

# The Wellfield Skin Clinic

## Inspection report

47 Alma Road  
Windsor  
SL4 3HH  
Tel:

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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 Wellfield Skin Clinic in Windsor, Berkshire on 9 March 2023. The service was registered with the Care Quality Commission (CQC) in July 2019. We carried out this first rated inspection as part of our regulatory functions. The inspection was undertaken to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services, and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Wellfield Skin Clinic provides a range of independent dermatology services, including non-surgical cosmetic interventions, for example anti-wrinkle injections and dermal fillers which are not within CQC scope of registration. We did not inspect, or report on, those services that are outside the scope of registration.

The Wellfield Skin Clinic is registered with the CQC to provide the following regulated activities:

- Diagnostic and screening procedures
- Surgical procedures
- Treatment of disease, disorder or injury

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

The service was founded in 2013 by a GP Skin Surgeon who is also the medical director and CQC registered manager. A registered manager is a person who is registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

## **Our key findings were:**

- The service had clear systems to keep people safe and safeguarded from abuse. The service used recognised screening processes to identify patients who could be at risk of body dysmorphic disorder (BDD) (BDD is a mental disorder characterised by the obsessive idea that some aspect of the person's body or appearance is severely flawed and therefore warrants exceptional measures to hide or fix it on a daily basis).

# Overall summary

- The service assessed needs and delivered care in line with relevant and current evidence-based guidance and standards. This included guidance from Primary Care Dermatology Society (PCDS), the National Institute for Health and Care Excellence (NICE) and the British Association of Dermatologists (BAD).
- Staff recognised the importance of people's dignity and respect. Staff displayed an understanding and non-judgmental attitude when talking to patients who were seeking to resolve skin conditions and concerns regarding their appearance.
- The service had complaint policy and procedures in place and learned lessons from individual concerns, complaints and feedback. All feedback was discussed during staff meetings and recorded on the learnings log.
- There was a focus upon continuous improvement and exploration of innovations in treatment and after care to achieve optimum safe outcomes for patients.

**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 Care Quality Commission (CQC) inspector, they were joined by a second Inspector and had access to advice from a specialist advisor.

## Background to The Wellfield Skin Clinic

The Wellfield Skin Clinic opened in 2013 and is located in Windsor, Berkshire. The clinic provides a small range of treatments for people aged over 12 that come under scope of regulation by the Care Quality Commission (CQC).

These treatments are given via pre-bookable appointments. Patients attend for an initial consultation, where a treatment plan is discussed and agreed, and then they are booked in for treatment at a later date. Only specific treatments are regulated by CQC which included treatments for a range of skin conditions (including acne and rosacea), surgical treatments for a range of skin conditions (including lumps, bumps, keloids, skin tags, moles, milia, lipoma and cyst removal), treatment for excessive sweating (hyperhidrosis) and a small range of pre-operative assessment, post-operative care for surgical procedures in vascular surgery, including micro-sclerotherapy (treatment for small varicose veins).

Treatments are provided from:

- The Wellfield Skin Clinic, 47 Alma Road, Windsor, Berkshire SL4 3HH

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

The Wellfield Skin Clinic is in a converted residential property alongside several other allied health clinics and services. The Wellfield Skin Clinic is managed from 2 offices and treatments are provided from 2 treatment rooms, whilst the reception area is shared with other co-located services.

The service is open Monday to Friday with a range of opening hours: Monday 2.30pm to 6.30pm, Tuesday 9.30am to 4.30pm, Wednesday 9am to 7pm, Thursday 9am to 5pm and Friday 9am to 5pm. This service is not required to offer an out of hours service. When necessary, the service could stay open longer to accommodate patient's needs. Patients who need medical assistance out of corporate operating hours can access out of hours support via the service and this is detailed in patient literature supplied by the service.

Regulated activities (treatments regulated by CQC) are provided by a GP Skin Surgeon (who is the Medical Director) and they are supported by an aesthetic therapist, both of whom have extensive qualifications in aesthetic medicine. A clinic coordinator is supported by a contracted compliance manager to undertake the day-to-day management and running of the service.

