

Cosmetic Courses

Inspection report

Cosmetic Courses, Unit E3
Regent Park, Summerleys Road
Princes Risborough
HP27 9LE
Tel: 01844390110

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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 Cosmetic Courses on 25 April 2022. The service was registered with the Care Quality Commission (CQC) in November 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.

Cosmetic Courses provides a range of independent dermatology services, including non-surgical cosmetic interventions, which are not within CQC scope of registration. We did not inspect, or report on, those services that are outside the scope of registration.

Cosmetic Courses is registered with the CQC to provide the following regulated activities:

- Surgical procedures
- Treatment of disease, disorder or injury

Therefore, we only inspected treatments relating to medical conditions which include treatment for excessive sweating (hyperhidrosis), non-surgical thread lifts and surgical removal of minor skin lesions.

Cosmetic Courses is primarily a clinical training centre for a range of treatments. The delivery of services that fall under regulation form a small percentage of the services provided by this clinic.

The service was founded by a consultant plastic surgeon in 2001. An operational manager is the 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 whilst using the service. The service used recognised screening processes to identify patients who could be at risk of body dysmorphic disorders.
- Patients received effective care and treatment that met their needs. The way in which care was delivered was reviewed to ensure it was according to best practice aesthetic medicine guidance. Staff were well supported to update their knowledge through training.

Overall summary

- Patients were provided with information about their treatment and with advice and guidance to support them to live healthier lives. This included comprehensive after-care advice post-treatment.
- Feedback from patients was consistently positive and highlighted a strong person-centred culture.
- The service did not provide treatment where they felt it was not in the patient's best interest. Staff were motivated to prioritise the needs of their patients.
- Services were tailored to meet the needs of individual patients and those attending training courses. They were delivered in a flexible way that ensured choice and continuity of care.
- There was an overarching provider vision and strategy with evidence of good local leadership within the service. There were clear responsibilities, roles and systems to support good governance and management.

We saw an area of outstanding practice:

- There was a fully embedded focus on continuous learning and improvement which included training registered medical professionals (such as surgeons, doctors and nurses) looking to expand their aesthetic skills. At the time of the April 2022 inspection, the service offered over 27 continuing professional development certified aesthetic courses which included free ongoing support following completion of the chosen training courses. The service had been recognised and presented with various aesthetic sector awards. The most recent award was in March 2022, when the service was “commended” at the Aesthetic Awards 2022. This category looked at the independent training provider whose training programme was considered to have advanced the education of medical aesthetic professionals most effectively during the last 12 months. Judges looked for engaging methods of delivery, a high-quality, generic programme, a continuous development strategy and achievement of measurable outcomes.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection was led by a Care Quality Commission (CQC) Inspector who had access to advice from a specialist advisor.

Background to Cosmetic Courses

Cosmetic Courses is one of two registered locations for the provider Cosmetic Courses Limited. This report and findings refer solely to the service provided at the Buckinghamshire location which is also the Head Office.

Cosmetic Courses opened in 2001 and provides a variety of aesthetic training courses and small range of treatments for people aged over 18 that come under scope of regulation by the Care Quality Commission. These treatments are delivered as part of teaching sessions and pre-bookable appointment basis are offered on the dates of the training courses. 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 the Care Quality Commission (CQC) and include treatment for excessive sweating (hyperhidrosis), non-surgical thread lifts (a treatment to lift and support facial skin using threads and cogs) and the surgical removal of minor skin lesions.

Cosmetic Courses is primarily a clinical training centre and provides a range of training courses and seminars for registered medical professionals looking to expand their aesthetic skills. The models for training purposes are selected by the service and training delegates are supervised throughout all training procedures.

Treatments and training are provided from:

- Cosmetic Courses, Unit E3 Regent Park, Summerleys Road, Princes Risborough, Buckinghamshire HP27 9LE

The service website is: www.thecosmeticcentre.co.uk

The training website is: www.cosmeticcourses.co.uk

Cosmetic Courses is located in a purpose-built clinic which comprises of six treatment rooms, a lecture theatre and a reception area.

The service is open Monday to Friday with core opening hours of 8.30am to 5.30pm, 9am to 5pm every Saturday and dependent on course dates, the service occasionally opens in the evening and Sundays. This service is not required to offer an out of hours service. 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.

