

# Anna Medical Aesthetic Clinic

## Inspection report

Unit 10, Dorcan Village  
Murdock Road, Dorcan  
Swindon  
SN3 5HY  
Tel:  
[www.annamedical.co.uk](http://www.annamedical.co.uk)

Date of inspection visit: 19 April 2023  
Date of publication: 16/08/2023

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?

Outstanding 

# Overall summary

## **This service is rated as Good overall.**

The service was registered with the Care Quality Commission (CQC) in September 2020 and this is the first inspection since registration.

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? – Outstanding

We carried out an announced comprehensive inspection at Anna Medical Aesthetic Clinic as part of our planned inspection programme.

Anna Medical Aesthetic Clinic is registered under the Health and Social Care Act 2008 to provide the following regulated activities:

- Diagnostic and screening procedures,
- Surgical procedures,
- Treatment of disease, disorder or injury.

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. Anna Medical Aesthetic Clinic provides a range of non-surgical cosmetic interventions, for example, hyaluronic acid injections and dermal fillers, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services. We inspected those procedures offered by Anna Medical Aesthetic Clinic which are regulated activities, for example, PDO (Polydioxanone) thread lift; hyperhidrosis botulinum toxin (Botox) injections (for excessive sweating) and Botox injections for teeth grinding.

Anna Medical Aesthetic Clinic is led by a registered manager. A registered manager is a person who is registered with 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 clearly defined and embedded systems, processes and standard operating procedures to keep people safe and safeguarded from abuse.
- There were systems to identify, monitor and manage risks and learn from incidents.
- The service provided effective treatments and ensured care and treatment were delivered in line with evidence-based guidelines.
- The staff treated patients with kindness and respect and involved them in decisions about their care.
- The service was responsive to peoples needs, patients could access care and treatment in a timely way.
- The service had a clear strategy and vision. The governance arrangements promoted good quality care.

# Overall summary

## **We saw the following outstanding practice:**

- Anxiety or emotional concerns that might impact on patients' treatment were assessed and addressed prior to the start of any procedures. This was conducted through an anxiety assessment by the lead clinician during initial consultations to identify any mental health difficulties or any further support required prior to aesthetic treatment. The lead clinician obtained further professional training in cognitive behaviour therapy to help provide compassionate support to patients.
- Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. Such as, awards in sector specific accreditation and providing stakeholder education. Leaders had a deep understanding of issues, challenges and priorities in their service sector.
- The continuing development of the staff's skills, competence and knowledge was recognised as being integral to ensuring high-quality care. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills and share best practice.
- There was a fully embedded and systematic approach to improvement, with a strong record of sharing work locally, nationally and internationally.

**Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Healthcare

## Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

## Background to Anna Medical Aesthetic Clinic

Anna Medical Aesthetic Clinic is located in Swindon at:

Unit 10 Dorcan Village

Murdock Road

Swindon

SN3 5HY

The service is registered to treat patients aged 18 and over and young adults aged 16 and over. The services offered include those that fall under registration, such as PDO (Polydioxanone) thread lift; hyperhidrosis botulinum toxin (Botox) injections (for excessive sweating) and Botox injections for teeth grinding. Other procedures, that are out of scope of regulation include anti-ageing injectables, hyaluronic acid injections and dermal fillers.

The service is located in clinic premises leased by the provider, Anna Medical Aesthetics Limited. The clinic is open Monday 9am to 3:30pm, Tuesday to Friday 9am to 7:30pm and Saturday 9am to 2:30pm. People can contact the clinic by telephone or through the website.

A link to the clinic's website is below:

<https://www.annamedical.co.uk/>

The clinic is led by a registered manager who is supported by a managing director. The clinic provides services by a lead nurse and a medical aesthetician and is supported by a clinic co-ordinator and an administrator.

### How we inspected this service

Before the inspection, we asked the provider to send us information about the service. This was reviewed prior to the site visit.

We also reviewed information held by CQC on our internal systems.

During the inspection we spoke with the provider, interviewed staff, reviewed documentation and records including clinical records.

We made observations of the premises, facilities and the service provided. 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:

- The service had clearly defined and embedded systems, processes and standard operating procedures to keep people safe and safeguarded from abuse.
- Infection prevention and control systems (IPC) and processes were effective. The registered manager had introduced additional measures to reduce the risk from COVID-19.
- The service had safety systems and processes in place to keep people safe. There were systems to identify, monitor and manage risks and learn from incidents.