### How we inspected this service

We carried out this inspection on 9 March 2023. Before visiting the location, we looked at a range of information that we hold about the service. This included 26 items of patient feedback shared directly with CQC via the 'Give Feedback on your Care' Section of our website. 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 worked with the other co-located services and conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed. The policies outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their ongoing training and development.
- 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).
- The service provided treatment for patients aged 12 and over, for example treatment for teenage acne. We saw the service was reviewing the existing systems to further assure themselves that an adult accompanying a child had parental responsibility.
- The service had systems to safeguard children and vulnerable adults from abuse. Staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Contact numbers for the local authority (Royal Borough of Windsor and Maidenhead) safeguarding team were easily accessible and appropriate safeguarding policies were in place. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The Wellfield Skin Clinic is located within shared medical premises and there was a service level agreement in place to manage the premises including infection prevention and control. Despite being in a converted residential building, all areas of the building used by patients at The Wellfield Skin Clinic had been renovated and refurbished to a high medical grade specification. There was an effective system to manage infection prevention and control. The service had a process in place to monitor infection prevention and control using room checklists. There was an infection control policy in place and the last infection prevention and control audit was completed in October 2022. We found all areas of the service, including all treatment rooms and patient areas visibly clean and hygienic. Staff followed infection control guidance and attended relevant training.
- There was an effective system to manage healthcare waste. This included the separation of healthcare waste with cell changing properties (Botulinum toxin) to ensure safe collection and disposal.
- Staff immunisations were in line with UK Health Security Agency (UKHSA) guidance.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. This included a Legionella risk assessment in 2021 and full premises risk assessment in April 2022.

# Are services safe?

- The service worked alongside the landlord and other services within the building to complete and monitor appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them. This included a fire risk assessment, completed in February 2022 and a fire risk assessment for the evacuation of less mobile patients, completed in June 2022.

## Risks to patients

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

- There was a small team, with 3 staff members performing regulated activities. The service was managed by the medical director who was supported by a clinic coordinator who scheduled, co-ordinated and booked consultations, treatments and post treatment appointments to ensure suitable staffing arrangements at all times.
- Although the service did not see acutely unwell patients, staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Staff had completed a range of training to manage medical emergencies. We also saw staff had access to the Aesthetic Complications Expert (ACE) Group which supported medical practitioners in the management of non-surgical aesthetic complications by providing advice via telephone and email.
- Staff told us patients were mostly fit and healthy but was also aware of identifying the symptoms of the acutely unwell patient. For example, in the event of anaphylaxis (a severe, potentially life-threatening, allergic reaction).
- We noted that all treatments that were within scope of regulation were of low risk and that patients received full medical assessments to determine they were of sufficiently good health to undertake the treatments.
- The emergency medicines kept onsite were appropriate for the type of service offered to patients.
- When there were changes to services or staff the service assessed and monitored the impact on safety. This included changes and temporary closures between March 2020 and June 2020 due to the COVID-19 pandemic and regulations.
- There were appropriate indemnity arrangements and liability insurance policies in place.

## Information to deliver safe care and treatment

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

- We reviewed the templates used within consultations and saw patients' medical histories were taken and included additional general health-related questions.
- Individual care records were written and managed in a way that kept patients safe. The 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 and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

# Are services safe?

## Safe and appropriate use of medicines

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

- The service stored minimal medications and we saw the arrangements for managing medicines kept patients safe. Medicines were stored safely in line with the manufacturers' recommendations and checked to ensure they did not pass their expiry date. This included medicines which required refrigeration.
- Due to the nature of the service, it did not hold any stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- The fridge temperature was appropriately monitored and recorded on a daily basis.
- 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.
- The service carried out medicine audits and antimicrobial audits to ensure prescribing was in line with best practice guidelines for safe prescribing and antibiotic stewardship (Antibiotic stewardship is an approach to monitor the use of antibiotics to preserve their future effectiveness).

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues and to support the management of health and safety on the premises.
- Despite the size and scope of the treatments within scope of regulation being small, the service monitored and reviewed all activity. This included a detailed log and analysis of all treatment activity. For example, between March 2022 and March 2023, 933 patients had accessed treatment. Of the 933 patients, 38% were for treatments regulated by CQC. Further information highlighted the number and types of skin surgery which included the number of lumps, bumps, scars, keloids, lesions, skin tags, moles, milia (very small, raised, pearly-white or yellowish bumps on the skin), lipoma (soft, harmless fatty lumps that grow under your skin) and cysts that had been removed. The clinician told us, this analysis helped the service understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving safety alerts, such as those relating to the use of medicines. The medical director received the alerts and assessed whether they were relevant to the service and acted upon them when necessary. We noted that the service had not received any safety alerts that were relevant to the regulated activities we inspected.
- Staff told us if a patient or the clinician was concerned about the safety of a medicine following its administration, this would be reported to the Medicines and Healthcare products Regulatory Agency (MHRA) via the Yellow Card reporting site which would investigate and take action to minimise risk and to protect public health.

