health and safety, an oxygen storage risk assessment and a local legionella risk assessment. Although the provider had a certificate confirming that a legionella risk assessment had been carried out for the premises by an external company, they did not have an awareness of the outcome of the assessment and any resulting action plan. After the inspection, the provider ensured communications were in place with the leaseholder regarding management of the premises water systems. Arrangements were in place to manage the control of substances hazardous to health (COSHH), however there was no documented risk assessment or policy in place.

A fixed wiring check of the premises had been carried out in 2017 by the leaseholder. The presence of blinds with loop cords were identified on the inspection; the provider carried out a blind loop cord risk assessment and put in place actions to reduce risk immediately after the inspection.

- There was evidence that a range of electrical equipment had been tested for safety, and portable equipment had been tested and calibrated appropriately, however the blood pressure monitor had not been calibrated during the most recent check. The clinic bought a new blood pressure monitor immediately following the inspection. The service used a Platelet Rich Plasma (PRP) machine as part of the treatment for facelifts. There was evidence the provider had appropriate arrangements in place to ensure the PRP machine was safe for use.
- There was an effective system to manage infection prevention and control and actions to improve infection control had been undertaken such as infection control training for staff. There were systems for safely managing healthcare waste including sharps.
- Staff received safety information for the practice as part of their induction and refresher training.

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. The service did not employ locum or temporary staff; cover was arranged using existing staff members.
- There was an effective and thorough induction system for new staff. This was tailored to their role and included a range of safety information and mandatory training.
- The service had a lone working policy in place and a risk assessment had been completed.
- The service had evidence of professional indemnity for the doctors undertaking aesthetic procedures and public liability insurance for the premises.
- There was evidence of an up to date fire risk assessment and there were a number of actions in place for managing fire risk in the premises including regular fire drills, fire equipment checks and fire training.
- There was a procedure in place for managing urgent medical emergencies including anaphylaxis. The clinic kept emergency medical equipment including oxygen and a defibrillator with adults and children's masks and

Are services safe?

defibrillator pads, which were checked monthly. The clinic did not have medical equipment including a pulse oximeter or thermometer however these were purchased immediately after the inspection. The clinic had rare instances where clients had fainted, and as a result of this, the provider had undertaken a 'fainting risk assessment' with a process for staff to follow. First aid kits were kept.

- There was evidence of basic life support training for all staff within the last 12 months.
- The service stocked emergency medicines for treating anaphylaxis and appropriate checks were in place. There was no risk assessment to determine which emergency medicines to stock; however the provider completed this immediately after the inspection and decided to stock additional emergency medicines such as aspirin and glucogel.
- When there were changes to services or staff, the medical director and service manager assessed and monitored the impact on safety. There was a business continuity plan in place, however this required updating to include emergency contact numbers for staff.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to clients although some improvements were identified.

- Individual care records were written, managed and stored in a way that kept clients 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 service had systems for sharing information with staff to enable them to deliver safe care and treatment.
- Management of correspondence including results was safe.
- There was no formal process for communicating with a client's GP and the GP contact details were not consistently taken on registration, however the provider put a policy in place after the inspection to this effect.
- There were no formal processes for verifying a clients' identity. Personal details were taken at registration but not checked unless a bank card was used for payments. The service treated adults over 18 however we were told that if age was in question, they would seek to confirm age by checking proof of identity. There had been no instances where this had been required.

- Photographs were taken at registration and these were used to confirm identify on subsequent visits.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines, although medicine refrigerators were not always managed consistently.

- There were effective systems for managing emergency medicines.
- Medicines stored in two refrigerators included saline, local anaesthetic and medicines used for additional aesthetic services offered by the clinic. We found that the thermometers of the refrigerators had not been calibrated, the provider did not have second external thermometers used to monitor refrigerator temperatures and records were not kept for the second refrigerator that was only used occasionally. The provider commenced daily logged checks of the second refrigerator, arranged for calibration of both thermometers and ordered two external thermometers shortly following the inspection.
- The service provided prescriptions for some medicines including antibiotics and topical creams. A prescription template was stored electronically and completed and printed when an external prescription was required.
- A prescription skincare range was prescribed and dispensed by the doctors. There were safe systems for monitoring stock and expiry dates. Details of the prescription and dispensed medicine were recorded on the electronic record system.
- Doctors prescribed medicines to clients and gave advice on medicines in line with legal requirements and current national guidance.
- There was minimal evidence that the service audited the quality of their prescribing although records audits were conducted.

