

Medizen Limited

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

This service is rated as Requires improvement **overall.** (The service was previously inspected on 1 February 2018 but was not rated).

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Medizen Limited on 9 April 2019 as part of our inspection programme. The lead clinician was not available on the scheduled day of the visit and we arranged to speak with them on the telephone on 15 April 2019.

At the previous inspection on 1 February 2018 and asked the provider to make improvements regarding effective governance. For example, the clinic had not carried out some risk assessments such as for health and safety and Legionella. The clinic had not regularly reviewed and updated existing policies and protocols. We checked these areas as part of this comprehensive inspection and found that improvements had mainly been achieved. However, we identified other areas where improvements were required.

Medizen Limited is a clinic that provides non-surgical aesthetic treatments that are minimally invasive to help people with general complexion problems, excessive sweating or hair problems and migraines.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines for the purposes of treatment of migraines and excessive sweating. At Medizen Limited the aesthetic cosmetic treatments that are also provided are exempt by law from

CQC regulation. Therefore, we were only able to inspect the treatment for migraines and excessive sweating but not the aesthetic cosmetic services.

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

Our key findings were :

- Some risks were well managed, and improvements had been achieved since our previous inspection. However, we identified a lack of oversight in relation to risks relating to the premises (fire risk), risks relating to arrangements for staff working under practice privileges. We saw risks relating to the availability of emergency medicines had not been fully assessed.
- The clinic had improved its system to keep patients safe and safeguarded from abuse. Staff demonstrated that they understood their responsibilities, and all had received training on safeguarding relevant to their role
- Staff were supported with their learning and development needs and had access to training and regular appraisals. Staff felt supported and were confident in raising concerns and suggesting improvements.
- There was a complaints process in place and available on the clinic's website. Feedback from patients received by the provider was positive about the way doctor treats people

Overall summary

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

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection team included a CQC lead inspector and a GP specialist advisor.

Background to Medizen Limited

The registered provider of the clinic is Medizen Limited. Medizen Limited is situated on the first and second floor of Astor House on Lichfield Road, Four Oaks, Sutton Coldfield B74 2UG.

Medizen Limited is a clinic that provides non-surgical aesthetic treatments that are minimally invasive to help people with general complexion problems, excessive sweating or hair problems and migraines. The clinic has seven treatment rooms including the medical practitioners

consulting room, there is also a separate area on the second floor used for initial assessments and discussions. The clinic employs 17 staff including a clinic manager, deputy clinic manager, receptionists and aestheticians (aestheticians provide a variety of services, procedures, products, and consultations to help improve and maintain the appearance and health of the client's or patient's skin). Two medical practitioners and nurse work at the clinic under practising privileges. Practising privileges is a well-established process within the independent hospital healthcare sector where a medical practitioner is granted permission to work in a private hospital or clinic in independent private practice.

The clinic is open:

Monday, Tuesday and Wednesday 9am to 8pm

Thursday 9am to 6pm

Friday 9am to 4pm.

The lead medical practitioner works at the clinic on a Wednesday and Friday. The other medical practitioner working under practice privileges works every other Wednesday afternoon providing treatment with Botulinum toxin (Botox) for migraines and excessive sweating. The nurse works on a Tuesday and Thursday. The clinic provides a 24-hour answering service.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines for the purposes of treatment of migraines and excessive

sweating. At Medizen Limited the aesthetic cosmetic treatments that are also provided are exempt by law from CQC regulation. Therefore, we were only able to inspect the treatment for migraines and excessive sweating but not the aesthetic cosmetic services.

During January 2018 to January 2019 the clinic had treated 19 patients for migraines and 13 patients for excessive sweating. Patients attended the clinic at varying intervals depending on how well they responded to treatment. A CQC lead inspector carried out an announced inspection

at Medizen Limited on 9 April 2019. The lead clinician (who was also the director) was unavailable on the day and a CQC GP specialist advisor spoke with them on 15 April 2019 remotely to gather further evidence.

Before visiting, we reviewed a range of information we held about the clinic. We also reviewed any information that the provider returned to us, the providers' website and any links to social media.

During our visit we:

- Spoke with a range of staff including the clinic manager, deputy manager, two aestheticians and reception staff
- Reviewed comment cards where patients shared their views and experiences of the service.
- Looked at information the clinic used to deliver care and treatment plans.