## 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. The policies 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 for vulnerable patients which was reviewed in June 2022 to ensure information was correct and kept up to date. There was a designated safeguarding lead, who had contact with local authorities for making safeguarding referrals when needed.
- 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).
- The provider carried out services for adults and young adults, aged 16 and above. The date of birth for each patient was checked as part of the initial assessment and so would rule out any patients under this age. The service had systems in place to assure that an adult accompanying a child had parental responsibility.
- The service had systems to safeguard children and vulnerable adults from abuse. The registered manager was trained at level three safeguarding adults and children. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and received a DBS check.
- There was an effective system to manage infection prevention and control (IPC). The IPC risk assessment was last reviewed in December 2022 and deemed the service compliant with cleanliness standards. Standard operating procedures were in place and had been reviewed by the practice's IPC lead. This included guidance for staff relating to cleaning arrangements; training and induction requirements; risk assessment and audits; clinical waste; clinical procedures and injuries and incidents. The IPC lead demonstrated a comprehensive understanding of infection, prevention and control and their role in ensuring the practice complied with national guidelines.
- Appropriate arrangements were in place to manage and dispose of clinical waste, including sharps (needles). We saw that clinical waste was stored securely prior to being disposed of. Certificates of clinical waste disposals were kept by the practice to demonstrate this. We saw evidence that Cytostatic and cytotoxic waste was stored securely and managed safely in line with Department of Health best practice segregation guidelines. This is important to dispose of carefully as it poses a number of significant dangers to health.
- Appropriate measures were in place to ensure the premises was clean and that sufficient levels of personal protective equipment (PPE) were available where required. Annual IPC spot check audits had been carried out to assess the premises and the service was deemed satisfactory at the last audit, completed in January 2023.

# Are services safe?

- Staff were up to date with IPC training. There was an IPC induction checklist for new staff. We spoke with staff during the inspection who told us they felt confident with the COVID-19 measures the provider had put in place.
- There was an external contractor for the cleaning of the premises. The IPC lead completed monthly walkarounds with the contractor to ensure hygiene standards were met. We identified that Control of Substances Hazardous to Health (COSHH) data sheets were in place for all appropriate products held at the location.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. A fire risk assessment had been completed in March 2023 which included emergency lighting testing and fire extinguisher servicing. There were fire evacuation procedures and named fire wardens. Staff had completed training related to fire safety. Portable appliance testing had been completed in March 2023. There were no issues identified as actions that required improvement.
- Legionnaire bacteria checks of the water system had taken place in March 2022 and as an additional safety mechanism, another risk assessment was completed in March 2023. Legionnaire's disease is a potentially fatal type of pneumonia, contracted by inhaling airborne water droplets containing viable Legionella bacteria. All hot and cold water systems in the premises are a potential source for legionella bacteria growth. Records of monthly water checks and flushing records were completed by staff to ensure the water system was safe. The provider was aware of their duty and responsibility to notify the UK Health Security Agency (UKHSA) of cases under the service provision.

## Risks to patients

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

- The registered manager was the only clinician within the service that provided in-scope regulated activities. They were supported by a medical aesthetician who provided treatments that were out of scope of CQC regulated activities. 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 probation period of employment and annually.
- 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, such as basic life support, first aid and sepsis awareness.
- Staff told us patients who attended the service were mostly fit and healthy. Staff were aware of identifying the symptoms of an acutely unwell patient. For example, in the event of anaphylaxis (a severe, potentially life-threatening, allergic reaction).
- The provider gave patients using the service information and guidance leaflets relating to their treatment and after care. The advice included possible side effects and the action to take as well as an urgent and emergency follow-up information and contact details.
- The service also invested in medical facial ultrasound to offer ultrasound-guided treatments that reduced the risk of vascular occlusions, any type of blockage of a blood vessel, which improved patient safety outcomes.
- All treatments that were within the scope of regulation (treatment for hyperhidrosis, excessive sweating and treatment for teeth grinding) were of low risk and patients received full medical assessments to determine they were of sufficient good health to undertake the treatments. The provider used a screening assessment including a medical health

# Are services safe?

questionnaire and an aesthetic medicine anxiety authentication tool to gather sufficient information to determine whether the treatment is appropriate and could go ahead. For example, past medical history, current medicines, allergies and lifestyle information was obtained. Patient support and advice was given where mental health screening assessment scores did not meet the criteria for treatment.

