

My Beauty Doctor Ltd

My Beauty Doctor

Inspection report

My Beauty Doctor
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Overall summary

We carried out an announced comprehensive inspection on 17 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.

My Beauty Doctor Ltd is a private, GP lead, dermatology service and provides aesthetic medical and cosmetic services in Marlow, Buckinghamshire. In addition, the service also undertook blood tests and reviews of the results of such tests for clients undertaking a specific weight loss programme.

My Beauty Doctor also conducts cosmetic treatments to day-clients using a range of non-invasive or minimally invasive procedures including laser and non-laser technology and treatment techniques.

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 service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Therefore, at My Beauty Doctor, we were only able to inspect the services which were subject to regulation. Specifically, we inspected the service relating to the blood tests and review of the results of such tests for

Summary of findings

clients undertaking a specific weight loss programme. The blood tests were carried out to monitor organ function during the rapid weight loss programme and were not available for those under the age of 18.

We received feedback from 17 clients 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. However, there was no method to establish how many of the cards referred to the blood testing service we inspected.

Our key findings were:

- The service had systems to keep people safe and safeguarded from abuse. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Appropriate systems were in place to identify, assess and manage risk.
- The service assessed needs and delivered the registered blood testing service in line with relevant and current evidence based guidance
- Advice on maintaining healthy eating once the programme concluded was available to support a healthier life.
- The service put their clients first before financial gain. They would not provide treatment where they felt it was not in the client's best interest.
- The provider was motivated to prioritise the needs of their clients and they would not provide treatment that they did not feel was in their best interest.
- The service provided a range of appointments which allowed clients to access the blood testing service within an acceptable timescale.
- Clients could contact the service or complete feedback forms in the suggestion box within the reception area, the service analysed this feedback including feedback on internet based review forums.
- Governance arrangements ensured policies and procedures relevant to the management of the service were kept under review.
- There was a commitment to widening the range of registered services available to people who wished to access private clinic services. For example, in May 2018 a new GP is joining the team which will lead to an increase in services provided.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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 the service was providing safe care in accordance with the relevant regulations.

- There was a system in place for reporting and recording significant events. There had not been any significant events reported relevant to the regulated service so the process was untested in regard to the registered service. We saw events followed the system for the non-registered cosmetic services operated from the clinic and that learning from these events were shared with staff.
- Staff had received safeguarding training and all staff had access to local authority information if safeguarding referrals were necessary.
- There was no prescribing of medicines and no medicines were held on the premises with the exception of medicines to deal with a medical emergency. The service did not hold oxygen or an automated electronic defibrillator (AED). Formal risk assessments were completed every six months reviewing the potential for oxygen and an AED. We saw the risk assessments included an arrangement and details of the nearest supply of oxygen and AED.
- We found equipment was visibly clean throughout the service, and staff had a good understanding of responsibilities in relation to cleaning and infection prevention and control.
- The equipment in use that was relevant to the service inspected was maintained in accordance with manufacturer's instructions.

Are services effective?

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

- There was evidence that the clinician working at the service at the time of inspection was aware of current evidence based guidance in following up blood test results. This included access to guidelines from the World Health Organisation (Drawing blood: best practices in phlebotomy).
- There were limited systems to assess and monitor the quality of service that clients received. However, the element of service we inspected was in its infancy, less than 10 clients had commenced the programme. As a result there was little opportunity to draw comparisons with similar services.
- The service had an induction programme in place for newly appointed staff, including the new GP who was starting in May 2018.
- There was not a formal process for communicating with a client's GP, although the GP contact details were requested on registration.
- The nurse within the service had added an additional stage into the weight loss programme which enabled a further discussion to supporting clients whilst monitoring care. This was a telephone call at two week intervals; this included an informal discussion about maintaining well-being whilst completing the programme.
- A written agreement was completed prior to commencing the weight loss programme and subsequent blood tests clearly identified regular blood tests would be required.
- The service displayed full, clear and detailed information about the cost of consultations and treatments, including the cost of the weight loss programme that included the blood testing service.

Summary of findings

Are services caring?