## Lessons learned and improvements made

### The service had systems to learn and make improvements when things went wrong.

# Are services safe?

- The service used a learning log to record any unintended events and serious incidents. In the previous 12 months, 5 events had been recorded, reviewed and discussed with the team. We reviewed all 5 events and saw learning was captured from each event. For example, 1 event included a minor allergic reaction to the anaesthetic, the procedure was halted immediately, and appropriate treatment given. The patient was observed and monitored until the reaction had resolved. The service informed the patients GP of the reaction and requested further investigation to be carried out. Following a full investigation, the patient was later treated using a different anaesthetic. This event resulted in a further review and medicines audit to ensure that emergency medicines and oxygen were always available in case of reactions to injectable medicines.
- Staff spoke of a culture of openness and honesty and were aware of with the requirements of the Duty of Candour. The service had systems in place for knowing about notifiable safety incidents.



# Are services effective?

**We rated effective as Good because:**

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

**The 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 the treatments regulated by the Care Quality Commission (CQC).**

- The service assessed needs and delivered care in line with relevant and current evidence-based guidance and standards. This included guidance from Primary Care Dermatology Society (PCDS), the National Institute for Health and Care Excellence (NICE) and the British Association of Dermatologists (BAD).
- Patients' immediate and ongoing needs were fully assessed and recorded. This included a record of the treatment prior to the appointment, limitations of the treatments and expectations. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The clinician ensured they kept up to date with developments within the aesthetic cosmetic sector and related evidence-based practices. This included, where appropriate, membership of the Royal College of General Practitioners, British College of Aesthetic Medicine and Royal College of Surgeons, as well as ongoing professional development. This enabled the service to provide treatment in line with current legislation and guidance.
- We saw no evidence of discrimination when making care and treatment decisions.
- In relation to treatments regulated by CQC, arrangements were in place to deal with repeat patients. Staff spoke clearly about building relationships with patients and delivering bespoke individual treatment plans built around individual patients.
- Staff were aware of body dysmorphia and potential patients presenting with this condition. (Body dysmorphic disorder (BDD), is a mental disorder characterised by the obsessive idea that some aspect of the person's body or appearance is severely flawed and therefore warrants exceptional measures to hide or fix it on a daily basis).
- Staff assessed and managed patients' pain where appropriate. This included the use of local anaesthetic solution via injection. When anaesthetic solution was administered, the clinical record reflected the volume of anaesthetic used and the batch numbers and expiry dates of anaesthetic solution.

## **Monitoring care and treatment**

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

- The service used information about care and treatment to make improvements. Clinical records including treatment plans were template-based which allowed staff to review, audit and make improvements when necessary.
- During our inspection, staff told us they did not encourage patients to pursue less evidence-based skin treatments such as skin peels for conditions such as acne, which had inferior efficacy and unlikely to provide long term resolution to their skin condition.

# Are services effective?

- The service made improvements through the use of completed audits. This included annual audits for the Association of Surgeons in Primary Care (ASPC). ASPC is a membership body which provides support, training and professional development for GP's and consultants who provide community surgery.
- The annual ASPC audit has been developed by the Royal College of General Practitioners (RCGP) in collaboration with the Health and Social Care Information Centre (HSCIC). We reviewed the audit findings for 2022 and saw 186 patients were audited to assess the outcomes such as complications, infections and overall patient experience. The audit highlighted low levels of complications (unintended side effects and infections) and high levels of patient satisfaction.
- At the time of our inspection, the audit for 2023 was live and had reviewed 6 cases following treatments completed in January 2023. Similar to the findings in 2022, the results for January 2023 also highlighted low levels of complications and high levels of patient satisfaction. The audit template used, included a section to allow patients to respond with further information. All comments were reviewed and where required we saw there was evidence of action to resolve concerns and improve quality.
- Patients were advised about possible expected and unexpected side-effects following treatment. This included (where applicable) potential localised pain, potential temporary numbness and residual swelling.

## Effective staffing

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

- All staff were appropriately qualified. Staff involved in regulated activities had extensive additional qualifications in aesthetic medicine. This included membership of different dermatology bodies and societies, for ongoing training in all aspects of primary care dermatology and skin surgery.
- Relevant professionals (medical) were registered with the General Medical Council (GMC) including annual appraisals.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. For example, the clinic coordinator had highlighted an interest in the governance and management of the service. To support their development, they were undergoing training, development and mentorship including work with medical director and compliance manager to undertake the day-to-day management and running of the service.

