Coltishall Cosmetic Clinic

Inspection report

Bure House, Rectory Road
Horstead
Norwich
Norfolk
NR12 7EP
Tel: 01603736487
https://coltishallclinic.co.uk/

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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?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good overall. (Previous inspection July 2019 – Inadequate)

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 Coltishall Cosmetic Clinic on 29 January 2020. This inspection was to follow up on the breaches of regulation we found at the previous inspection, carried out in July 2019. At that inspection, we served the provider with warning notices for Regulation 12 (Safe Care and Treatment) and Regulation 17 (Good Governance). We also served two requirement notices for Regulation 18 (Staffing) and Regulation 19 (Fit and Proper Persons Employed). Details of the previous inspection and reports can be found by following the links for the provider at www.cqc.org.uk.

Coltishall Cosmetic Clinic is an independent provider of cosmetic services. The clinic is located in the village of Horstead, a few minutes' drive from the centre of Norwich. They offer treatments for aesthetic and medical purposes.

This clinic is registered with Care Quality Commission (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 services and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Coltishall Cosmetic Clinic is registered in respect of the provision of treatment of disease, disorder or injury and surgical procedures. Therefore, we were only able to inspect treatments relating to medical conditions, such as Botox for excessive sweating, ultrasound, surgical procedures including mole removal, liposuction, face lifts and weight loss services. The clinic offered other services such as laser treatment for hair removal and tattoo removal and Botox for aesthetic reasons, these services are exempt from regulation.

The practice is registered with the CQC under the Health and Social Care Act 2008 to provide the following regulated activities:

• Surgical procedures

• Treatment of disease, disorder or injury.

The lead doctor is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the practice. 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 practice is run. The lead doctor is also the nominated individual. (A nominated individual is a person who is registered with the Care Quality Commission to supervise the management of the regulated activities and for ensuring the quality of the services provided).

As part of our inspection we asked for CQC comment cards to be offered to patients for completion, prior to our inspection visit. We received 25 comment cards, all of which were wholly positive about the service. The cards reflected the kind and caring nature of staff, how informative staff were, the pleasant environment and the positive effects of the treatment received. Eight cards told us that the service provided was "excellent". Other forms of feedback, including patient surveys and social media feedback were also consistently positive.

Our key findings were:

- Significant improvements had been made to the service since the last inspection. The provider told us they were committed to providing a high-quality service and had addressed the issues identified at the previous inspection.
- Risk assessments had been completed to assure the provider of the safety of the premises.
- Staff were appropriately trained to carry out their roles. There was an appraisal system in place to support staff development.
- Some audit activity was used to support and drive changes within the clinic, although we saw the impact was currently limited.
- Patients were happy with the care they received in the clinic and feedback we reviewed was wholly positive.
- Governance systems and processes had been strengthened and implemented effectively.
- The clinic made referrals to other relevant services in a timely manner.

Overall summary

- Patients reported they were happy with the appointment system and the type of appointments on offer.
- The culture within the service was positive and staff were fully committed to implementing required improvements within the clinic.

The areas where the provider **should** make improvements are:

- Review and improve the system for completing clinical audits, including completing audits on prescribing of medicines.
- Embed the system for discussing significant events and complaints in meetings.
- Implement and embed a system to ensure changes to policies are signed by staff.
- Take action to ensure that correspondence sent with a client's consent to their usual GP following treatment, contains information relating to prescribed medicines.
- Continue to review guidelines relating to prescribing.

This service was placed in special measures in July 2019. I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector**.**The team included a GP specialist advisor and a second CQC inspector.

Background to Coltishall Cosmetic Clinic

- The provider of this service is Coltishall Cosmetic Clinic.
- Coltishall Cosmetic Clinic is located at Bure House, Rectory Road, Horsted, Norfolk, NR12 7EP.
- The website address is: https://coltishallclinic.co.uk/
- Coltishall Cosmetic Clinic is an independent provider of cosmetic services. The clinic is located in the village of Horstead, a few minutes' drive from the centre of Norwich. They offer treatments for aesthetic and medical purposes.
- Coltishall Cosmetic Clinic is registered with CQC to provide the regulated activities of treatment of disease, disorder and injury and surgical procedures. Therefore, we were only able to inspect regulatory compliance for treatments carried out for medical purposes, such as Botox injections for excessive sweating, ultrasound, surgical procedures including mole removal, liposuction, face lifts and weight loss services. The clinic offered other services that were out of regulatory scope; such as laser treatment for hair removal, tattoo removal and Botox injections for aesthetic reasons.
- The clinic had flexible opening times according to patient demand. They were open between Tuesday and Saturday.
- The staff consisted of a doctor (also the medical director), an administrator, two therapists and two receptionists. The clinic consisted of a reception area, a waiting room and two clinical rooms.