Treatments are provided by a Consultant Plastic Surgeon, a GP (who is the clinical lead) and an aesthetic nurse, all of which have extensive qualifications in aesthetic medicine. An operational manager and a team of reception, administration and coordinator staff undertake the day-to-day management and running of the service.

How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently. This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

We carried out this inspection on 25 April 2022. Before visiting the location, we looked at a range of information that we hold about the service. 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.

Due to the current pandemic, we were unable to obtain comments from patients via our normal process where we ask the provider to place comment cards in the service location. However, 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 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:

Safety systems and processes

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

- The service conducted safety risk assessments for the areas of the clinic patients and delegates visited. There were 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 work with other agencies (when required) 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. Contact numbers for the local authority safeguarding team were easily accessible and appropriate safeguarding policies were in place. Staff who acted as chaperones had appropriate training and were able to describe how they would carry out this role and record the chaperone activity.
- 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. The clinical lead was the infection control lead. We found treatment rooms and patient and delegate areas were visibly clean and hygienic. Staff followed infection control guidance and attended relevant training. The service undertook daily infection prevention and control checks. The service had introduced COVID-19 policies to ensure staff, patients, delegates and visitors were kept safe. The legionella risk assessment had been completed in November 2021.
- There were systems for safely managing healthcare waste, including for sharps. (Sharps is a term for medical instruments such as needles, scalpels, razor blades and any other sharp items that may cause a penetrating injury, laceration or puncture to the skin). Sharps bins were managed safely and in April 2022, the service had audited and reviewed the usage of sharps across the range of treatments provided.
- Single use medical packs were used to provide the thread lift treatments, to minimise the risk of cross infections.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. This included equipment calibration in October 2021 and portable application testing in November 2021.
- There were 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 September 2021.

Risks to patients

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

- The service was run by a small team, with three staff members performing regulated activities. The team was managed by an operational manager and administration team who co-ordinated their work and training course dates to ensure suitable staffing arrangements at all times.

Are services safe?

- The service could adjust staffing levels according to the needs of patients and training courses. The service had low vacancy rates and low turnover rates. Many of the staff had worked at the service for many years, which ensured continuity of care standards.
- 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 three treatments that were within scope of regulation (treatment for excessive sweating, thread lifts and surgical removal of minor skin lesions) were of low risk and that clients received full 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 subsequent closures between April 2020 and July 2020, then November 2020 and April 2021 due to the COVID-19 pandemic and regulations.
- There were appropriate indemnity arrangements 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 a sample of records 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 clinic used a variety of templates to ensure record keeping was consistent and auditable. The care records we saw showed 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.
- There was 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 did not make referrals. Patients were advised to see their GP if their condition required treatment not provided by the service.

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 one of the threads used within the thread lift treatment which required refrigeration.
- The provider told us they rarely prescribed antibiotics to be taken at home by the patient after the treatment as the surgical procedures were deemed low risk with low infection rates, therefore not requiring the use of antibiotics.
- 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.

Are services safe?

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- Despite the size and scope of the treatments within scope of regulation (treatment for excessive sweating, thread lifts and surgical removal of minor skin lesions) being small, the service monitored and reviewed activity.
- There was a system for receiving safety alerts, such as those relating to the use of medicines. The operational manager received the alerts and assessed whether they were relevant to the service and acted upon them when necessary, with support from the clinical lead. 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 practitioner was concerned about the safety of a medicine following its administration, this would be reported to the Medicines and Healthcare products Regulatory Agency (MHRA) which will investigate and take action to minimise risk and to protect public health.

Lessons learned and improvements made

The service had processes to learn make improvements when things went wrong.

- The service had a good safety record.
- The service had not reported any serious incidents relevant to the services we inspected since it opened in 2001. We were therefore unable to test whether the system was applied as intended. However, staff we spoke with were aware of the system and told us they would have no hesitation in submitting an adverse incident report. There was a recording form available to report such an incident.
- The operational manager was also the registered manager and worked alongside the clinical lead, both were 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.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

The service had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed individual needs and delivered care and treatment in line with current legislation, standards and guidance relevant to the treatments regulated by the Care Quality Commission.