- When there were changes to patient treatment or changes during routine follow-up treatments, the service assessed and monitored the impact on safety through the providers 3D photographic clinical system. This was used to compare treatment outcomes alongside short-term and long-term objectives agreed at each consultation.
- There were appropriate indemnity arrangements in place including professional indemnity and public and 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 clients safe. The care records were only stored and retained electronically and we saw that information needed to deliver safe care and treatment was recorded. The clinician carried out and recorded a detailed assessment which included the persons medical history, their expectations from the procedure, advice and information and consent gained. Following the procedure records clearly identified what treatment was given and the aftercare guidance provided. Aftercare advice was given verbally, followed by a hard copy advice sheet and emailed to the patient.
- The provider had systems for sharing information with staff, the registered NHS GP and other agencies to enable them to deliver safe care and treatment. Patients having treatments were asked for consent to share information with their GP if appropriate.
- The provider had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading. The provider used a cloud based electronic clinical records system that was password protected and this was changed on a regular basis.
- The provider was registered with the Information Commissioners Office and had a dedicated data controller registered who held oversight of the services' compliance to data protection. All staff had received training on General Data Protection Regulation (GDPR) and there was an information governance policy in place.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. For example, the provider made onward referrals to primary care (patients' GP with consent) for skin cancer concerns. 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 systems and arrangements for managing medicines, including injectable medicines and equipment minimised risks. The emergency medicines kept onsite were appropriate for the type of treatments offered to patients. We saw these 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 service did not store or prescribe any controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).

# Are services safe?

- The provider had a limited scope of practice for medicines for patients and gave advice on medicines in line with legal requirements and current national guidance where required. 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. Private prescriptions were stored securely electronically and the service monitored its use.
- The provider had implemented cloud-based temperature-controlled record keeping and real-time remote temperature monitoring to ensure medicines were stored safely and appropriately.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues and to support the management of health and safety within the premises.
- 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 monitored any unintended side effects post-treatment through 3D photographic system technology. This was used to compare treatment outcomes at every treatment assessment. For example, infections, dimpling, reactions, migration or severe bruising were monitored and recorded. The Yellow Card system was used for recording adverse incidents with medicines and medical devices. The yellow card system is the United Kingdom's system for collecting information on suspected adverse drug reactions to medicines. The scheme allows the safety of the medicines and vaccines that are on the market to be monitored by the Medicines and Healthcare products Regulatory Agency (MHRA).
- The provider had a good track record for safety and was awarded with the Safety in Beauty finalist in 2022 and 2023 for best aesthetic nurse for providing high standards of professionalism and safety in the industry.

## 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. However, the provider told us they had not had to report a significant event at the clinic. Staff understood their duty to raise concerns and report incidents and near misses.
- The service had not needed to report any serious incidents relevant to the regulated activities when we inspected. 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 and raising this with the lead clinician.
- All safety concerns raised by staff and people who use service were highly valued as being integral to learning and improvement. The service used an external provider to provide face to face in-clinic training to staff to help increase awareness and improve capability to dealing with patient concerns.



# Are services safe?

- The provider had discussed incident reduction mitigation within staff meetings through developing a triage process to ensure patients were appropriate for treatment. Questionnaires and consent forms were bespoke to every type of treatment was available, which included, expected patient outcomes, potential adverse reactions, treatment planning guidance and guidance for out-of-hours care. Consent forms for patient photography was in place as part of the on-going assessment of treatment outcomes.
- 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 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.

# 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.
- The provider kept up to date in their specialist field and reviewed and monitored care and treatment to ensure the services provided were effective.
- Staff had the skills knowledge and experience to carry out their roles and they had protected time for learning and development.

## 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 needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).**

- The provider had effective 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 relevant current legislation, standards and guidance. These included 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.
- 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 a consultation and treatment interventions.