Track record on safety

The service had a good safety record overall, although some risks had not been fully mitigated.

- A number of risk assessments had been undertaken by the provider such as a risk assessment for pregnant workers, a sharps risk assessment, a fainting risk assessment, an oxygen storage risk assessment and an anaphylaxis risk assessment.
- Risk assessments for health and safety, infection control and fire had been undertaken.

Are services safe?

- However risks relating to the storage of medicines were not clearly managed.

Lessons learned and improvements made

The service had some systems for learning and improving when things went wrong.

- There was no written policy or clear process for staff to follow to report when things went wrong, although there was an incident reporting form with some guidance. Staff understood their duty to raise concerns and report incidents and leaders and managers supported them when they did so.
- We found that some incidents had occurred that had not been reported, for example, clients fainting in the clinic, although there was evidence of learning from these as the provider had undertaken a fainting risk assessment.
- There was some evidence that the service learned and shared lessons with all staff, identified themes and took action to improve safety. There had been two incidents

recorded for the service as a whole in the last 12 months, related to fee and payment issues. Following these, the clinic manager had reviewed the service's fees and payment policy which was discussed in a staff meeting shortly following the incidents.

- 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.
- If there were unexpected or unintended safety incidents:
 - The service reported they would provide affected people reasonable support, truthful information and a verbal and written apology.
 - They would keep written records of verbal interactions as well as written correspondence.
- There was no system for receiving and acting on patient safety, equipment and medicines alerts. However shortly following the inspection we saw evidence that the medical director signed up to receive email alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

There was evidence in place to support that the service carried out assessments and treatment in line with relevant and current evidence based guidance and standards such as frameworks produced by the British College of Aesthetic Medicine.

The doctors advised clients what to do if their condition got worse and where to seek further help and support. Leaflets containing comprehensive information about aftercare were provided where indicated.

Medical records were recorded electronically and the system allowed for photographs to be saved. We looked at six client records. Five records were clearly recorded and contained comprehensive detail of consultations, treatment and advice. One client record however, did not have full details of the treatment recorded.

The clinic had a well-structured patient pathway where clients were provided with comprehensive information and aftercare by a patient co-ordinator as well as receiving consultations and treatments by the doctor.

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

Monitoring care and treatment

The provider had a structured programme of quality improvement activity involving thorough records audits that were carried out six monthly, consent audits and patient pathway audits. There was evidence of changes made to improve the quality of the service provided. For example, a minor surgery records audit of 10 records in November 2017 identified that no histology results had been shared with a client's GP. The provider put in place an action plan to advise clients to give the results to the GP so they are kept updated in case further treatment was required.

The service also continuously monitored quality of care and treatment through a patient feedback and complaints.

Effective staffing

Staff had the skills and knowledge to deliver effective care and treatment.

- The service had an induction programme for newly appointed staff. This covered topics such as fire safety, hand washing, health and safety and data protection. The induction process had improved since the service manager had commenced in their role. The service manager provided role-specific training as part of the induction programme.
- The provider kept thorough records to demonstrate that staff had appropriate mandatory training to cover the scope of their work including training for basic life support, safeguarding, infection control, health and safety, fire safety, equality and diversity, conflict and complaints and data protection.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for the doctors had attended courses in aesthetics and dermatology.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of service development needs. Doctors' appraisals were up to date and all had been revalidated by the General Medical Council (GMC).

Coordinating patient care and information sharing

We found that the service had some systems in place for coordinating patient care and sharing information.

- There was no formal process for communicating with a client's GP and the GP contact details were not consistently taken on registration. Due to the nature of the population who received treatment from the service and the types of minor aesthetic treatments provided, it was practice policy that where doctors had any medical concerns, they advised the client to follow up this concern with their GP. The provider put a policy in place shortly after the inspection.
- All moles removed were sent to a laboratory for a histology review. Results were received electronically and by post and reviewed by the medical director. There had been no instances where any results had been abnormal or unexpected needing further referrals.