- We reviewed patient records and saw the service assessed needs and delivered care in line with relevant and current evidence-based guidance and standards.
- All three practitioners delivering regulated activities were accredited trainers in their field of aesthetic medicine.
- The clinicians ensured they kept up to date with developments within the aesthetic cosmetic sector and related evidence-based practices. This was through membership of the British College of Aesthetic Medicine, the British Medical Association, the British Association of Plastic, Reconstructive and Aesthetic Surgeons, British Association of Cosmetic Nursing, as well as ongoing professional development.
- The service worked closely as a stakeholder with the Joint Council for Cosmetic Practitioners, a 'self-regulating' body for the non-surgical aesthetics sector in the United Kingdom and had achieved accreditation by the Professional Standards Authority.
- 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.
- Staff spoke clearly about delivering bespoke individual treatment plans, advising no two people are the same. Staff emphasised each treatment plan was individually built around the patient.
- Staff were aware of body dysmorphia and potential patients presenting with this condition. (Body dysmorphic disorder (BDD) or dysmorphophobia, 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). We saw the clinical record templates used for all treatments included reference to known signs of BDD and the clinical lead could further discuss BDD if required.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed clients' pain where appropriate. This included the use of topical anaesthetic cream and local anaesthetic via injection.

Monitoring care and treatment

The service was 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 the service to review, audit and make improvements when necessary.
- The service completed annual audits and compared performance and complication rates for the variety of treatments provided. For example:
- In 2021, 39 thread lift treatments were performed. The service had reviewed all 39 treatments, and found minor complications associated with three (7%) treatments, for example, facial bruising. We saw these minor complications were resolved using a non-regulated treatment.
- So far in 2022, 11 thread lift treatments had been performed. On review of the 11 treatments, there had been no complications.
- We also saw examples of non-clinical audits that had been carried out which included hand hygiene, equipment safety, aseptic technique and environmental cleaning.

Are services effective?

- Patients were advised about possible side-effects following treatment. This included potential localised pain and potential temporary muscle weakness following treatment for hyperhidrosis and potential bruising, slight depression or skin irregularity following thread lift treatment.

Effective staffing

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

- All staff were appropriately qualified. Although all staff had worked at the service for a long period of time, there was an induction programme for any newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/Nursing and Midwifery Council and were up to date with revalidation. We saw the Consultant Plastic Surgeon was also registered on the Specialist Register of Plastic Surgery of the GMC as a plastic surgeon and held a Certificate of Completion of Training.
- The service and clinicians worked and engaged with the manufacturer of the treatment being used to ensure they were familiar with the treatment and products. Where required, staff continued to access remote support from the manufacturer to ensure the treatment was prescribed in accordance to the manufacturer's guidelines.
- All clinicians had extensive additional qualifications in aesthetic medicine.
- 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 operational manager had recently completed additional teaching qualifications.

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-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Patients received person-centred care. 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.
- Patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP where appropriate.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs. For example, patients would be referred to an NHS GP or secondary services if a skin concern was suspicious, for example a skin mole was found to be malignant.

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.
- Advice about maintaining a healthy lifestyle was shared with patients, which included good skin care, hydration and maintaining a healthy diet. This also included advice on protection against sun damage to the skin as well as clear after-care advice following treatments.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.

Are services effective?

- Where patients needs could not be met by the service, 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.

- Attendance at the service was initiated by clients. Patients, who expressed an interest in taking up treatment, were given sufficient information about the range of treatments available to reach a decision to take up the service.
- The service asked patients to sign consent forms to indicate they understood the treatment fees and risks (albeit minimal) involved. This included when treatment was provided within the training environment and the treatment was performed by someone who was under close, side by side, supervision by accredited clinical trainers.
- 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.
- From our review of records, we saw the service monitored the process for seeking consent appropriately.
- Consent was obtained for the use and retention of photographs that was used before and after treatments.