## 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 improvement plan to improve the service for patients. For example, the provider implemented a recall process for patients who require toxin injections every 3-4 months to treat conditions such as hyperhidrosis or teeth grinding using the clinical records system. This was to safety net and prevent patients being missed who were part of a treatment plan and to follow dermatology outcome recommendations for treatment intervals.
- The service advised patients on possible side effects and adverse reactions following treatment. This included potential localised pain, bruising or skin irregularity following treatment. Effective after-care and monitoring was in place to follow up treatment. For example, patients were contacted via telephone to arrange face-to-face follow-up appointments to review treatment outcomes. 3D photography technology was used at every appointment to compare results before and after treatment. The clinician was able to advise patients on changes in line with their treatment plan and objectives.

## Effective staffing

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

# Are services effective?

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals were registered with the Nursing and Midwifery Council (NMC) and were up to date with revalidation. The service had two clinical staff who provided treatments for patients. The registered manager who was the lead nurse offered in-scope CQC regulated treatments whilst the service employed a medical aesthetician who was qualified as a level 4 beauty therapist provided out of scope CQC regulated activities such as aesthetic treatments.
- 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. For example, the lead nurse held a masters degree (MSc) in Advanced Clinical Practice who was awarded with professional accreditation to level 7 qualification in injectables for aesthetic medicine. They were also a member of the International College of Aesthetic Nurses (ICAN) and British Association of Cosmetic Nurses (BCAN).
- Staff were encouraged and given opportunities to develop. For example, further continuous progressive development training courses were provided, clinical staff were accredited as regional trainers as well as ambassadors for external collagen stimulating dermal filler treatment organisations. This helped staff obtain further experience and knowledge to carry out effective treatments for patients.
- We saw examples of appropriate and effective support of staff to develop their clinical skills and understanding of treatment options. The registered manager and lead nurse provided supervision, appraisals and mentoring. Staff meetings were held to discuss performance and training opportunities.

## Coordinating patient care and information sharing

### Staff worked together, and worked 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, the provider had a system to communicate to primary care GPs, with consent, where patients required further dermatological diagnostics or testing for cancer. Patients received a copy of the communication as a safety netting mechanism in case these were not followed up or no consent was given, to ensure patient care pathways were being followed.
- Before providing treatment, the service ensured they had adequate knowledge of the patient's health, their medicines, family history and any previous history of cosmetic procedures. 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. For example, patients with highly complex skin conditions.
- All patients were asked for consent to share details of their consultation, any procedures undertaken, and any medicines prescribed with their registered NHS GP on each occasion they used the service. If no consent was given, patients received a direct copy of communication to be passed on to relevant healthcare professionals.
- The provider had risk assessed the treatments they offered. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with national guidance. Where patients were assessed by the provider who were at risk or diagnosed with body dysmorphia, the service recommended a referral to address their primary health issue.

## Supporting patients to live healthier lives

# Are services effective?

**Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.**

- Where appropriate, staff gave people advice so they could self-care.
- The provider promoted and supported patients to live healthier lives. For example, advice about maintaining a healthy lifestyle and improving the outcome of treatment was shared with patients, before and after consultations and treatments. This also included advice on protection against sun damage to the skin as well as clear after-care advice following treatments, such as, advice to avoid tight clothing and vigorous exercise post-treatment for hyperhidrosis.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs. The lead nurse was mental health and cognitive behaviour therapy (CBT) trained. The service was able to provide scope for emotional support to patients who were considering treatment in line with the aesthetic medicine anxiety authentication assessment, a mental health screening tool.

## **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. Processes for the assessment of patients' suitability for treatment which included their psychological well-being, mental capacity, and vulnerability were in place. There was a 14-day cooling off period before booking and consenting to treatment.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. All staff had undertaken Mental Capacity Act (2005) training.
- The service asked patients to sign consent forms to indicate they understood the treatment fees and any risks (albeit minimal) involved.
- 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. This included specific consent for the use of photographs for marketing purposes.

# Are services caring?

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

- The provider treated patients with care and kindness, ensuring people's privacy and dignity were protected at all times when using the services.
- 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.

## **We saw areas of outstanding practice:**

- Anxiety or emotional concerns that might impact on patients' treatment were assessed and addressed prior to the start of any procedures. This was conducted through an anxiety assessment by the lead clinician during initial consultations to identify any mental health difficulties or any further support required prior to aesthetic treatment. The lead clinician obtained further professional training in cognitive behaviour therapy to help provide compassionate support to patients.