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

- Clients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The initial medical assessment appointments were an hour long so all elements of care could be explained and there was sufficient time to answer client's questions.
- The service maintained a treatment decision approach that was 'always in the best interest of the client'. Staff we spoke with demonstrated a person centred approach to their work.
- Clients who completed Care Quality Commission comment cards said they received a compassionate service.
- The provider maintained client information confidentiality.

Are services responsive to people's needs?

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

- Access to the service was on a planned pre-booked basis. Clients interested in taking up the service were given relevant information and booked their consultations as part of a planned programme.
- The facilities and premises were appropriate for the service delivered.
- The service was housed over two floors; regulated activities were provided on both floors accessed via stairs. The service was able to treat those with mobility restrictions who were unable to use stairs. However, clients were informed the premises were not accessible if they used a wheelchair or mobility aid.
- The website for the service was very clear and easy to understand. In addition it contained clear information about the procedures offered.
- Information about how to complain was readily available to clients.

Are services well-led?

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

- Although a small team, there was a clear staffing structure and staff were aware of their own roles and responsibilities.
- We received written feedback from members of staff which commented on the effective, supportive and inclusive leadership within the service.
- Staff spoke of a commitment to help promote well-being, body image and confidence of clients attending the service.
- The service had a range of appropriate policies and procedures to govern activity.
- The provider submitted data or notifications to external organisations as required. For example, the service had recently notified and submitted an application to the Care Quality Commission to amend the registration of the service.
- The service sought feedback from all clients attending blood test appointments. Feedback was consistently positive.

Summary of findings

- The service regularly monitored online comments and reviews and responded to these and they were shared in staff meetings. For example, the service had 12 reviews on WhatClinic with an average of 97% client satisfaction,
 - There was a commitment to widening the range of registered services available to people who wished to access private clinic services.
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My Beauty Doctor

Detailed findings

Background to this inspection

My Beauty Doctor Ltd is a private, GP led, dermatology service and provides aesthetic medical and cosmetic services in Marlow, Buckinghamshire. In addition, the service also undertook blood tests and reviews of the results of such tests for clients undertaking a specific weight loss programme.

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

- Facials
- Laser hair removal
- Cosmetic injectables

Therefore, at My Beauty Doctor, we were only able to inspect the services which were subject to regulation. Specifically, we inspected the service relating to the blood tests and review of the results of such tests for clients undertaking a specific weight loss programme. The weight loss programme is based upon high protein replacement meals. The blood tests were carried out to monitor organ function during the rapid weight loss programme and were not available for those under the age of 18.

Regulated activities make up approximately 5% of the clinic's services.

Regulated activities are provided at one location:

- My Beauty Doctor, 10 Chapel Street, Marlow, Buckinghamshire, SL7 1DD

The GP is the registered manager. A registered manager is a person who is registered with the Care Quality Commission (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.

There is a range of appointments which allow clients to access the blood testing service. Appointments are available Monday to Friday (no blood testing service on a Friday), between 9am and 3.30pm, one evening a week and Saturday mornings between 10am and 3pm (no blood testing service on a Saturday). Blood test appointments did not take place on Fridays or Saturdays to enable the samples to be sent to the laboratory on the day they were taken. Out of hours, the GP oversees the service email account for urgent queries.

The team comprises of a GP, a nurse, a therapist and a clinic manager, however only the GP and the nurse provide the regulated activities we inspected.

How we inspected the service:

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

Before visiting, we reviewed a range of information we hold about the service and reviewed information from the provider including evidence of staffing levels and training, audit, policies and their statement of purpose.

During our visit we:

- Spoke with the GP who was also the owner and current registered manager.
- Spoke with two additional staff members including the clinic manager and nurse.
- Looked at the systems in place for the running of the service.
- Viewed a sample of key policies and procedures.

