Dr Leah Cosmetic Skin Clinic

Inspection report

14 York Hill
Loughton
IG10 1RL
Tel: 02078775999
www.drleah.co.uk

Date of inspection visit: 18 September
Date of publication: 17/10/2023

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 our first announced comprehensive inspection at Dr Leah Cosmetic Clinic, Loughton (Essex Clinic), as part of our inspection programme following the registration of a new service.

Dr Leah Cosmetic Clinics provide private non-surgical cosmetic treatments for patients aged 18 and over from three clinics: 10 Glentworth Street, Marylebone (Baker Street Clinic); 24 Chiswell Street, London (Moorgate Clinic); and 14 York Hill, Loughton (Essex Clinic). The Baker Street Clinic is the flagship and headquarters for the service, from where regulated activities are delivered.

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.

Dr Leah Cosmetic Skin Clinic provides a range of non-surgical cosmetic interventions, for example hair loss treatments, fat reduction injections and skin hydration treatments; and fillers for cosmetic reasons which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The service has a 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:

- The service had a clear strategy and vision. The governance arrangements promoted good quality care.
- There were clear responsibilities, roles and systems of accountability to support governance and management. Leaders were experts in their relevant fields, and this had been recognised within the aesthetic care industry locally, nationally and internationally.
- The service provided care in a way that kept patient safe and protected them from avoidable harm.
- The service provided effective treatments and ensured care and treatment were delivered in line with evidence-based guidelines.
- The provider treated patients with kindness and respect and involved them in decisions about their care.
- The service was responsive to people's needs, patients could access care and treatment in a timely way.

Overall summary

- The way the service was managed promoted the delivery of high-quality, person-centred care.
- There were systems to support improvement and innovation work. There were embedded systems in place for learning through regular multi-disciplinary governance and staff meetings.
- Leaders had a deep understanding about issues and priorities for the sustainability of the service and to ensure the delivery of high-quality person-centred care. Leaders advocated for patient safety and improved regulation and strived to improve standards in the UK cosmetic industry.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector**.** The team included a specialist adviser.

Background to Dr Leah Cosmetic Skin Clinic

Dr Leah Cosmetic Skin Clinic is one of three locations operated by the provider. It is located at:

14 York Hill

Loughton

Essex

IG10 1RL

www.drleah.co.uk

The location was registered by CQC on 28 June 2022 in respect of the regulated activity of Diagnostic and screening procedures, Surgical Procedures and Treatment of Disease, Disorder or Injury (TDDI) and is registered to treat adults from 18 years old. The provider operates from their registered address. The regulated activities of thread lifts; Botulinum Toxin (Botox) for the treatment of migraines and excessive sweating (hyperhidrosis) and teeth grinding were provided from the Essex Clinic at 14 York Hill, Loughton, Essex.

The clinic is open at the following times: Tuesday 10:00hrs-18:30hrs; Wednesday 11:00-19:00; Thursday 09:00-19:00, Friday 10:00-18:00; and Saturday 09:00-17:00.

The regulated activities are carried out by 4 GMC registered Doctors. Dr Leah Totton is the Medical Director for the service. The service employs a general manager who is also the CQC Registered Manager.

Further details of the service provided can be found at the website: www.drleah.co.uk.

How we inspected this service

Before the inspection we gathered and reviewed information from the provider. We also reviewed information held by CQC on our internal systems. We carried out a site visit and spoke with the provider.

We reviewed the provider's governance policies and looked at 10 sets of healthcare records of patients using the service.

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?

We rated safe as Good because:

- Patients were protected from avoidable harm and abuse.
- Infection prevention and control systems (IPC) and processes were effective.
- The service had safety systems and processes in place to keep people safe.
- There was an open safety culture and embedded processes for learning and improvement.