## **Kindness, respect and compassion**

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

- The service sought feedback on the quality of clinical care patients received as well as patient satisfaction. The provider used online review services and highlighted that 93 reviews were received within the last 12 months with a rating of 4.8 out of 5. We identified examples of patients who reported they were treated with dignity and respect at all times, staff were professional and friendly and the treatments exceeded their expectations.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. This was acknowledged by the Aesthetic Medicine Journal Awards and the service was named the 'Aesthetic Clinic of the Year – South West and Wales'. This national award recognises clinics and practitioners who help raise safety and caring standards in the UK.
- The service gave patients timely support and information. Any anxiety or emotional concerns that might impact on patient's treatment were assessed and addressed prior to the start of any procedures. For example, during initial consultation, patients were consulted by the lead clinician who undertook an anxiety assessment on all patients to identify any mental health difficulties or any further support required prior to aesthetic treatment. Staff provided lifestyle and wellness advice to every patient as part of their initial consultation, including GP referrals where appropriate to address at risk or diagnosis of body dysmorphia.
- The lead clinician obtained further professional training in cognitive behaviour therapy and this helped to provide further support to patients during initial consultations.

## **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. For example, information detailing treatments offered for various dermatology and aesthetic conditions and outcomes

# Are services caring?

was available on the provider website and in leaflets within the clinic. The provider enabled automatic follow-up and recall processes for patients, who also received satisfaction questionnaires after every appointment to ensure they were given the opportunity to remain active participants in any ongoing treatment decisions that might be required. Lifestyle advice was given to patients during their consultation to compliment treatment and care.

- The provider actively engaged with the public to provide information of treatments to ensure patients could make informed decisions based on trustworthy information. For example, the service created a free guide to help educate the public in how to navigate and make informed decisions in the aesthetics industry. The provider had distributed over 100 free copies during the two months prior to inspection.
- 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.
- For patients who were young adults, patients with learning disabilities or complex social needs; parental consent, family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- The service used a number of different methods to demonstrate what each treatment option 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.

## Privacy and Dignity

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

- We identified examples of patients who reported they were treated with dignity and respect at all times, staff were professional and friendly and the treatments exceeded their expectations.
- Staff recognised the importance of people's dignity and respect. Modesty covers were available for patients who had treatments on intimate areas of the body. Chaperones were offered and available on request, notices were displayed throughout the clinic. All staff who provided chaperoning services had undergone required employment checks and received training to carry out the role.
- Appointment times were planned to ensure the likelihood of a busy reception area was reduced. Reasonable adjustments were offered to patients who required longer appointments.
- Patients who wanted to discuss sensitive issues or appeared distressed were offered a quiet private consultation room to discuss their treatment needs.

# Are services responsive to people's needs?

## We rated responsive as Good because:

- The importance of flexibility, informed choice and continuity of care was reflected in the services. People's needs and preferences were considered and acted on to ensure that services were delivered in a way that is responsive.
- The provider assured timely access to the service, acted on feedback and complaints and responded to people's 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.
- The facilities and premises were appropriate for the services delivered. For example, the clinic is wheelchair accessible and able to treat those with mobility restrictions who were unable to use stairs via a treatment room on the ground floor and most clinical equipment was mobile.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, blue badge parking was available for ease of access to the premises.

## 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 and treatment. For example: Patients had a choice of time and day when booking their appointment. The service was open Monday to Saturday with a range of opening hours including early evening and Saturday morning appointments.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use. Appointments and consultations could be booked via telephone and by email request after triaged by the provider to ensure it was appropriate. Online treatment appointments were bookable on the website after patients had completed their initial consultation.

## Listening and learning from concerns and complaints

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

- The service had a complaint policy and procedures in place. Information about how to make a complaint or raise concerns was available. We saw that the service's complaints procedure was displayed within the reception waiting area and on the website. Staff treated patients who made complaints compassionately.
- The service had received 2 verbal informal complaints within the previous 12 months and was able to demonstrate how appropriate and timely actions were taken in response to a complaint. The service learned lessons from individual concerns, complaints and analysis of trends from feedback. It acted as a result to improve the quality of care. For example, a patient made a verbal complaint about the outcome results following a particular treatment. The

# Are services responsive to people's needs?

service was able to provide assurances and comparisons before and after treatment by the 3D photography systems used at every consultation. The patient was advised the appropriate after care. As a result, the provider updated health information leaflets prior to treatment and implemented specific consent forms for every treatment offered to manage patient expectations and provide further education for patients.