How we inspected this service

Before visiting, we reviewed a range of information we hold about the service and asked them to send us some pre-inspection information which we reviewed.

During our visit we:

- Spoke with a range of staff from the service including the lead clinician, aesthetic assistant, a receptionist and clinic manager.
- Reviewed a sample of treatment records.
- Reviewed comment cards where patients had shared their views and experiences of the service.
- Looked at information the service 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.

Good

Are services safe?

At the last inspection, we rated the provider as inadequate for providing safe services because:

- The provider told us they did not carry out DBS checks for all staff as most staff had worked at the service for over ten years. (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). Staff who acted as chaperones were not trained for the role and not all had received a DBS check.
- The systems in place to manage environmental infection prevention and control risks were ineffective.
- The provider did not ensure facilities and equipment were safe and equipment was maintained according to manufacturers' instructions.
- The provider did not carry out appropriate environmental risk assessments such as legionella, fire and health and safety risk assessments. The provider sent us some risk assessments after the inspection.
- Staff could detail what actions they would take in an emergency; however, they had not had appropriate training in basic life support. Staff had not completed training in safeguarding.
- The clinic did not have all of the emergency medicines in line with recognised guidance and they had not risk assessed this.
- Individual care records were not written and managed in a way that kept patients safe. For example, some care records were illegible and were not signed by clinicians. We also noted concerns with some of the observations taken for patients which were not shared with the patients' GP.
- The service did not have 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.
- There was not a clear system for recording and acting on significant events.
- The service told us they were aware of safety alerts, however, there was not a system in place to document the receiving, review and action of safety alerts, including medicines safety alerts.

At this inspection we saw that these issues had been rectified, and we have rated the service as good for providing safe services.

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 appropriate safety policies, which were regularly reviewed and communicated to staff. Staff had signed these policies to say they understood and would adhere to them. They outlined clearly who to go to for further guidance, including external agencies such as safeguarding agencies. Staff received safety information from the service as part of their training. The service had systems to safeguard patients from abuse. We saw that the provider had not had any cases requiring a safeguarding referral. Since our last inspection, the provider had decided to limit the provision of all services to adults over the age of 18 and no longer offered services to children.
- The provider carried out staff checks 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). We reviewed a sample of staff recruitment files and where documents were missing, such as references, a risk assessment had been completed.
- All staff received up-to-date safeguarding and safety training appropriate to their role. The lead doctor had completed level one and two safeguarding training for adults and children. After the inspection, the provider sent us evidence they had signed up to complete a level three course. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. We saw evidence of quarterly audits carried out and weekly cleaning schedules. There were also daily checklists in place and a handwashing audit had been completed. These documents were signed by staff and we found the building to be clean and in a good state of repair. There were systems for safely managing healthcare waste.
- A legionella risk assessment had been completed and no evidence of legionella had been identified. No actions had been identified from this assessment.
- The provider ensured that the facilities and medical equipment were safe and that equipment was

maintained according to manufacturers' instructions. We saw evidence of the calibration of equipment, electrical testing and the servicing records for laser machines.
- 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. We saw evidence of health and safety and fire risk assessments. Actions had been taken as a result of these, such as completing staff training and purchasing goggles for cleaning.

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. Clinics would be cancelled if required rather than using locum staff and patients were given a full explanation of why appointments required rebooking. Due to the non-urgent nature of the treatments offered, patients were offered the choice of postponing.
- 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. There were several policies to support staff with this including the management of sepsis and medical emergencies. Staff had also undertaken basic life support training.
- 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. The clinic obtained an additional medicine for the emergency treatment of asthma on the day of inspection.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- 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.

- Individual care records were not consistently stored in the same place. For example, we saw some paper notes had letters written to GPs which were stored on the computer or in emails. However, at this inspection, we saw that the standard of clinical note taking had improved. Clinical records we reviewed were more legible, contained details of the operations completed and recorded patient consent. Some notes were typed to improve legibility and templates had been developed to improve consistency. Two audits had been completed by the provider to review the quality of clinical records, to ensure they contained the relevant details and met the required standards.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. We saw general letter templates to send to GPs where the clinic had received patient consent to do so. We saw that these letters did not always contain information of prescriptions patients had been given. The provider told us they would update the letters to include this.
- 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 ceased trading.
- 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 had systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks.
- Staff prescribed and administered 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 rationale for this. For example, there was limited guidance on prescribing certain medicines for liposuction, however the provider was able to clearly evidence the steps they had taken to identify the most appropriate guidance nationally and internationally.

Good

Are services safe?