Detailed findings

- Explored how clinical decisions were made.
- Made observations of the environment specifically the reception area, the waiting area, the treatment rooms, toilets and back office.
- Reviewed client feedback, including 17 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

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

Safety systems and processes

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

- The provider had systems to safeguard clients from abuse including policies which were accessible to all staff and 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. During our discussions with staff, they all spoke clearly and comprehensively about potential safeguarding concerns linked to the weight loss programme including body dysmorphic disorder (BDD). BDD is a condition where a person spends a lot of time worrying about flaws in their appearance. These flaws are often unnoticeable to others. 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 and were aware of when to escalate issues to the safeguarding lead.
- The provider carried out staff checks, including checks of professional registration and indemnity where relevant, on recruitment and ongoing. We saw the recruitment of a GP, who was planned to start in May 2018, had followed the service's recruitment procedure.
- 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).
- The service did not provide any intimate examinations that would warrant formal chaperone training, however there was a chaperone policy in place and signage promoting chaperone availability on display in the event that clients requested to have a second staff member in the consultation room. Only clinical members of staff would act as the chaperone if this was required.
- The provider had conducted a range of safety risk assessments for the premises including health and safety, legionella and control of substances hazardous to health (COSHH) and there was evidence that any concerns were identified and addressed. The majority of the assessments were completed on completion of the renovation of the premises in October 2017.
- There was evidence that a range of electrical equipment had been tested for safety, and portable equipment had been tested and calibrated appropriately. Similar to other assessments and building/premises checks, a fixed wiring check of the premises had been carried out on completion of the renovation.
- There was an effective system to manage infection prevention and control and a number of actions to improve infection control had been undertaken or were in progress. Following discussions during the inspection, we saw the service was in the process of amending the existing system to formally capture and monitor infection prevention via an annual audit. We saw there were systems for safely managing healthcare waste, specifically the clinical waste following the blood test procedure for example, used needles/syringes.
- We saw hand washing facilities and hand sanitising gel was available in the clinic rooms and in other areas of the service. This was in line with epic3: 'National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England' (epic3) and Health Technical Memorandum (HTM) 00-09.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. The element of the service we inspected did not employ locum or temporary staff; cover was arranged using existing staff members.
- The service did not hold oxygen or an automated electronic defibrillator (AED). Formal risk assessments were completed every six months reviewing the

Are services safe?

potential for oxygen and an AED. We saw the risk assessments included an arrangement and details of the nearest supply of oxygen and AED (both the businesses on either side of the service had an AED). There were always staff on duty who had received training in basic life support on a regular basis. There were records of the training having taken place. We noted that the regulated activity offered was of low risk and that clients undergoing this treatment received a full assessment to determine they were of sufficiently good health to undertake the weight loss programme and receive blood tests.

- Although the likelihood was minimal, there was a procedure in place for managing urgent medical emergencies. It was policy to call 999 in the event of an emergency as emergency medical equipment was not kept at the service. The service had never had an instance where they had a medical emergency or an unwell client since they had been operating.
- There were a number of actions in place for managing the risk of fire in the premises including training, appointment of a fire warden and fire equipment checks. The renovation of the premises was completed in October 2017, before services commenced there was a fire risk assessment completed to mitigate any associated fire risk.
- When there were changes to services or staff, the full team assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- 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 in the service was safe. Although, there were no formal processes for directly communicating with clients' GPs. We saw examples

where following the blood test if there were medical concerns, clients had been advised to see a GP, and feedback from the clients following the GP reviews were recorded.

- There was a process for verifying a clients' identity. Personal details were taken at registration and checked. The weight loss programme only treated adults over 18, staff told us 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.

Safe and appropriate use of medicines

The regulated service offered did not involve prescribing of medicines. We checked the emergency medicines held and these were held appropriately and were all in date and fit for use.

Lessons learned and improvements made

There was a system in place for reporting and recording significant events.

- The service had not reported any serious incident relevant to the service inspected since it opened in 2012. 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. There was a recording form available to report such an incident. We noted that incidents and events that arose from other non-regulated services, such as cosmetic procedures, operated at the service were appropriately recorded and followed up.
- 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.

There was a system for receiving safety alerts, such as those relating to the use of medical devices.

