

# Adonia Medical Clinic

## Inspection report

474 Harrow Road  
London  
W9 3RU  
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** (Previous inspection April 2018, compliant)

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 Adonia Medical Clinic as part of our routine inspection programme.

The provider is a private, independent health service that specialises in aesthetic treatment with a particular focus on dermatology.

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. Adonia Medical Clinic provides a range of non-surgical cosmetic interventions, for example facial treatments, laser hair removal and dermal fillers which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The lead clinician is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the inspection, alongside the formal inspection process, we spoke to three patients to obtain feedback about the service. Patients told us that treatment plans were always explained clearly and that they felt fully informed; costing was transparent, and patients told us they were treated with care and kindness.

## **Our key findings were:**

- The practice promoted innovative practice within the field of aesthetic medicine by presenting outcomes and learning to peers, and lecturing to both medical students and members of the public.
- The practice had a strong focus on safety and equality for both staff and patients, this was underpinned by comprehensive policies and a culture of continuous learning and improvement.
- There was a comprehensive program of risk assessment, auditing and quality improvement processes, including external review of care provision and systems to closely monitor, review and manage significant events, incidents, complaints and feedback.

# Overall summary

- There was a comprehensive training and induction programme for staff. Staff were up to date with mandatory training and were supported with protected time to complete extra training. Staff were actively involved in practice governance and guideline review.
- The premises was well equipped and maintained a high standard of cleanliness and infection prevention and control measures.
- The practice was continuously searching for new ways to provide a high-level of care and service to its patients, for example attending training days and conferences to expand knowledge of new treatment and equipment available giving patients access to the latest technologies and most up-to-date services not available.
- The registered manager regularly produces published learning articles.
- The registered manager had a strong focus on high-standards of care and safety within the wider field of aesthetic medicine, demonstrated by development of new best evidence-based practice guidelines that have been disseminated to external peers, and adopting a holistic approach to care that takes into account patients' physical, emotional and social needs.
- The practice made significant efforts to promote equality and inclusion in care for black, Asian and mixed-race people and improve outcomes for them through practice policy and culture. The practice policies and culture supported both patients and staff to be safe, protected and respected.
- Patients reported high levels of care and kindness provided at the practice. The importance placed on this at the practice was evident from staff interviews and the holistic nature of practice ethos, vision, and policies, which strived to ensure patients were treated in an individualised way.

**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

Our inspection team was led by a CQC lead inspector. The team included a CQC specialist adviser who attended the site visit.

## Background to Adonia Medical Clinic

Adonia Medical Clinic is located at 474 Harrow Road in the Maida Hill area of London. It operates from a detached period premises that has been refurbished for clinical use. The clinic was set up in 2017 and is independently run by the registered manager.

Adonia Medical Clinic provides a private health and wellbeing service centered around aesthetic treatments. The clinic provides limited regulated activities to approximately 50 patients per month, including: botox for hyperhidrosis (excessive sweating), botox for masseter (jaw muscle) reduction, non-surgical thread lift, sclerotherapy (leg vein reduction), pigmentation treatment, platelet-rich plasma therapy, and dermatological consultation and prescriptions.

The clinic is open Monday to Friday 9am to 6pm, Saturday 10am to 6pm and offers a late service on Thursday from 11am to 8pm. It is closed on Sundays. Patients are able to contact the clinic via telephone or email for advice or appointments, which can also be booked using an online system via the website.

### **How we inspected this service**

We used various methods in order to conduct the inspection, including: a pre-inspection data request and evidence submission from the provider, interviews with staff both on the day of inspection and remotely before the day of the site visit. We reviewed patient care records, spoke to patients confidentially, and made observations at the premises to inform our report.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

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

There was a strong focus on maintaining safety and high standards of governance within the practice. Safety systems in place promoted a zero-harm culture. Staff are encouraged to raise concerns and felt safe and supported to do so. Policies and guidelines were reviewed regularly along with any complaints, feedback and incidents; any changes in practice were communicated to staff and implemented in a timely way. The leadership team engaged staff at all levels in governance and risk assessment for the practice.