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 the quality of clinical care patients received. This feedback was captured via patient surveys, completed twice a year. The survey asked five separate questions and included an opportunity for further feedback and suggestions.
- We reviewed the two most recent patient surveys, from November 2021 with 63 responses and March 2022 with 157 responses.
- In November 2021, out of the 63 responses, 57 patients (90%) rated the service '5 stars' (5 stars being the maximum), four patients (6%) rated the service '4 stars', one patient (2%) rated the service '3 stars' and one patient (2%) rated the service '2 stars'.
- In March 2022, out of the 157 responses, 132 patients (84%) rated the service '5 stars', 19 patients (12%) rated the service '4 stars' and six patients (4%) rated the service '3 stars'.
- In addition to the annual surveys, all patients were contacted and invited to share feedback within 48 hours of the treatment.
- From the sample of feedback, we saw, patients commented they were always treated with kindness and respect. Staff were described as friendly and professional, we noted a theme in detailed comments which were complimentary regarding services and their gratitude for the difference their treatment had made to their confidence, appearance and wellbeing.
- Due to the current pandemic, we were unable to obtain comments from patients via our normal process where we ask the provider to place comment cards in the service.
- 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.

- The service provided patients with information to enable them to make informed choices about their treatment. The clinician we spoke with told us how they took time to explain treatment to patients and we saw written information was available on specific treatments.
- The service used a number of different methods to demonstrate what each treatment options involved so that patients fully understood. For the thread lift treatment, this included templates of the face to identify and discuss areas of the face, muscle structure in the face and neck and entry and exit points of the planned thread treatment.
- 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.

Privacy and Dignity

The service respected patients' privacy and dignity.

Are services caring?

- 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 or excessive sweating.
- 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 gave patients the time they needed to explain their concerns and the clinics were set up in rooms that offered people privacy. There was also an additional overflow waiting area to increase privacy in the waiting areas.
- We were told time was spent with patients both pre- and post-treatment to carefully explain the aftercare, recovery process and options to reduce any anxieties they may have.

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 service understood the needs of their patients and improved services in response to those needs. The service understood their patients prioritised privacy and convenience and ensured appointments ran on time and patients were not kept waiting. Most thread lift appointments were 60 minutes long and most hyperhidrosis treatments were 30 minutes long. Staff told us this provided 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 clinic was open every weekday between 8.30am and 5.30pm and every Saturday between 9am and 5pm. In addition to the core opening hours, some training courses which included the provision of regulated activities took place in the evenings and occasionally on Sundays.
- The facilities and premises were appropriate for the services delivered. The service was housed over two floors; regulated activities were provided on both floors accessed via stairs. The service was able to treat those with mobility restrictions who were unable to use stairs via a treatment room on the ground floor.
- Equipment and materials needed for consultation, assessment and treatment were available at the time of patients attended for their appointment.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.
- The information available made it clear to the patient what procedures were available to them.
- Both websites (the clinic website and training website) contained information about the qualifications and experience of all clinicians who carried out all of the procedures.

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 we reviewed, patients reported timely access to initial assessment, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. All appointments were pre-booked.
- We found the service had an efficient appointment system in place to respond to patients' needs.
- Referrals and transfers to other services were generally not necessary, although the provider would consult with a patient's GP for additional information and as part of the clinical assessment if necessary.
- The service had been closed for a length of time because of COVID-19. We saw that patients had been kept up to date during COVID-19 via the website and through social media.

Listening and learning from concerns and complaints

The service had a system in place to respond to concerns and respond to them appropriately to improve the quality of care.

- There was a designated responsible person who handled complaints. If required, the clinical lead would be included in the investigation of any clinical complaints.
- Information about how to make a complaint or raise concerns was available. The in-house survey included an option to feedback compliments and make suggestions on the provision of services.

Are services responsive to people's needs?

- There was a complaint policy and procedure. The service would inform patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- All patient satisfaction was overwhelmingly positive and there had been no complaints relating to the service provided. Therefore, we could not test whether the procedure had been followed or identify any learning from complaints. However, we noted that complaints that arose from non-regulated treatments, which used the same complaints process, were appropriately recorded and followed up.

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 Consultant Plastic Surgeon and was managed by an operational manager and a clinical lead who was a GP.
- Leaders at all levels were visible and approachable. They worked closely as a small team to make sure they prioritised compassionate and inclusive leadership, in both the clinic work and training facilitation.
- 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 and training.
- 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 a recent significant increase in other services offering similar treatments.
- Clinicians within the service were members of various colleges and associations within aesthetic medicine, aesthetic surgery and cosmetic nursing. The founder of the service was also an author of over 30 publications, including a best-selling book on plastic surgery. As a leading Plastic Surgeon, their expertise was frequently sought by the media to discuss, comment and educate on aesthetic medicine and cosmetic surgery.