They had also discussed this with consultants with relevant expertise. The provider was aware of their responsibility for antimicrobial stewardship when prescribing antibiotics.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. This included risk assessments for health and safety, fire and infection prevention and control. Action was taken on the recommendations from these risk assessments, such as ensuring staff were appropriately trained. We saw training had been completed.
- The service 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

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 incidents when things went wrong. We saw the clinic was in the process of completing a significant event relating to patient conduct and planned to discuss this in a meeting. We saw significant events were a standing item agenda on regular staff meetings but none had been fully recorded for discussion at the time of our inspection.
- 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 had a policy relating to the Duty of Candour.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

At the last inspection, we rated the provider as inadequate for providing effective services because:

- The provider did not always assess needs and deliver care in line with relevant and current national evidence-based guidance and standards.
- We did not always see the clinic gained appropriate information on the patients' medicines history.
- The service would refer patients back to their registered GP for some issues, however, this was not consistent or in line with their protocol for referring back to the registered GP.
- Staff were not all appropriately qualified. The provider did not have a comprehensive induction programme for all newly appointed staff.
- The provider did not assess the learning needs of staff as there was no evidence of a formal appraisal system.
- Before providing treatment, the doctor at the service asked for an overview of the patient's health. However, they did not gain reassurance or validate this information.

At this inspection, we saw that these issues had been rectified and we have rated the provider as good for providing effective services.

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 appropriate. The provider also followed recommended international guidance for cosmetic care. Where there was limited guidance, we saw the provider had taken appropriate steps to review literature and make an informed decision.
- Patients' immediate and ongoing needs were assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. If patients had been seen at the clinic previously, their notes were reviewed before any treatments. The clinic told us they assessed for body dysmorphia and would not treat patients with this condition.

Monitoring care and treatment

The service was involved in some quality improvement activity.

- The service used information about care and treatment to make improvements. For example, since the last inspection, the provider had completed several non-clinical audits on areas such as infection prevention and control, fire and health and safety.
- We saw some evidence of clinical audit. We reviewed two audits of clinical records completed by the clinic. We saw there were no actions from this audit and that legibility of notes had improved since the last inspection. Notes we saw were all signed.
- We saw an audit relating to medicines handling, storage, disposal and error reporting and found the clinic was compliant in all areas.
- A review had been completed on the number and types of treatment offered. The clinic offered a larger proportion of injectable and non-ablative lasers than other treatments.
- We spoke with the registered manager regarding audit activity and the manager reported they planned to do audits on prescribing. However, due to issues identified at the previous inspection, they had been unable to do so due to time constraints and prioritisation of higher risk issues.
- After the inspection, the provider sent us an audit relating to prescriptions. This reviewed the average number of medicines per prescription, the percentage of medicines prescribed by generic name, the percentage of prescriptions containing antibiotics, patients' knowledge of correct dosage, identification of errors and any noted reactions. The audit did not identify any issues.

Effective staffing

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

Good

Are services effective?

- All staff were appropriately qualified. We noted a significant amount of training had been completed since the last inspection. Staff told us they had found this training to be beneficial. The provider had an induction programme for all newly appointed staff.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation. The lead doctor was due for an appraisal in March 2020.
- 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. We saw there was a new appraisal system in place which staff reported was of value. The provider told us they had found this addition beneficial to be able to fully assess their needs and goals. There were also comprehensive competency checklists in place which had been completed with 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-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, we saw communication with consultants to discuss medicines and with GPs to inform them, with patient consent, of treatment undertaken at the clinic.
- Before providing treatment, the doctor 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 indicated a condition that could not be treated at the clinic.
- All patients were asked for consent to share details of their treatment with their registered GP.
- The provider completed a consultation before providing treatment to discuss options with patients. If patients wished to proceed, the doctor would complete a full assessment before providing treatment. At all stages, the patients were informed of the cost of each stage and were often told after their consultation to do some research to ensure they were happy with the information they were given.
- 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.

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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, we saw communication with consultants where patients had significant past medical history to discuss treatment courses.
- 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.

- Staff understood the requirements of legislation and guidance when considering consent and decision making. The lead doctor had not completed training in the Mental Capacity Act prior to our inspection, but did so on the day of our inspection and had some understanding of this prior to completing the inspection. We saw that the mental capacity was covered in the providers safeguarding policy.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- We saw consent forms were in place for all of the treatments the service offered.
- The service monitored the process for seeking consent appropriately, for example in notes audits. We noted the consent policy had been updated and staff were aware of this. Staff had not re-signed the policy following the updates. The manager told us they would get the policy signed.

Good

Are services caring?

At the last inspection, we rated the provider as good for providing caring services. At this inspection, 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. In November 2019, 17 patient feedback cards were received and eight in December 2019. We saw from this feedback that 100% of patients would recommend the service and found staff friendly.
- Feedback from patients was positive about the way staff treat people. Comment cards we received told us the service was excellent and that people were happy with their treatment.
- 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. One member of staff was trained to give dietary advice and there were leaflets in the waiting area which explained all of the treatments available.