Supporting patients to live healthier lives

The service gave lifestyle advice where this was relevant to skin health during acne and pigmentation consultations.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

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

- Doctors understood the requirements of legislation and guidance when considering consent and decision making for clients over 18, however. There had been no instances where there had been concerns about a clients' capacity to consent.
- Written consent was obtained for all doctor interventions and treatment and we saw this was in line with General Medical Council (GMC) guidance.
- Records audits were undertaken which monitored the process for seeking consent.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated clients with kindness, respect, dignity and professionalism.

- Staff understood the personal, cultural, social and religious needs of clients.
- The service gave clients timely support and information.
- The service manager and receptionist described instances when clients wanted to discuss sensitive issues they were offered a private room to speak with a member of staff.
- We observed treatment rooms to be spacious, clean and private.
- We received feedback from 19 clients including Care Quality Commission comment cards. All comments were highly positive about the service experienced. Clients described the service as professional, accommodating and thorough. They felt they were treated with respect and listened to.
- The service reviewed online feedback. The majority of comments were very positive, with the service scoring 4.4 stars out of 5 respectively.
- The service reviewed patient feedback gathered from the medical director's appraisal in July 2017. This showed that 100% of clients reported they had confidence in the doctor and 100% of clients reported they would see the doctor again for treatment.

Involvement in decisions about care and treatment

Staff helped clients be involved in decisions about their treatment.

- Feedback from clients included comments that communication was excellent.
- Clients felt the doctors were thorough and took time to talk through treatments, never overselling un-necessarily.
- We saw that detailed information was provided about prescription skincare.
- The service had procedures in place to ensure clients could be involved in decision about their care and treatment:
 - Where clients did not have English as a first language they were advised ahead of their appointments to arrange an interpreter.
 - There had not been instances where they had treated clients with visual or hearing difficulties but we were told they could print large print information leaflets if needed.

Privacy and Dignity

The staff respected and promoted clients' privacy and dignity.

- Staff recognised the importance of clients' privacy and dignity when taking telephone calls or speaking with clients.
- Staff could offer clients a private room to discuss their needs in the reception area.
- We observed treatment rooms to be spacious, clean and private.
- From our observations during the inspection, there was evidence that the service stored and used patient data in a way that maintained its security, complying with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The clinic organised and delivered services to meet clients' needs and expectations.

- The facilities and premises were appropriate for the services delivered.
- The clinic was located predominately on the third floor accessed via stairs. Currently the clinic was not able to treat those with mobility restrictions who were unable to use stairs. Clients were informed the premises were not accessible if they used a wheelchair or mobility aid.
- Where clients had language barriers, they were advised ahead of their appointment to bring someone to act as an interpreter. The clinic treated a number of overseas clients from a variety of cultural backgrounds.
- A chaperone service was available if required.
- The website contained sufficient information regarding the services offered and pricing structures.
- Opening hours accounted for the needs of clients who were of working-age and wanted to attend after work, or on a Saturday. The provider recognised that the majority of clients were 'time poor' and there were expectations that the service needed to run to time.

Timely access to the service

The clinic provided a range of services, and appointments allowed clients to access treatment within an acceptable timescale:

- Doctors were available Monday to Saturday. Opening hours were 9am-7.30pm Monday to Friday and 9am to 4.30pm on Saturday.
- We saw that appointments could be booked within two days with a doctor.
- The service did not provide emergency appointments as the services provided were routine aesthetic procedures. However if clients had concerns we saw that these were quickly responded to and clients were given appointment on the same day if required.

- There was a 24 hour answering service for handling telephone calls and queries which were then emailed to the service and the medical director or clinic manager oversaw the main email account for the service.
- Clients felt they were easily able to contact the service and reported that communication was excellent.
- Feedback from clients including CQC comment cards showed that appointments ran on time with delays minimised.

Listening and learning from concerns and complaints

The service had a clear procedure for managing complaints. They 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 and it was easy to do. Staff treated clients who made complaints compassionately.
- The clinic manager reported that three written complaints had been recorded in the last 12 months for the service as a whole.
- The service did not record a log of verbal complaints or concerns, although there was evidence these had been handled appropriately.
- We reviewed two complaints and found that these were satisfactorily handled in a timely way, in line with the provider's complaints policy.
- There was some evidence that there were learned lessons from individual concerns and complaints which were acted on to improve the quality of the service although learning points and actions taken from individual complaints were not clearly recorded.
- Following a complaint about unclear pricing information being provided to a client, and verbal complaints about pricing the clinic manager ensured the procedure for providing quotations was understood by staff and produced manuals for the patient co-ordinator and administrative staff to follow so that roles and responsibilities for staff members were clear.
- There was minimal evidence that complaints were shared with all staff during monthly team meetings however there was evidence that actions taken to improve quality were shared and discussed.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

Leadership capacity and capability

Leaders had the skills and capacity to deliver the service and provide high quality care.