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. 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.
- There was a safeguarding policy in place and a designated safeguarding lead, who had contact with local authorities for making safeguarding referrals when needed. Whilst the service did not treat children, the service had systems to safeguard children and vulnerable adults from abuse. Safeguarding contact details were clearly displayed within the clinic for staff to access.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- All staff received up-to-date Level 3 safeguarding and safety training, regardless of their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC). The IPC risk assessment was last reviewed in August 2023 and deemed the service compliant with cleanliness standards. The provider undertook additional spot check audits to assess the premises on a regular basis. For example, periodic water sample checks and risk assessments took place regarding a bacterium called Legionella which can proliferate in building water systems. The provider described plans in place to manage actions identified at the last legionella risk assessment in July 2023. The action plan identified high, medium and low risk actions, the provider confirmed all high risk actions identified would be actioned by October 2023 in line with specified timelines.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste. We saw that clinical waste was stored securely prior to being disposed of. We saw evidence that cytostatic and cytotoxic waste, for example medicinal products that possess one of more poisonous properties, was stored securely and managed in line with Department of Health best practice segregation guidelines.
- 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. For example, the provider had undertaken new and expectant mothers risk assessments when required. In addition, in July 2023 the provider had completed an extreme heat risk assessment due to the increased risk associated with the use of laser removal equipment within the building.
- A fire risk assessment had been completed in April 2023 which included emergency lighting testing. Regular fire checks were carried out on site and there were fire evacuation procedures and named fire wardens identified. Staff had completed training related to fire safety. Portable appliance testing had been completed in March 2023. There were no issues identified as requiring improvement.

Risks to patients

Good

Are services safe?

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for new staff tailored to their role which included supervision and appraisals during their probation period of employment and annually.
- 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. All clinical staff had received sepsis 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.
- Although the service did not see acutely unwell patients, staff understood their responsibilities to manage emergencies to recognise those in need of urgent medical attention. Staff had undertaken a range of training to manage medical emergencies, such as basic life support, first aid and sepsis awareness. The provider had recognised the need to further support non clinical staff in recognising the signs of acutely unwell patients and had recently provided additional training. There were processes in place to support patients out of hours who had concerns, including safety netting advice and 24 hour access to emergency treatment, when clinically indicated.
- The provider had introduced a questionnaire for all patients to assess individuals' psychological wellbeing. The tool gathered sufficient information to determine whether the treatment was appropriate. For example, past medical history, current medicines and lifestyle information. Patients received support and guidance and were also signposted to other services, including GP services when the assessment identified the need for additional support. In addition, patients would be advised against treatment if this was deemed appropriate.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- The service assessed and monitored the impact of safety through the use of clinical photography. This was used to monitor and record treatment outcomes.
- There were appropriate indemnity arrangements in place, including employer's liability insurance.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. The provider had migrated from using hard copy paper records to a digital record keeping system.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. On the day of the inspection, we reviewed 10 medical records. We saw that patient GP details were recorded, and that all patients had been asked for consent to share their treatment. We saw that all 10 patients had declined to share the details with their 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.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- The provider was registered with the Information Commissioners Office (IOC) and had a dedicated data controller registered who held oversight of the service's compliance to data protection. Staff we spoke with were able to demonstrate a high level of understanding of patient confidentiality.

Safe and appropriate use of medicines

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

Good

Are services safe?

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- The service had a limited scope of practice for medicines. 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.
- The service did not keep prescription stationery on-site.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. The provider had systems in place to monitor any unintended side effects post-treatment through photographic imaging. This was used to compare treatment outcomes and provide a clear clinical record, for example to record any adverse reactions, bruising or swelling.
- The provider had a good track record for safety. The provider had been awarded UK's 'Most Trusted Non-Invasive Clinic 2023' by Global Health and Pharma Magazine (GHP) who act as an information sharing platform for those in the healthcare and pharmaceutical industries; and whose aim is to support and help showcase the latest developments and innovation in the industry. The provider had also been nominated as a finalist for 3 awards at a national awards ceremony in December 2023 recognising services prioritising safety, excellence and consumer satisfaction.

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 systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. Staff told us that they had not reported any significant events at the clinic in the last 12 months. Staff we spoke with understood their duty to raise concerns and report incidents and near misses.
- 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.
- The provider shared minutes from multi-disciplinary monthly and quarterly staff meetings where safety incidents and learning points were a standard agenda item.
- 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.