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 Requires improvement because:

- There was an effective system in place for recording, reporting and managing significant events and incidents.
- Staff demonstrated that they understood their responsibilities, and all had received training on safeguarding children and vulnerable adults relevant to their role
- We identified a lack of oversight in relation to some risks relating to the premises (fire risk assessment) and risks relating to the availability of emergency medicines that had not been fully assessed. Appropriate documentation relating to a clinician working under practice privileges was not reviewed and held on file.
- The clinic did not use a validated fridge specifically designed for pharmaceutical products and there was no evidence that it had been calibrated.

Safety systems and processes

The service had some systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. 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 vulnerable adults from abuse.
- Staff told us that if there were any concerns that the patient was below the age of 18 or had doubts about their identity they would ask for proof of identity, there was a policy to support this,
- 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). However, the provider had not assured themselves that clinical staff working under

practice privileges had appropriate registration with their professional body, were fit to practice and had the appropriate qualifications and DBS. Following the inspection, the clinic obtained this information.

- Records we looked at demonstrated that appropriate training in safeguarding had been completed. Staff we spoke with were aware of the lead for safeguarding within the practice. They were able to demonstrate how to identify concerns and knew how to escalate these where appropriate. Staff had access to other safeguarding agencies if they required further advice.
- During this inspection we saw evidence that staff had completed training and our discussion with staff members were able to demonstrate an understanding of the role of a chaperone. We saw evidence that the clinic informed patients that chaperones were available if they required.
- During our previous inspection we saw there was an effective system to manage infection prevention and control. However, the policy was out of date and staff members were not aware of the availability of spill kits to help clean up bodily fluids. During this inspection we saw policies had been updated and spill kits were available. Staff members we spoke with were able to confirm the location of the spill kits. The service had not carried out an infection control audit to assure itself that patients, staff and visitors were appropriately protected against infectious diseases and infections. However, following the inspection, the practice had carried out an audit and forwarded this to us.
- During our previous inspection we saw that a legionella risk assessment had not been carried out. At this inspection we saw evidence that risk assessment had been carried out by an external provider within the last 12 months.
- The provider ensured that facilities and most equipment was safe, and maintained according to manufacturers' instructions, with the exception of the fridge for storage of medicines. There were systems for safely managing healthcare waste.

Risks to patients

The systems to assess, monitor and manage risks to patient safety were not effective.

Are services safe?

- 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.
- The clinic stocked medical oxygen and an automated external defibrillator (AED) in the event of an emergency. However, only one medicine for the treatment of anaphylaxis was kept in every treatment room. The clinic was unable to provide a risk assessment to support the rationale for not stocking any other medicines. Following the inspection, we were sent a risk assessment. However, the risk assessment was not comprehensive and did not provide adequate mitigation and re-assurance that patients could access appropriate treatment in emergency situations.
- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an induction system for employed staff tailored to their role. However, this was not always effective. We were told that the lead clinician provided inductions for clinicians working under practicing privileges, but this was not always documented.
- When there were changes to services or staff the service had not assessed and monitored the impact on safety. Since our previous inspection, the clinic had expanded, increasing the size of the premises. There was a change in the layout of the premises, however risk assessment such related to fire had not been updated. Following the inspection, the clinic had arranged for an external fire inspector to review the premises and had forwarded an appropriate fire risk assessment.
- There were appropriate indemnity arrangements in place to cover potential liabilities. The clinic was able to demonstrate appropriate indemnity cover for all relevant employed staff. However, there was no evidence available on the day for a clinician working under practice privileges. Following the inspection, the practice had forwarded evidence of indemnity for the clinician.
- 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. Since our previous inspection, the service had amended their registration form to include patients regular GP.
- 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. The service had a contract with an external agency to store medical records.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service did not have reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines and equipment did not effectively minimise risks. The clinic treated patients suffering with migraines with botulinum toxin. We saw that these were kept in a fridge and the temperatures were being monitored. However, records we looked at did not demonstrate that temperatures were being monitored according to guidance. For example, there was no record of minimum and maximum temperatures being recorded and if the thermometer was being re-set daily. Furthermore, the fridge was not a validated fridge specifically designed for pharmaceutical products and there was no evidence had been calibrated.
- We saw evidence that the clinic kept prescription stationery securely and monitored its use.
- 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.

Information to deliver safe care and treatment

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

Track record on safety and incidents

The service did not have a good safety record.

Are services safe?