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 service had a realistic strategy and supporting business plans to achieve priorities.
- The service revised its vision, values and strategy jointly as a team following an all employee away day in 2020. The away day resulted in a variety of statements and six aligning values which supported the delivery of high-quality patient care and good natural looking aesthetic outcomes.
- The six values were: appreciation, respect, passion, accountability, honesty and improvement. Staff were aware of and understood the vision, values and strategy and their 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 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.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- There was awareness and compliance with the requirements of the Duty of Candour, as the service encouraged a culture of openness and honesty.

Are services well-led?

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were given protected time for professional time for professional development and evaluation of their clinical work.
- There was an emphasis on the safety and well-being of all staff. This included staff recognition systems.
- There was a clear sense of team and subsequent positive relationships between all staff at the service. There were regular social events, including celebrating key achievements in the year and in March 2022, a full team celebration of 'Employee Appreciation Day'.
- The service promoted equality and diversity. Staff had received equality and diversity training.
- 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 of the service were evidence-based and developed through a process of continual learning. Although the size of the team was small, governance arrangements were set up to support growth and expansion. This included growth of business (both clinic work and training seminars), growth in services provided and potential growth in the number of locations the service and training was provided from.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities.
- Clinicians undertook supervised practice as part their role as trainers for the introduction of new products. They regularly attended conferences relevant to their sphere of work to update their knowledge and interact with peers.

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. For example, in 2020, the service temporarily suspended services in line with national COVID-19 pandemic lockdown requirements.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and review of treatments. Leaders had oversight of changes within the aesthetic medicine sector.
- The service had processes to manage current and future performance and used feedback from patients obtained via the annual patient survey to identify risks and make improvements.
- The service carried out annual surveys which it used to monitor the quality of care it provided. We saw the results of the surveys carried out in March 2022 and November 2021. The results were positive and did not highlight any areas for development.
- The provider had a business continuity plan and additional plans in place for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Sustainability, projected growth and expansion of services were discussed in relevant meetings.

Are services well-led?

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of staff and patients and included the involvement of the manufacturers of products.
- 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.
- The service submitted data or notifications to external organisations as required. For example, prior to the inspection, the service had contacted CQC to discuss potential amendments to their CQC registration in light of new service provision.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. We saw policies had aligned to General Data Protection Regulations 2018 and the service had appointed a data protection manager who was responsible for overseeing data security.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients and staff.
- Staff could describe the systems in place to give feedback.
- The service monitored social media, online comments and reviews. We saw these were responded to and shared with staff. For example, the service had received 1,093 reviews on the review section of 'Trustpilot' website. The overall rating from the 1,093 reviews was 4.8 out of five stars (five stars being the maximum score) and 92% of the reviews provided the service an excellent rating.
- The service was transparent, collaborative and open with stakeholders about performance. For example, continued discussions with the manufacturer of products to analyse data and outcomes and in tailoring treatments to better meet patients' needs.

Continuous improvement and innovation

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

- There was a fully embedded focus on continuous learning and improvement which included training registered medical professionals, such as surgeons, doctors, dentists and nurses looking to expand their aesthetic skills. For example, at the time of the April 2022 inspection, the service offered over 27 continuing professional development certified aesthetic courses which included free ongoing support following completion of the chosen training courses.
- Cosmetic Courses have been recognised on a number of occasions and presented with various aesthetic sector awards. The most recent award was in March 2022, when the service was "commended" at the Aesthetic Awards 2022. This category looked at the independent training provider whose training programme was considered to have advanced the education of medical aesthetic professionals most effectively during the last 12 months. Judges looked for engaging methods of delivery, a high-quality, generic programme, a continuous development strategy and achievement of measurable outcomes.
- There were systems to support improvement and innovation work across the sector during the COVID-19 pandemic. This included facilitation of an online training seminar in October 2021 for over 70 virtual guests. The success of the seminar led to the creation of an online learning academy with over 30 aesthetic online courses available.