Good

Are services effective?

We rated effective as Good because:

- The provider assessed and delivered care and treatment in line with current legislation, standards and guidance.
- Patients had good outcomes because they received effective care and treatment that met their needs.
- Staff had the skills, knowledge and experience to carry out their roles and had protected time for learning and development.
- Patients had access to a range of information to support their decision making. The provider website provided explanations of treatments, photographs and videos to enhance the informed consent process. We saw that the provider made adjustments to the information on the website following feedback from patients.

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 staff assessed the 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 British College of Aesthetic Medicines (BCAM) guidelines and the National Institute for Health and Care Excellence (NICE).
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. The provider had implemented a wellbeing tool as part of the initial assessment process for patients.
- 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. All patients were provided with a treatment plan and aftercare support following consultation and treatment interventions.
- Staff assessed and managed patients' pain where appropriate.
- Two clinicians were members of The Aesthetic Complications Expert Group (ACE) which supported the training of clinicians nationally.
- Staff had access to online ACE guidelines and the British Journal of Aesthetic Medicines.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The provider used information about care and treatment to make improvements. We saw evidence of a quality audit plan to improve the service for patients. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, the provider had undertaken a thread lift feedback audit between June 2022 and July 2023 to review treatment outcomes and feedback from 7 procedures. The audit identified areas of good practice, and areas for improvement. The provider had identified 2 actions, which included amendments to the consent and post-operative guidance for patients in relation to recovery times. In addition, a new treatment had been identified to improve outcomes and patient satisfaction.
- Audit outcomes were a standing item at staff meetings.

Effective staffing

Good

Are services effective?

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.
- Medical staff were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Annual appraisals, personal development plans and supervised practice arrangements were in place to support staff and identify individual training needs.

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.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered.
- 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.
- All patients were requested to complete a medical questionnaire and a psychological wellbeing questionnaire to assess their mental well-being prior to any treatment. The psychological questionnaire was assessed by the treating clinician who might determine at their discretion that a treatment might not be suitable for a patient. Where there were any concerns identified regarding a patient clinicians might refuse to provide a treatment or ask to write to the patients GP with their consent.
- Quarterly multi-disciplinary governance meetings demonstrated staff working together to deliver effective care and treatment. For example, staff included a Consultant Plastic Surgeon and Consultant Dermatologist, and case studies were used to identify concerns, outcomes and actions.

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, advice about maintaining a healthy lifestyle and improving the outcome of treatment was shared with patients, before and after consultations and treatments. After care advice included avoiding high impact sports and exposure to direct sunlight post-treatment for thread lift procedures.
- 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

Good

Are services effective?

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Staff had received Mental Capacity Act (2005) training.
- The service monitored the process for seeking consent appropriately.
- Written consent forms were used for all procedures. The service also used a psychological wellbeing questionnaire to screen patients for body dysmorphia (a mental health condition where a person spends a lot of time worrying about flaws in their appearance. These flaws are often unnoticeable to others).
- Consent was obtained for the use and retention of photographs used before and after treatments.
- The provider had undertaken a patient feedback survey in 2023 and 20 reviews were received. Of the 20 responses 19 patients stated they were offered sufficient post-treatment advice and follow-up support. We saw that the provider had taken action to update patient information following feedback to improve the service and had updated guidance on specific procedure recovery times.

Good

Are services caring?

We rated caring as Good because:

- Feedback from patients was positive about the way staff treatment them.
- Patients were supported, treated with dignity and respected.
- Patients valued their relationships with the staff. Staff ensured patients were supported with a holistic approach to care, emotional and psychological needs were seen as being as important as patients' physical needs.
- Patients' wellbeing concerns that might impact on patients' treatment were assessed and addressed prior to the start of any procedure.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. The provider had undertaken an annual patient feedback survey in 2023 and 20 reviews were received. Of the 20 responses received 14 patients were very satisfied with the overall experience, 6 were satisfied and 1 patient was dissatisfied. We identified examples of online reviews from patients who reported they were treated with' kindness and excellent care'; 'honest and professional but relaxed and approachable'.
- The provider had undertaken an annual thread lift survey in 2023 and of the 7 responses, 5 were very satisfied and 2 neutral with the overall experience. Patients' comments described the experience as 'professional, very caring, and excellent'.
- Feedback from patients was positive about the way staff treated people.
- 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. The service provided extended consultation times to meet patients needs.