- The clinic had a health and safety risk assessment. However, this had not been dated and therefore we were unable to confirm if it had taken into consideration the changes to the premises. We were told that changes were considered and the review date for the risk assessment had not been documented.
- The fire risk assessment had not been updated within the last 12 months, particularly following changes to the layout of the clinic premises. The provider was unable to demonstrate that risks relating to fire had been considered. Following the inspection, the clinic organised an external company to undertake a fire risk assessment which was shared with us.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders

and managers supported them when they did so. We saw that there had been two significant events that had been recorded within the last 12 months. For example, we saw that an incident had been recorded following a malfunction of an equipment. This was appropriately escalated and with learning identified. Staff members confirmed that learning had been discussed with them. However, these did not relate to the delivery of regulated activities. The clinic was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. We saw an example where the clinic provided a patient with support, truthful information and an apology following an incident.

- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Are services effective?

We rated effective as Good because:

- The clinic carried out assessments and treatment in line with relevant and current evidence-based guidance and standards, including National Institute for Health and Care Excellence (NICE).
- Patients received appropriate pre-treatment and after care advice.
- The clinic had systems to keep all clinical staff up to date. Staff had access to guidelines and learning from various sources and used this information to deliver care and treatment that met patients' needs. The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- All staff actively engaged in activities to monitor and improve quality and outcomes.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice.

- The lead clinician was able to demonstrate awareness of current legislation, standards and guidance around the regulated activity. They were fully aware of National Institute for Health and Care Excellence (NICE) NICE guidance for use of Botox in the management of chronic migraine and hyperhidrosis (excessive sweating).
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. The clinic referred patients to a mental health councillor if they disclosed any personal or emotional issues.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The clinic used information about care and treatment to make improvements. We were told that no clinical audits had been carried out as the patient numbers were too small to achieve valid results and most were

returning patients. However, the service had carried out random checks of clinical records to ensure it was in line with recognised guidance. This was for both in scope and out of scope treatments.

- The clinic collected feedback from patients in various ways and reviewed this information at regular intervals to improve quality. For example, following treatment all patients were asked to provide feedback. During the last 12 months 74 patients were asked for feedback and 95% had given a score of 10/10. However, we were not able to distinguish if this included patients in receipt of regulated activities.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. However, the service was unable to demonstrate that a clinician working on practice privileges had received an induction. We were told that lead clinician had provided an induction, but this had not been documented.
- We saw evidence that staff had received relevant training including for safeguarding and chaperoning.
- Up to date records of skills, qualifications and training were maintained for employed staff. There was evidence that staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective 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. Patients were asked if the clinic was able to notify their regular GP of any treatment. If patients refused, the lead clinician explained the importance of sharing any information with their GP.
- 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. If patients disclosed any personal or emotional issues they were referred to a councillor.

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. Patients were provided with aftercare information, were made aware of any possible side effects and were provided with details of the clinics' 24 hours answering service.
- Where patients need could not be met by the clinic, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff we spoke with 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.
- The clinic monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Good because:

- We observed a calm and friendly atmosphere at the practice during our inspection.
- Feedback received from the CQC comment cards were all positive about the staff and service. The clinic had received positive feedback from all patients following treatment.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- We received 27 completed Care Quality Commission comment cards from patients and all the feedback received was positive about the way staff treated people and about the overall experience. However, we were unable to distinguish between patients in and out of scope of regulation. We were unable to speak with any patients on the day as there were no clinics scheduled. However, feedback provided by patients to the clinic and reviews left by patients on independent websites was in line with the comment cards we had received.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language. However, the clinic told us that they had never needed to use this service as most patients were able to speak English. On the rare occasion a patient did not speak English as a first language they usually had a relative/friend to translate for them.
- There were also some multi-lingual staff members who were able to support some patients. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Privacy and Dignity

The service respected respect patients' privacy and dignity.

- Staff we spoke with recognised the importance of people's dignity and respect.
- Staff we spoke with knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

- Patients could access appointments and services in a way and at a time that suited them.
- The clinic had an effective system in place for handling complaints and concerns

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 clinic understood the needs of their patients and improved services in response to those needs.
- For patients unable to attend appointments during normal working hours, extended hours were offered until 8pm on Wednesdays.
- The clinic offered flexible appointments based on patient needs and there was a 24 hours helpline following treatment.
- The clinic allowed patients to pay in instalments to help manage costs.
- The facilities and premises were appropriate for the services delivered.
- The clinic was located on the first and second floor of the building and there was no lift in the building. If a patient informed staff, they had mobility problems staff directed patients to a suitable service; the clinic website also informed patients that it was located on the first floor of a building and was not accessible by someone using a wheel chair.
- Staff confirmed that they did not have a hearing loop in the reception area to help with communication with those patients that had difficulty with their hearing. However, staff members told us there was one patient that had attended previously and to aid communication they would write things down for them.