## Coordinating patient care and information sharing

### Staff worked together, and worked 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, staff ensured they had adequate knowledge of the patient's health, their medicines, family history and any previous history of cosmetic procedures. Staff provided examples of when they had advised patients against treatment, for example due to their medical history or when the desired outcomes were not realistic.
- All patients were asked for consent to share details of their consultation and any medicines prescribed, where appropriate with their registered GP on each occasion they used the service.

# Are services effective?

- 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.

## **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.
- Patients were offered digital patient information leaflets from recognised websites for further information about their conditions, treatment options and lifestyle changes that might aid them to seek further help and support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Advice about maintaining a healthy lifestyle and improving the outcome of treatment was shared with patients, which included good skin care and hydration. The service website also included an embedded stay safe sun report which included advice on protection against sun damage to the skin.

## **Consent to care and treatment**

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

- Attendance at the service was initiated by patients. Patients, who expressed an interest in taking up treatment, were given sufficient information about the range of treatments available to reach a decision on whether to progress with a particular treatment.
- The service had a 2-stage consent process and asked patients to sign consent forms to indicate they understood the treatment fees and any risks (albeit minimal) involved.
- From our review of records, we saw the service monitored the process for seeking consent appropriately.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Consent was obtained for the use and retention of photographs that was used before and after treatments. This included specific consent for the use of photographs for marketing purposes.

# Are services caring?

## **We rated caring as Good because:**

### **Kindness, respect and compassion**

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

- The service sought feedback on patient satisfaction and the quality of clinical care patients received. This included feedback collected via in-house surveys and feedback left on online review portals and social media channels.
- In the previous 12 months (March 2022 to March 2023), CQC received 26 items of patient feedback shared directly with CQC via the 'Give Feedback on your Care' Section of our website. All 26 items of feedback were positive, and patients highlighted staff were caring and respectful.
- The medical director reviewed social media and online comments about the service. For example, the service had received 64 reviews on a review website. The overall rating was excellent with 9.8 of reviews providing an excellent rating.
- During our discussions with staff and evidence collected, staff understood patients' personal, cultural, social and religious needs.
- 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.
- Patients feedback in the annual survey and feedback shared directly with CQC 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.
- Staff communicated with people in a way that they could understand, for example, during the COVID-19 pandemic, the service introduced clear visor masks to support a small cohort of patients who used communication skills such as lip reading.
- The service provided patients with information to enable them to make informed choices about their treatment. The medical director we spoke with told us how they took time to explain treatment to patients and we saw written information was available on specific treatments.
- Before providing treatment, patients attended for a consultation, where the clinician discussed with them the risks and benefits of any treatment and answered any questions. The clinician also discussed realistic outcomes and costs.
- Patients were clear that treatment and targets were personalised and jointly agreed between the clinician and the patient.

# Are services caring?

## Privacy and Dignity

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

- Staff recognised the importance of people's dignity and respect. Staff displayed an understanding and non-judgmental attitude when talking to patients who were seeking to resolve skin conditions and concerns regarding their appearance.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private area to discuss their needs.
- Patient feedback to improve privacy had been acted upon. For example, a patient had expressed a preference not to be in the main waiting area room with anaesthetic cream on their face as this would indicate what treatment they had attended the clinic for. Following this feedback, an additional waiting area for patients awaiting treatment was created.

# 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 prioritised convenience and ensured appointments ran on time and patients were not kept waiting. Staff told us most appointments were for 30 minutes and the appointment schedule allowed sufficient time for the treatment to be carried out and time for recovery.
- Patients had a choice of time and day when booking their appointment. The service was open Monday to Friday with a range of opening hours including evening appointments every Wednesday when appointments could be booked until 7pm.
- The facilities and premises were appropriate for the services delivered. The clinic was wheelchair accessible, and the provider told us that they made changes to accommodate patients with disabilities. For example, the service was able to treat those with mobility restrictions who were unable to use stairs via a treatment room on the ground floor and most clinical equipment was mobile.
- The service had carried out a premise's disability discrimination access audit in June 2022.
- The information available on the website and made it clear to the patient what procedures were available to them.

## **Timely access to the service**

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

- From the feedback collected by the service which we reviewed, patients reported timely access to initial assessment and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. All appointments for treatments regulated by CQC were pre-booked and included a cooling off period.
- During our inspection, we saw the appointment system and tools used to communicate with patients which included SMS, WhatsApp, telephone, email and website chat to respond to patients' needs.
- Referrals and transfers to other services were generally not necessary.