## **Safety systems and processes**

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

- The provider conducted safety risk assessments. It had comprehensive and appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse or harm.
- 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- There was an effective system to manage infection prevention and control and legionella risk assessment and testing had been completed and was up to date.
- Facilities had exceptional levels of cleanliness and infection prevention and control compliance. A number of infection prevention audits and assessments were carried out frequently according to an annual schedule, for example monthly hand hygiene audits, and regular audits and review of cleaning checklists and schedules, sharps handling and waste management.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

## **Risks to patients**

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- There were comprehensive risk assessment processes that were monitored and managed appropriately.

# Are services safe?

- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

## Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way through modern and innovative IT systems used to manage patient care records and patient contact with the clinic.
- 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.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- Patients were able to contact an advice line during clinic opening times in order to ask queries regarding appointment times and treatment.

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use. There were comprehensive risk assessments for medicines and equipment storage and use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing, including antimicrobial medicines.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients.
- Prescribed medications were regularly reviewed internally and externally in order to keep patients safe.

## Track record on safety and incidents

### The service had a good safety record

- There were comprehensive risk assessments in relation to safety issues.
- The service comprehensively monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

# Are services safe?

## The service learned and made improvements when things went wrong

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, a patient had a minor adverse outcome following medicated treatment. This was recorded and investigated according to clinic policy, the patient received appropriate follow up care and new systems were put in place to minimise the risk of reoccurrence such as educating patients on completing patch tests, and extra training for staff.
- There was a process to identify and review any themes from events.
- 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 and the registered manager was able to discuss several recent alerts in relation to the practice service provision.

## When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts.
- There was an effective system for monitoring and acting on national safety alerts such as MHRA.
- The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff if required.

# Are services effective?

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

The provider had a holistic approach to delivering best practice and taking into account individual needs. There were policies in place for reviewing patients' mental health as standard, monitoring for any symptoms of body dysmorphia and onward referral if required. There were robust recruitment, induction, and training processes in place, with a strong induction programme for new staff. All staff were up to date with a large mandatory training requirement and were given protected time to complete extra training. External peer review was utilised and welcomed by the practice to ensure high standards of care were maintained in line with best evidence-based practice. The practice produced new guidelines for best evidence-based practice where there were gaps and shared these externally for review and use. The practice was part of government backed aesthetic medicine accreditation schemes.

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

**The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)**

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Where best evidence-based practice guidelines were unavailable, the provider conducted literature reviews using best-evidence topics methodology in order to produce appropriate up to date guidelines with the evidence available. The provider has shared these for external review and use.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental, social and physical wellbeing.
- The provider trained staff to recognise the emotional needs of patients in order to make appropriate clinical decisions and signpost to mental health services if required. There was a comprehensive policy for treating patients with body image concerns safely.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions. There was a comprehensive equality and inclusion policy relating to both staff and patients.
- Arrangements were in place to deal with repeat patients, continuity of care was offered as a standard.
- Staff assessed and managed patients' pain where appropriate.
- The provider continuously reviewed new technologies for possible implementation in practice, for example IT and telephone systems as well as treatments.
- Patients were given information about what to do in the event of any adverse outcome or deteriorating condition following treatment, at every appointment.

## **Monitoring care and treatment**

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

- The service used information about care and treatment to make improvements, including responding to patient feedback and complaints.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients.
- There was a comprehensive, ongoing audit schedule to monitor standards of care and identify areas for improvement. Audits were repeated twice per year, or more frequently depending on the subject.



# Are services effective?

- There was clear evidence of action to resolve concerns and improve quality.
- The registered manager welcomes external peer review and works closely with local peers to provide best practice.

## Effective staffing

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

- All staff were appropriately qualified. The provider had a comprehensive induction programme for all newly appointed staff.
- Staff were given new simulation training monthly as part of practice meetings and these sessions covered a range of topics such as basic life support, complaints procedure and management of adverse reactions.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- 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.
- Regular staff appraisals were carried out to support staff and identify any learning needs.
- There was a protocol in place to ensure variable staff performance was managed appropriately.
- There was a comprehensive recruitment process in line with provider values to support employment of high-quality staff.