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. Family members who could interpret were invited to patient consultations, with consent.
- The service provided patients with information to enable them to make informed choices about their treatment. For example, the provider website contained thread lift procedure information for patients to support patients decision making. This included details of risk and complications, length of recovery times, photographs demonstrating the results of expected results of the procedure, and a video of a patient undergoing the treatment.
- The provider enabled automatic follow-up and recall processes for patients, who also received satisfaction questionnaires after their appointment. Lifestyle advice was given to patients during their consultation to compliment treatment and care.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

Good

Are services caring?

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- Appointment times were planned to ensure the likelihood of a busy reception area was reduced. Reasonable adjustments were made to patients who required longer appointments.
- Chaperones were offered and available on request, notices were displayed throughout the clinic. All staff who provided chaperoning service had undergone required employment checks and received training to carry out the role.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

- The provider understood the needs of their patients and improved service in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- The provider acted on feedback and complaints and responded to peoples' needs.

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. For example, appointment consultation times provided sufficient time for the treatment to be carried out and time for recovery.
- A call back system was in place for patients receiving regulated activity treatments. Patient details were added to the diary management system to ensure they received a follow-up well-being telephone call the day after their treatment.
- The facilities and premises were appropriate for the services delivered. Due to the layout of the building the service was unable to provide wheelchair access. To accommodate the needs of patients, the service offered patients with mobility issues appointments at the Moorgate clinic which had a disabled bathroom and a lift.

Timely access to the service

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

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Opening times had been adjusted to suit the needs of the local population.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- 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 procedure included a means of escalating the complaint if the patient was not satisfied with the initial investigation.
- The service had received 4 complaints within the previous 12 months and was able to demonstrate how appropriate and timely actions were taken in response to a complaint.
- Staff we spoke with were able to describe the complaints and process.
- The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, complaints were discussed as a standard agenda item at regular staff meetings.

Good

Are services well-led?

We rated well-led as Good because:

- There were clear responsibilities, roles and systems of accountability to support governance and management.
- Leaders had the experience, integrity and were knowledgeable about issues and priorities for the sustainability of the service, and to ensure the delivery of high-quality person-centred care. Leaders were expert in their relevant fields, and this had been recognised within the aesthetic care industry. Leaders told us they advocated for patient safety and improved regulation and that they strived to improve standards in the UK cosmetic industry.
- Leaders and staff were aware of and understood the vision, values and strategy and continually strived to achieve a patient centred service.
- Feeback from people who used the clinic was routinely positive: people said that staff explained all the risks and aftercare cautions, for example one person described their thread lift experience as 'nothing short of perfect'.
- Staff were proactively supported and encouraged to acquire new skills, use transferable skills and share best practice. There were embedded systems in place for learning through regular multi-disciplinary governance and staff meetings.
- There was a fully embedded and systematic approach to improvement, with a strong record of sharing work locally, nationally and internationally.

Leadership capacity and capability

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

- Leaders were expert in their relevant fields about issues and priorities relating to quality and future services within the medical aesthetic sector. They contributed to training, education and case studies and research. They understood the challenges and contributed to sharing knowledge during aesthetic conferences and training sessions nationally.
- The Medical Director had been recognised as an expert in thread lifts and had created a non-surgical facelift in their name. They had been an ambassador and international trainer in advanced cosmetic procedures and an advocate for safety and improved regulation in the UK cosmetic industry.
- Clinicians were members of the British College of Aesthetic Medicine (BCAM), and 2 clinicians were members of Aesthetic Complication Expert Group (ACE). This group offers evidence-based, peer-reviewed guidelines in the management of common and serious complaints experienced in non-surgical aesthetic practice.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them, for example managing patient expectation with clear and detailed patient information.
- 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 we spoke with described an 'open door' policy for staff at all levels.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. The provider held governance meetings which discussed and reviewed performance; incidents; complaints; quality improvement and training and development needs.