- The medical director was the leader and owner of the service.
- The medical director was the registered manager of the service with the Care Quality Commission, supported by a clinic manager.
- Both the medical director and clinic manager provided effective leadership which prioritised high quality care. They worked cohesively to address the business challenges in relation to performance of the service and oversight of risks.
- Both the medical director and clinic manager were visible and approachable. They worked closely with staff and they were supportive and inclusive.

Vision and strategy

The service had a clear vision to deliver high quality care, excellent customer care and an overall positive client experience.

- There was a mission statement and staff were aware of this.
- The medical director and clinic manager did not have a documented business plan but had clear priorities set out for the service including increasing staffing, use of technology and gathering client feedback.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the service.
- Leaders and managers had processes to act 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 we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

- Staff felt they were treated equally.
- There were processes for providing staff with the development they needed. This included structured inductions and probation periods, one to one meetings and appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.
- All staff were invited to monthly team meetings. This provided an inclusive culture for all staff and provided a forum to discuss incidents, complaints, training and service performance. Comprehensive records of these meetings were kept. All staff were given opportunities to be involved and to provide updates to colleagues regarding changes in the service.

Governance arrangements

There were responsibilities, roles and systems of accountability to support good governance and management, although some areas were identified for improvement.

- There was evidence of a stable and well-arranged organisational structure and staff were aware of their roles and responsibilities.
- There was a range of service specific policies that were available to all staff; however some policies were not in place or needed further detail, for example a policy and procedure for incident reporting and carrying out identification checks for clients.
- Governance of the organisation was monitored and addressed business development meetings with the clinic manager and medical director.

Managing risks, issues and performance

There was evidence of processes for managing risks, issues and performance; however some of these required a review.

- There were systems to identify, understand, monitor and address most health and safety risks related to the premises.
- The service had a business continuity plan in the event of an emergency affecting the running of the clinic.
- The practice leaders were aware of some incidents and complaints; however verbal concerns and complaints that were dealt with and acted on were not always documented to demonstrate learning and improvement to the service from these. There was evidence that some incidents had not always been reported.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- There was no formal process in place for dealing with safety and medicines alerts although this was put in place after the inspection.
- The provider had a clear oversight of recruitment procedures and systems for development and staff training.
- There were measures to improve and address quality. There was evidence of changes made to improve the quality of the service provided.
- The service manager and medical director had a clear oversight of performance of the service.

Appropriate and accurate information

The service had process in place to act on appropriate and accurate information.

- The service had systems in place which ensured clients' data remained confidential and secured at all times.
- Data protection training had occurred for all staff.
- The service used information from a range of sources including targets, financial information, incidents, complaints and online reviews of the service to ensure and improve performance.
- The provider submitted data or notifications to external organisations as required.

Engagement with patients, the public, staff and external partners

The provider had systems to involve clients, the public, staff and external partners to improve the service delivered.

- The service encouraged feedback from clients. Staff told us they encouraged clients to leave an online review.
- The service manager and medical director regularly monitored online comments and reviews and responded to these and they were shared in staff meetings.
- The provider had recently commenced a feedback system to gauge patient satisfaction following their visit, via electronic tablet devices.
- The provider utilised feedback from clients for the medical director's annual appraisal to improve the service. Results from July 2017 showed that 100% of clients would see the doctor again and 100% had confidence in the doctor.
- The service had 23 reviews online with an average of 4.4 stars out of 5. This included feedback from clients receiving a range of services offered by the clinic.

Continuous improvement and innovation

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

- Incidents and complaints were shared with all staff during staff meetings and these were used to develop the service, although systems to recognise and report incidents required a review to enable continuous improvement.
- The service had comprehensive processes for ongoing support for staff development. There was a focus on high quality care, through role specific training.