Timely access to the service

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

- The clinic offered appointments with the medical practitioner on a Wednesday and Friday. Another medical practitioner worked under practice privileges every other Wednesday afternoons providing treatment with Botulinum toxin (Botox) for migraines and excessive sweating. Waiting times, delays and cancellations were minimal and managed appropriately.
- The clinic planned to open on Saturdays from 10am to 4.40pm from May 2019.
- There was a 24-hour answering service. People were able to leave a message which was dealt by either the medical practitioner or clinic manager.
- Patients told us they could get an appointment when they wanted. However, we were not able to determine if the feedback related to patients receiving treatment for botulinum toxin.

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.

- The clinic had received three complaints in the last year and had responded to them appropriately. However, none of these were regarding treatment of excess sweating or migraines with Botox.
- 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. The service learned lessons from individual concerns and acted as a result to improve the quality of care.

Are services well-led?

We rated well-led as Requires improvement because:

- The clinics governance framework did not fully support the delivery of good quality care. Governance and performance management arrangements were not sufficiently reviewed to identify and mitigate risks.
- Staff we spoke with spoke positively about working at the practice. They said they felt valued, supported and that they worked well as a team. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did.
- The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

Leadership capacity and capability

Leaders did not always demonstrate that they had capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about clinical issues and priorities relating to the quality and future of services. However, governance leads did not demonstrate an effective process to identify and address all risks to delivering safe care.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Staff told us they felt supported by the clinic manager and medical practitioner. We were given specific examples how of staff were being supported by the service.
- 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 clinic sought to be at the forefront of their chosen business area and wanted to provide an environment to challenge and develop staff skills. It had developed a set

of 'golden rules' expected of staff including respecting patients and each other; being productive and innovative as well as being honest when making a mistake.

- Staff were aware of and understood the vision, values and strategy and their role in achieving them. The 'golden rules' were displayed in a staff area.

Culture

The clinic had a culture of ensuring staff and patients were supported

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Incidents and complaints, we reviewed demonstrated this although they were related to service delivered out of the scope of registration with the CQC. 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. All staff received regular annual appraisals in the last year. Staff were given protected time for professional development and evaluation of their work.
- There was a strong emphasis on the safety and well-being of all staff. We were told that staff members were able to access a mental health councillor paid by the service.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and leaders.

Governance arrangements

The governance processes were effective to ensure effective management of all risks and issues.

Are services well-led?

- We saw that improvements had been achieved in most of the issues we had identified in our previous inspection. For example, policies had been reviewed and updated. Where appropriate new policies had been developed. However, we identified other issues in this inspection which did not demonstrate that governance arrangement was acting as intended. For example, risk assessments did not capture all risks and there was no oversight of infection prevention. Governance processes were not sufficient to ensure risks were managed in relation to clinical staff working under practicing privileges.

Managing risks, issues and performance

There process to manage risks, issues and performance was not effective.

- Whilst there was evidence that leaders had oversight of safety alerts, incidents, complaints and could demonstrate positive impact on quality of care and outcomes for patients through audits. The clinic was unable to demonstrate that an effective process to identify, understand, monitor and address current and future risks including risks to patient safety was in place. For example, those related to emergency medicines and storage of botulinum toxin.
- The clinic had plans in place and had trained staff for major incidents. There was a business continuity plan in the event of a major incident for example flood or fire.

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.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. The clinic asked for patient feedback following every appointment. Patients were able to leave feedback on social media and independent websites. Over the last 12 months 74 patients were asked for feedback following treatment and 95% had given a score of 10/10. However, we were not able to distinguish if any patients receiving Botox for excessive sweating or migraine had provided feedback.
- The clinic produced a newsletter which included updates to changes in staffing and information on how patients could share feedback. As part of the clinics vision and values it had developed 'golden rules' or standards which defined expectations from staff. One of those encouraged staff to find better more efficient way of working and to share them.
- Staff told us that leaders were receptive to feedback during regular team meetings and other occasions such as appraisals.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of reviews of incidents and complaints. Learning was shared and used to make improvements.
- The service received positive feedback and there was evidence that improvements had been made following patient feedback.
- There were systems to support improvement and innovation work.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The equipment being used to care for and treat service users was not safe for use. In particular:</p> <ul style="list-style-type: none">• The fridge used to store botulinum toxin was not a validated fridge specifically designed for pharmaceutical products and there was no evidence it had been calibrated. <p>This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>There were a lack of effective systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• The arrangements for identifying, recording and managing risks and implementing mitigating actions were not operating effectively in relation to the management of emergency medicines and premises. <p>This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>