- The GP received and assessed the safety alerts to decide if they were relevant to the service and acted upon when necessary. We noted that the clinic had not received any safety alerts that were relevant to the registered service we inspected. However, we saw recent completed

Are services safe?

action and supporting correspondence following advice from the Medicines and Healthcare products Regulatory Agency (MHRA) regarding a description on the services website regarding one of the non-regulated services.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

- The service assessed needs and delivered the registered blood testing service 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.
- Systems were in place to keep all clinical staff up to date. This included access to guidelines from the World Health Organisation (Drawing blood: best practices in phlebotomy). We saw this information was used to deliver care and treatment that met client's needs.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

- The element of service we inspected was in its infancy, less than 10 clients had commenced the programme. As a result there was little opportunity to draw comparisons with similar services. However, we saw the service used recognised tools to ensure fair and objective auditing for non-regulated activities. This included evidence that audits results were analysed and discussed. The team described plans to commence an audit of the blood testing service using similar audit tools once the numbers had increased.
- The service held records of blood tests that had not been successful, for example, due to a time delay, and these were dealt with in a timely manner by repeating the blood test and ensuring the GP received the results of the second test.
- The registered service involved the client receiving regular consultations with the GP that led the weight loss programme. At that consultation the results of the blood tests taken each month were discussed. The blood tests were carried out to monitor organ function during rapid weight loss. There was a system in place to alert clients to abnormal blood results and to take appropriate action in these circumstances.

- Furthermore, the GP and nurse advised clients what to do if they started to experience side effects following the blood test. For example, what to do if bruising or minor swelling appeared at the site of the injection. This advice included where to seek further help and support.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The service had an induction programme in place for newly appointed staff, including the new GP who was starting in May 2018.
- The learning needs of staff were identified through a system of meetings and reviews of service development needs. The appraisal programme was yet to commence, however there were systems in place to ensure that all staff had completed relevant training.
- Staff received training that included: safeguarding and basic life support.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the nurse within the team had recently attended a conference and corresponding refresher training on the weight loss programme.
- Staff were encouraged to maintain their continual professional development (CPD) to regularly update their skills. This showed the service ensured all relevant training was attended so that staff were working within their sphere of competency.
- The clinicians within the service also had access to training through their current and previous work within the NHS.

Coordinating patient care and information sharing

There was not a formal process for communicating with a client's GP, although the GP contact details were requested on registration. The service encouraged clients to contact their registered GP if there was an abnormal blood test result and prior to commencing the weight loss programme, although it was not a requirement for them to do so.

Supporting clients to live healthier lives

The registered service we inspected was limited to delivering blood tests to support a rapid weight loss clinic.

Are services effective?

(for example, treatment is effective)

- The service included advice on maintaining healthy eating once the programme was concluded and on maintaining an exercise regime to support a healthy weight.
- We saw the nurse within the service had added an additional stage into the weight loss programme which enabled a further discussion to supporting clients whilst monitoring care. This was a telephone call at two week intervals, this included a discussion about maintain well-being whilst completing the programme. If ever required, the service could arrange a formal discussion with a life coach or dietician from the weight loss programme.
- Clients requiring other advice on healthy lifestyles were advised to contact their registered GP.
- We saw the written agreement which was completed prior to commencing the weight loss programme and subsequent blood tests clearly identified regular blood tests would be required; therefore written consent was not required for each set of blood tests.
- The staff we spoke with demonstrated an understanding of the requirements of the Mental Capacity Act (2005). Legislation in regard to consent from people under the age of 16 was not relevant to the service because people aged under 18 were not permitted within the clinic.
- The service displayed full, clear and detailed information about the cost of consultations and treatments, including the cost of the weight loss programme that included the blood testing service. This information was displayed in the on the clinic website and included in all literature information packs. This information clearly outlined what was and what wasn't included in the programme. For example, the blood testing service did not include other items for example supplements that were required for the weight loss programme.
- We were told the associated fees were also explained to the client when they made their initial enquiry about taking up the weight loss programme.

Consent to care and treatment

Staff sought client's consent to care and treatment in line with the specialist treatment provided. For example:

- Attendance at the clinic for the weight loss programme was initiated by clients. Clients expressing an interest in taking up the programme, which included monthly blood tests, were given sufficient information about the programme to reach a decision to take up the service. Those that did so were required to sign an agreement to taking part.

Are services caring?

Our findings

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

Kindness, respect and compassion

We saw that the service treated clients with dignity and respect.