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. 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.
- In surveys completed by the provider in November and December 2019, 100% of patients told us they were happy with their consultation.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand. Treatment leaflets and information were given to patients after consultations.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- All staff had undertaken equality and diversity training.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Good

Are services responsive to people's needs?

At the last inspection, we rated the provider as requires improvement for providing responsive services because:

- The facilities and premises had not been risk assessed to ensure they were appropriate for the services delivered.
- Referrals and transfers to other services were not always undertaken in a timely way.
- We saw examples where the clinic was not aware of the Duty of Candour.

At this inspection, we saw that these issues had been rectified and we have rated the provider as good for providing responsive services.

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.
- The facilities and premises were appropriate for the services delivered. The provider had completed risk assessments and acted on the recommendation from these to ensure the premises was appropriate and safe.

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. The clinic did not use locum staff and informed patients if clinics had to be cancelled. Clinic appointments were booked around annual leave for staff.
- Patients reported that the appointment system was easy to use. Recent survey activity by the provider reported that 100% of patients reported they were happy with the time of their appointment.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff told us they would treat patients who made complaints compassionately.
- The service told us they would inform patients of any further action that may be available to them should they not be satisfied with the response to their complaint. The policy in place supported this.
- The service had complaint policy and procedures in place. The service had not had any complaints since the last inspection but had implemented a compliments book in reception to capture any soft feedback. Receptionists were encouraged to record any feedback they received on the phone or in the waiting room and to share this with staff. Complaints were a standing item agenda on team meetings but the clinic had not received any for discussion at the time of our inspection.

Good

Are services well-led?

At the previous inspection, we rated the provider as inadequate for providing well-led services because:

- The lead doctor was not knowledgeable about issues and priorities relating to the quality and future of services. They had not put the appropriate systems or processes in place to manage potential risks to the service.
- Effective processes were not in place for providing all staff with the development they needed.
- Structures, processes and systems to support good governance and management were not in place. We found serious concerns relating to the legibility of notes and the observations taken of some consultations.
- The provider had some policies, procedures and activities. However, we found these lacked information to appropriately advise staff.
- The clinic did not have appropriate systems to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service did not fully monitor current and future performance.

At this inspection, we saw that these issues had been rectified and we have rated the practice as good for providing well-led services.

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.
- Leaders had responded positively to the last inspection findings and had implemented improvements to ensure they met regulations. They told us efforts had been made by all staff to ensure new systems were being adhered to.
- Leaders at all levels 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. For example, following the previous inspection, the provider had employed an external consultant to assist the clinic with becoming compliant and to offer guidance.

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 vision was:
  - "Driven by passion, committed to quality."
- The service developed its vision, values and strategy jointly with staff.
- 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 and was confident in the changes they had made to improve the care they provided.

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 had been no recent turnover of staff at the clinic and staff told us this was due to being happy at the service and feeling valued.
- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated in policies and when responding to incidents. 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 several ways for staff to do this, including informally on a day-to-day basis and formally in team meetings and at appraisals. Staff told us the manager was open to change and they felt confident issues raised 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. Though this system was newly implemented, staff reported it was helpful. The appraisal system also included a review of staff competencies which gave the manager assurance of the way staff were working.
- There was a strong emphasis on the safety and well-being of all staff.

Good

Are services well-led?

- 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.

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 had been implemented since our last inspection. Staff told us they were fully invested in embedding the systems and the manager told us staff had been supportive and had helped to set up some of the systems. 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. These were reviewed at appraisals and set out within policies.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Policies were signed by staff, although we found an update to the consent policy had not been signed by staff. Staff were aware of the change and the manager told us they would ensure changes to policies were signed by staff.

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. We saw new systems in place to monitor health and safety, fire and infection prevention and control risks. We saw embedding of these systems and actions taken on identified issues.
- The service had some processes to manage current and future performance. The provider acknowledged they would like to undertake more clinical based audits. We saw evidence of multiple non-clinical audits.
- The provider had plans in place 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.
- 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 information used to monitor performance and the delivery of quality care was accurate and useful.
- The service submitted data or notifications to external organisations as required.

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. For example, the clinic often liaised with GP and consultant colleagues to discuss best practice with prescribing.
- Staff could describe to us the systems in place to give feedback. They told us there was an open culture within the clinic to discuss any issues and felt confident to raise concerns. There was also an appraisal system and regular team meetings in place to give formal feedback. 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 service was transparent, collaborative and open with stakeholders about performance.
- Regular surveys were given to patients in order to gain feedback to help shape the service.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. For example, the clinic had purchased a new laser and had completed the appropriate training to offer further treatments in the clinic.

Good

Are services well-led?

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. A new appraisal system was in place which both staff and management felt was of value.
- There were systems to support improvement and innovation work. The lead doctor attended external conferences and was a member of international clinical networks. This allowed them to review innovative techniques from different countries.