## Coordinating patient care and information sharing

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

- Patients received coordinated and person-centered care. Staff referred to, and communicated effectively with, other services when appropriate for example patients' GPs, or when onward referrals were required, for example psychologists or specialist dermatology teams.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- There was a policy to ensure that care and treatment for patients in vulnerable circumstances was coordinated with other services.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The service monitored the process for seeking consent appropriately.

## Supporting patients to live healthier lives

# Are services effective?

## **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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support, for example patients that may be suffering from body dysmorphia (a mental health condition causing people to excessively worry about their appearance or specific parts of their body; recommended treatment for body dysmorphia is talking therapy and anti-depressant medicine).
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- There was evidence that patients were educated on healthier lifestyle choices in relation to their aesthetic treatment, for example smoking cessation and dietary information.

## **Consent to care and treatment**

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

# Are services caring?

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

Feedback from people who use the service was continually positive about the way staff treat people. Patients told us that they were given care 'above and beyond' expectation, especially those with more complex medical history and those suffering from mental health issues. The provider considered patient-centered care paramount, and this was underpinned within practice policy from recruitment processes and throughout the service. The practice has a patient advisory group to improve care from the patient perspective and respond to patient feedback. The practice considered patients' emotional and physical needs and encouraged patients to share in decision-making about their care. Staff expressed the importance of patient care and treating people with respect at all times and saw this as an integral part of their job.

## **Kindness, respect and compassion**

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

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people, patients told us that they felt 'cared for', that concerns were treated with patience and respect, and that there was always enough time given to them for questions, discussion and decision-making during appointments.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients, underpinned by equality and inclusion and anti-discrimination policies.
- The service gave patients timely support and information, and feedback from patients was overwhelmingly positive.
- Patients told us that they were listened to and provided with a personal service firmly focused on caring for them; patients told us that their mental health was always considered and cared for.

## **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 were also told about multi-lingual staff who might be able to support them. Information leaflets were available online and could be translated or edited into easy-read formats to help patients be involved in decisions about their care.
- Patients told us 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. There was no hearing loop available however the clinic asked patients about their communication and mobility needs at the point of registration and made reasonable adjustments as required.

## **Privacy and Dignity**

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

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- Staff maintained a high level of confidentiality and did not share or discuss any data regarding treatment or personal details in public spaces.

## Are services caring?

- Chaperones were available on request and staff members were appropriately trained.
- There were strong data compliance and information governance processes and policy in place.

# Are services responsive to people's needs?

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

The service encourages feedback from patients, staff and external peer reviewers. The service offers continuity of carer as standard, and individual needs are taken into account to ensure choice and flexibility is provided. The service has opening hours to suit patients including evenings and weekends, and makes use of innovative business technologies to ensure patients are able to contact the provider in a range of ways, and that staff have all of the relevant patient information available in order to give appropriate care. The service showed a culture of continuous learning and improvement, and it achieved this through implementing new evidence-based practice and treatments in a timely way, and responding to issues raised in the patient advisory group and complaints in an objective and transparent way.

## **Responding to and meeting people's needs**

### **The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.**

- The provider understood the needs of their patients and improved services in response to those needs, for example adding new treatments to their offering.
- The provider had a systematic approach to requesting feedback directly and monitoring reviews on third party websites. The provider responds directly to any concerns raised. Of 86 reviews, one three-star review was received, and one four-star review was received, the remaining 84 reviews were five-star. It is unclear how many of these reviews relate to CQC regulated activity.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments were made according to patient need, these were discussed at the point of registration.

## **Timely access to the service**

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. Referral letters were sent by the registered manager same day.
- Appointment times were generous, and clinics were run without delays.

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

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately and listened to concerns.
- The practice informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

## Are services responsive to people's needs?

- The practice had complaint policy and procedures in place. The practice learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care, for example using a complaint to inform changes in communicating and wording of clinic terms and conditions to ensure clarity and understanding between the clinic and its patients.