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 Medical Director of the service had the experience, capacity and capability to ensure that this vision was delivered.

Good

Are services well-led?

- Staff were aware of and understood the vision, values and strategy and their role in achieving a 'gold-star' service.
- 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. The service had developed an 'Employee of the Month' award programme to recognise staff for their achievements. Staff we spoke with told us they felt 'appreciated and recognised' by the award programme.
- We received 4 staff feedback forms that highlighted that staff felt listened to, with opportunities to help improve the service as well as ongoing appraisals and support from leaders.
- The service focused on the needs of patients. Staff told us that they always put patients best interest before any financial consideration and would decline patient treatment if it was in their best interest.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. Leaders advocated for patient safety and improved regulation in the UK cosmetic industry.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Complaints information was available on the website and in the clinic. Complaints and incidents were discussed in monthly staff meetings, and quarterly governance meetings. We saw that the learning from incidents and complaints had been used to develop the service, for example updating patient information to explain in more detail the recovery time for identified procedures. 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 supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. For example, group team activities and training had been undertaken.
- 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 teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities. Staff were provided with regular one-to one meetings with their manager.
- Arrangements were in place to ensure mandatory training was completed and up to date. Continuing professional development (CPD) objectives were set with staff on a regular basis.

Good

Are services well-led?

- Oversight of tasks allowed governance objectives and performance to be completed and monitored appropriately. For example, annual quality improvement audits were developed in conjunction with staff, incidents and complaints and in line with service priorities.
- The service held quarterly clinical governance meetings which facilitated discussions and reflective learning for complex cases. The governance structure promoted a multi-disciplinary approach to learning.
- Monthly staff meetings were in place which ensure prompt implementation of any required changes in response to events or learning points from the previous month.
- Leaders had established service specific policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

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.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, treatment decisions and outcomes.
- Leaders had oversight of safety alerts, incidents, and complaints. There were embedded systems in place for learning through regular multi-disciplinary governance and staff meetings.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents. On the day of the inspection the provider had activated the business continuity plan and we saw that this was effective.

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. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the patients, staff and external partners and acted on them to shape services and culture. The provider had been awarded UK's 'Most Trusted Non-Invasive Clinic 2023' by Global Health and Pharma Magazine (GHP) who act as an information sharing platform for those in the healthcare and

pharmaceutical industries; and whose aim is to support and help showcase the latest developments and innovation in the industry. The provider was registered with a quality assurance body whose members were required to successfully meet a range of quality checks prior to being offered membership. The body also increased awareness of protection for those seeking and undergoing cosmetic and beauty procedures, by empowering safer and better-informed decision. The provider had also been nominated for awards due to take place in late 2023 in 3 categories which demonstrated the clinic's commitment to excellence in partnership with patients, staff and external partners.

- In addition to completing feedback surveys patients were able to review the provider on a range of on line and social media platforms These reviews were also monitored by the provider for learning and improvement.
- Staff could describe the systems in place to give feedback. Staff were involved with developing the service and were aware of the values.
- The service was transparent, collaborative and open with stakeholders about performance. The provider supported a 'being open' culture through 'ethical advertising' about treatment costs while being conscientious of patient care.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. Quarterly multi-disciplinary governance meetings demonstrated staff working together to deliver effective care and treatment. For example, attendees included a Consultant Plastic Surgeon and Consultant Dermatologist, and case studies were routinely used to identify concerns, outcomes and actions.
- The service made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.
- All patient feedback was collated and discussed in monthly and quarterly meetings.
- Clinical staff attended conferences and provided training in cosmetic procedures.
- Clinical staff engaged with the British College of Aesthetic Medicine (BCAM) and the Medical Director was involved in clinical trials for thread lift procedures.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. The service had introduced systems to support sustainability and reduce the environmental impact, for example the service had migrated to a paperless records management system; recyclable, vegan free and carbon free skin care products were available to purchase at the clinic and the clinic used standalone units as required to ventilate the clinic rather than a built-in air conditioning system.