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

**The service took complaints, concerns and feedback seriously and responded to them appropriately to improve the quality of care.**

# Are services responsive to people's needs?

- Information about how to make a complaint or raise concerns was available. 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.
- The service had complaint policy and procedures in place and learned lessons from individual concerns, complaints and feedback. All feedback was discussed during staff meetings and recorded on the learnings log.
- All patient satisfaction was overwhelmingly positive and there had been 1 complaint relating to the service provided in the previous 12 months. We saw this complaint had been reviewed and acted upon. The action included the introduction of a system to allow the clinician to communicate any potential delays, however minimal, to the clinic coordinator who would then share with any waiting 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.**

- The service was founded by a GP Skin Surgeon who was also the Medical Director. They worked alongside the clinic coordinator and a contracted compliance manager to undertake the day-to-day management and running of the service.
- They worked closely as a small team to make sure they prioritised compassionate and inclusive leadership. Through conversations, evidence collected during the inspection and a review of correspondence, it was evident the leadership of the service had the capacity and skills to deliver high-quality, sustainable outcomes. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood national and local changes and challenges, including changes within the medical aesthetic sector, changes within regulation of medical aesthetics and recent significant increase in other services offering similar treatments.
- There were effective processes to develop leadership capacity and skills, including planning for future changes within 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, a realistic strategy and supporting business plans to achieve priorities.
- Staff spoke of the shared vision and aims to provide the local community with safe, affordable and excellent healthcare for skin conditions and concerns, delivered in a comfortable and compassionate environment.
- Staff were aware of and understood the vision their collective 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 and proud of their work in improving patients' lives through resolving medical conditions and improved aesthetic outcomes.
- The service focused on the needs of patients; staff told us they always put the patient's best interest before any financial consideration.
- 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.



# Are services well-led?

- Staff told us they could raise concerns and were encouraged to do so. They had confidence that 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. The clinician continued to work in other healthcare roles to support their continued professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. There were regular staff social events and we saw there was lone working policy developed to ensure the safety of lone working staff at the premises.
- The service actively promoted and celebrated 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 and had the freedom to express themselves.
- 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.**

- The governance arrangements were evidence-based appropriate to the small range of regulated activities provided and the small team delivering these services. The compliance manager was the governance lead and managed performance, feedback, regulatory compliance and the governance framework.
- The governance framework included embedded structures, processes and systems to support good governance and management of the regulated services.
- Service specific policies were implemented and were available to all staff. Staff were aware of how to access policies and the policies were kept up to date by an annual review.
- Although a small team, a range of regular meetings were held, and learning and actions from meetings documented and recorded.

## Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- Health and safety assessment processes had been established to identify, manage and mitigate risks. Given the practice is co-located within a converted shared building, regular updates of risk assessments were undertaken via shared learning agreements.

# Are services well-led?

- The service had processes to manage current and future performance. Outcomes of treatments could be demonstrated through audit of their consultations and review of treatments. Leaders had oversight and drove changes within the aesthetic medicine sector.
- 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, sustainability and operational information was used to ensure and improve performance.
- The provider was registered as a data controller with the Information Commissioner's Office.
- The service used performance information, which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service submitted data or notifications to external organisations as required.
- Staff demonstrated a good understanding of information governance processes. There were appropriate 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 sought feedback on the quality of care patients received via a bi-annual patient survey. In 2021, there were 96 responses to the survey and in 2022, there had been 186 responses. The provider advises the response rate aligned to the activity during the various stages of the COVID-19 pandemic.
- Staff could describe to us the systems in place to give feedback.
- The service monitored social media, online comments and reviews. We saw these were responded to, shared and celebrated with staff.

## Continuous improvement and innovation

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

- There was a focus on continuous learning, improvement and sustainability. For example, the service understood the impact of their activities on the environment and strived to reduce it. This included the migration to a virtually paper free service and increase in digital alternatives.

## Are services well-led?

- To further increase safer patient outcomes and better results, a post treatment face to face follow-up was included in the original fee. The provider advised this had increased the likelihood to identify any concerns or complications.
- The service made use of internal and external reviews of incidents and complaints. All feedback and learning was recorded in a learning log to be shared and used to make improvements.
- The medical director encouraged the team to take time out to review individual and team objectives, processes and performance, including encouragement to attend conferences and seminars.