# Are services well-led?

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

There was evidence that the practice was forward-thinking and innovative in its specialism. The practice used quality assurance and improvement processes to monitor outcomes and share learning externally to drive improvement of aesthetic medicine as a whole. The registered manager lectured to both peers and students in aesthetic medicine and was proactive in sharing outcomes and current best evidence-based practice externally. This demonstrated commitment to system-wide collaboration and leadership.

The practice demonstrated a comprehensive risk management and governance strategy and was committed to providing the most up-to-date evidence-based practice; it reviewed practice functionality and guidelines regularly, and continually sought ways in which to improve.

The practice was particularly interested in improving outcomes for black, Asian and mixed-race people and this was underpinned by comprehensive policies in equality, diversity, inclusion and anti-discrimination. These policies were written to ensure both staff and patients benefitted from them. The practice valued its staff members, who had a shared vision in providing high-level care and expressed joy for their work and its environment.

## **Leadership capacity and capability**

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The registered manager worked closely with external peers in the specialty to push innovations in practice and develop best evidence-based practice, for example presenting case studies and good outcomes when treating burns
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## **Vision and strategy**

### **The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.**

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The practice 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. There was a confidential staff well-being service provided. There was a strong emphasis on the safety and well-being of all staff.

# Are services well-led?

- The practice focused on the needs of patients and continually sought feedback from patients on how to improve.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations, as well as informal conversations to assess professional and personal areas for development. All staff received regular annual appraisals in the last year. All staff were considered valued members of the team. They were given protected time for professional development and evaluation of their work.
- The practice actively promoted equality and diversity. This was underpinned by comprehensive policies and demonstrated within practice culture. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and leaders.

## Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The practice 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. There were plans to address any identified weaknesses for example in maintaining quality of documentation and the process of external information sharing, which we saw was managed in regular practice meetings.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## 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, and to do so quickly and openly within the team.
- The practice had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit and external peer review of their consultations, prescribing and referral decisions, appraisal, training, and communication in practice meetings. Leaders had oversight of safety alerts, incidents, and complaints.



# Are services well-led?

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality for example supporting staff to improve documentation, and improving the process for information sharing with external clinicians. Regularly monitoring clinical outcomes on a variety of skin types led to changes and improvements in prescribing and treatment plans.
- The provider had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

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

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Sophisticated patient records and IT systems were in place to ensure up to date information was available to staff when required.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

## 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 practice encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture, for example responding to patient feedback and involvement in sharing innovations in practice between staff and external partners. The practice paid particular attention to inclusion, equality and diversity within its policies and practice, and was leading the field in aesthetic treatment for black, asian and mixed race people.
- The practice has a patient advisory group involved in designing care, providing feedback and evaluating the service to drive improvement.
- Staff were encouraged to make suggestions and give ideas for improving the range and type of treatments available as well as pre-existing processes at team meetings.
- Staff could describe to us the systems in place to give feedback such as in person, in writing, verbally or anonymously. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The practice was transparent, collaborative and open with stakeholders about performance.
- The practice was accredited by external government backed organisation Save Face, and the Aesthetics Complications Expert (ACE) Group, to provide public assurance of providing the highest standards of clinical care.

## Continuous improvement and innovation

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

- The practice was actively involved in sharing innovation and leading education within aesthetic medicine, for example speaking at and hosting seminars, conferences and educational events for medics as part of continuing professional development, medical students, and service users; and writing professional articles published in journals. The outcome of this activity directly impacts patients enabling them access to higher standards of care across the industry, especially in alopecia and hair loss, skin problems in black, Asian and mixed race people and the treatment of burns.

# Are services well-led?

- The practice conducted comprehensive reviews of treatments and outcomes, and shared the learning with external peers in order to drive aesthetic techniques forward.
- There were systems to support improvement and innovation work such as regular guideline reviews taking most recent best practice into account.
- Monthly meetings encouraged a no-blame culture and continually shared positive outcomes with staff.
- There was a focus on continuous learning and improvement. Points of learning identified from feedback and audit were discussed monthly in meetings. Staff were encouraged to formally and informally provide suggestions and feedback, including in the creation and update of policies, protocol and guidelines.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.