- The initial medical assessment appointments were an hour long so all elements of care could be explained and there was sufficient time to answer client's questions.
- The service had access to a range of information and advice resources for clients that they could take away with them to refer to at a later time.
- Staff we spoke with were aware of their responsibility to respect people's diversity and rights.
- We received 17 Care Quality Commission comment cards. These were positive regarding the care delivered by the clinic and the caring attitude of staff. They found staff helpful and would recommend the service to others. Many clients expressed their gratitude for the difference their treatment had made to their confidence and mental wellbeing.

Involvement in decisions about care and treatment

There was evidence of client's involvement in decisions about their care.

- The clients receiving the registered service did so out of choice.
- Staff told us that they went to great care to outline the various treatment options available, and always discussed the limitations and potential complications

as well as the benefits. Clients were always given time to think about the options offered and there was an opportunity to further discuss if required, with a friend or relative.

- In situations where the service felt that treatment was not suitable, or there would be little benefit, then treatment would not be offered, and the client would be counselled and advised accordingly.
- We saw that there were information leaflets including a detailed brochure containing information for clients about the various treatments, including the potential benefits and limitations of treatments. The brochure also contained photographs and diagrams to facilitate explanation.

Privacy and Dignity

The staff respected and promoted clients privacy and dignity.

- Staff recognised the importance of privacy and dignity when taking telephone calls or speaking with clients. For example, consultation and treatment room doors were closed during consultations. Conversations taking place in these rooms could not be overheard.
- Staff within the service knew when clients 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.
- We observed treatment rooms to be spacious and private.
- From our observations during the inspection, there was evidence that the service stored and used 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

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

Responding to and meeting people's needs

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

- The weight loss programme and the supporting blood testing service (the regulated activity we inspected) could be accessed through the website, www.mybeautydoctor.co.uk, in person by attending the clinic or through a telephone enquiry.
- The service ran alongside other services that were not subject to regulation but enabled the establishment of the clinic with modern facilities and support staff.
- The facilities and premises were appropriate for the service delivered.
- The service was housed over two floors; regulated activities were provided on both floors accessed via stairs. The service was able to treat those with mobility restrictions who were unable to use stairs. However, clients were informed the premises were not accessible if they used a wheelchair or mobility aid.
- The website for the service was very clear and easy to understand. In addition it contained clear information about the procedures offered.
- The service provided continuity of care to their clients as due to the small team clients saw the same nurse and GP each time they attended.
- Toilet facilities were available for clients attending the service.

Timely access to the service

- The service was offered on a private, fee-paying basis only, and as such was accessible to people who chose to use it.
- The service provided a range of appointments which allowed clients to access the blood testing service within an acceptable timescale. For example, appointments were available Monday to Friday (no

blood testing service on a Friday), between 9am and 3.30pm, one evening a week and Saturday mornings between 10am and 3pm (no blood testing service on a Saturday).

- Blood test appointments did not take place on Fridays or Saturdays to enable the samples to be sent to the laboratory on the day they were taken.
- Clients were offered the opportunity to book their course of appointments for the full weight loss programme when they signed up to the programme. This enabled them to schedule appointments at times that best suited their other commitments.
- The service did not provide emergency appointments as the blood testing service provided was scheduled as part of the weight loss programme. However, if clients had concerns we saw that these were quickly responded to with a telephone call and followed up by an appointment if appropriate.
- Out of hours, the GP oversaw the service's email account (available on the website, on the telephone answer machine and within information leaflets) for urgent queries and responded to these as required.

Listening and learning from concerns and complaints

The service had a system in place for handling complaints and concerns.

- There was a designated responsible person who handled all complaints.
- Clients could contact the service or complete feedback forms in the suggestion box within the reception area, the service analysed this feedback including feedback on internet based review forums.
- The provider had a clear and comprehensive complaints procedure. The procedure set out how complaints would be investigated and responded to.
- There had been no complaints in the previous year related to treatments regulated by the Care Quality Commission. Therefore, we could not test whether the procedure had been followed or identify any learning from complaints. However, we noted that complaints that arose from other non-regulated services, such as cosmetic procedures, operated at the service were appropriately recorded and followed up.

Are services well-led?

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

Our findings

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

Leadership capacity and capability

Staff had the skills and capacity and worked together to deliver the service and provide high quality care.

- Although a small team, there was a clear staffing structure and staff were aware of their own roles and responsibilities.
- The GP was the registered manager of the service with the Care Quality Commission, the overall lead and owner of the service. My Beauty Doctor was set up in 2012 and moved to the current location in October 2017. The blood testing service we inspected was in its infancy and had seen less than 10 clients commence the programme.
- We received written feedback from members of staff which commented on the effective, supportive and inclusive leadership within the service. One comment highlighted how supportive the team had been since they had joined the service.

Vision, strategy and culture

The service and staff had one common goal, to work together to achieve natural results and high-quality sustainable care.

- It was evident through discussions with staff that the service prioritised compassionate care. Staff spoke of a commitment to help promote well-being, body image and confidence of clients attending the service.
- Staff stated they felt respected, supported and valued. They were proud to work in the service.
- The service focused on the needs of clients, staff told us they always put the client's best interest before any financial consideration.
- There was a clear sense of team and subsequent positive relationships between all staff at the service. There were regular social events, including celebrating key achievements in the year.
- The culture of the service encouraged candour, openness and honesty. Staff we spoke with told us the

service had a 'no blame' culture and that they would have no hesitation in bringing any errors or near misses to the attention of the GP or external bodies. None of the staff we spoke with recalled any instances of poor practice that they had needed to report.

Governance arrangements

The governance arrangements were appropriate to the limited range of services provided and the small team delivering these services.

- The service had a governance framework in place, which supported the delivery of quality care.
- Service specific policies were implemented and were available to all staff. All staff that we spoke to were aware of how to access policies and the policies were kept up to date by an annual review.
- Staff had prompt access to the GP if they needed to escalate any ideas or concerns.
- Given the small team providing regulated activities, informal meetings were held and learning/actions of meetings documented and recorded.
- There were appropriate systems in place to identify, assess and manage risks. Relevant risk assessments had been undertaken to reassure the provider that the environment was safe and that staff practiced within their competencies.
- Appropriate recruitment checks were undertaken. Training and revalidation were supported 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 client safety. Risk assessments we viewed were comprehensive and had been reviewed. There were a variety of daily, weekly, monthly, quarterly and annual checks in place to monitor the performance of the service.
- The service had oversight of Medicines and Healthcare products Regulatory Agency (MHRA) alerts, incidents, and feedback.

Are services well-led?

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

- There was clear evidence of action to change practice to improve quality.

Appropriate and accurate information

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

- There were systems in place which ensured clients' data remained confidential and secured at all times.
- Data protection training occurred internally for most staff and the GP had undertaken additional reading in line with the implementation of the General Data Protection Regulation (GDPR) in May 2018.
- The service submitted data or notifications to external organisations as required. For example, the service had recently notified and submitted an application to the Care Quality Commission to amend the registration of the service.

Engagement with patients, the public, staff and external partners

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

- The service encouraged all clients attending the clinic to provide feedback on their experience of the registered service provided. Results of the feedback were consistently positive and aligned with the experiences of clients attending the non-registered services provided.

- Due to the positive feedback and the small numbers of clients attending the blood testing service the service had not identified the need to make any major changes to the service offered. However, one informal comment had been reviewed and as a result led to a slight amendment in the appointment schedule. Specifically, an additional buffer time period was added to appointments to reduce any impact of an over running appointment.
- The service regularly monitored online comments and reviews and responded to these and they were shared in staff meetings. For example, the service had 12 reviews on WhatClinic with an average of 97% client satisfaction, this included feedback from clients receiving a range of services offered by the clinic. WhatClinic is a global review website which provides information about clinics within the elective, self-pay healthcare sector.
- The service had received 17 comment cards, all were positive.

Continuous improvement and innovation

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

My Beauty Doctor demonstrated their commitment to widening the range of registered services available to people who wished to access private clinic services. For example, in May 2018 a new GP is joining the team which will lead to the introduction of additional services.