- 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. For example, there was a reference within the policy to the Independent Sector Complaints Adjudication Service (ISCAS) from whom additional advice and support may be sought.



# Are services well-led?

## We rated well-led as Outstanding because:

- There were clear responsibilities, roles and systems of accountability to support outstanding governance and management.
- Leaders at all levels had the experience, integrity and were knowledgeable about issues and priorities for the sustainability of services and to ensure the delivery of high-quality person-centred care. Comprehensive and successful leadership strategies were in place to develop the desired culture.
- Feedback from people who used to clinic was continually positive: people said that the staff go the extra mile and the care and support received exceeds their expectations, from initial consultation to the aftercare treatment and review. People said the clinic has their best interests at the centre of the treatments discussed and they never felt under pressure to proceed with any treatments.
- The continuing development of the staff's skills, competence and knowledge is recognised as being integral to ensuring high-quality care. Staff were proactively supported and encouraged to acquire new skills, using transferable skills and shared best practice.
- 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.

- Anna Medical Aesthetics Clinic is a limited company operated by a registered manager who was also the lead clinician. They were an expert about issues and priorities relating to the quality and future of services within the medical aesthetic sector from the extensive experience of training, educating and contributing to case studies and research. They understood the challenges and was contributing to sharing knowledge during aesthetic conferences and training sessions across Europe.
- The lead clinician held a masters degree (MSc) in Advanced Clinical Practice who was awarded with the highest level of professional accreditation level 7 qualification in injectables for aesthetic medicine. They were also a member of the International College of Aesthetic Nurses (ICAN) and British Association of Cosmetic Nurses (BCAN).
- The lead clinician was a global ambassador for an external dermal filler organisation, key opinion leader for Sinclair College and an accredited regional trainer for an external collagen stimulating dermal filler treatment organisation. They were dedicated to teaching medical health care professionals during regular educational sessions held at the clinic on how to incorporate medical aesthetic treatments, such as a combination of botulinum toxin, dermal fillers, collagen stimulators and skincare into their practices to improve patient outcomes.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff had opportunities to develop their skills through continuous professional development by attending external training workshops and educational conferences across the UK.
- The provider had effective processes to develop leadership capacity and skills, including planning for future service improvements and treatments for patients. The provider held management meetings which discussed and reviewed contractual performance; incident and complaints; central alerts; quality improvement; staffing and health and safety.

# Are services well-led?

- The provider had developed a succession plan to ensure the service maintained high-performance treatments and expand business activities. For example, the provider was in the process of recruiting an additional nurse with a special interest in dermatology and medical aesthetics. This role was to include a fellowship and mentoring period for clinical competencies such as prescribing.

## 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. We saw evidence of an improvement plan which included actions to areas such as the development of cloud-based automated data systems to ensure patient 3D photographic images were stored effectively to prevent incidents relating to data loss. This was also outlined in the business continuity plan. The service had also implemented a software-based system linked with medical fridges (that were used for the storage of medicines) with SMS mobile phone notifications to nominated senior staff as a safety netting mechanism should fridge temperatures fall or rise out of range. This was used alongside the existing alarms and data loggers for temperature alarm monitoring due to medicine requirements to be stored between 2 degrees and 8 degrees Celsius, in line with manufactures guidelines. This system worked as a failsafe to prevent any reliance on internet connection, should this be disconnected, affecting the data loggers stored within the fridges.
- The service developed its vision, values and strategy jointly with staff and external partners. Staff were aware of and understood the vision, values and strategy and their role in achieving them. The service monitored progress against delivery of the strategy. For example, the provider had trained all staff administrative duties and how to manage patient enquiries to meet patient demand regardless of job role. This helped provide a seamless patient experience as qualified from feedback trends regarding staff going above and beyond patient expectation.

## Culture

### **The service had a culture of high-quality sustainable care.**

- Leadership strategies were in place to sustain high quality care and upskill patients and other practitioners to understand what quality care looked like. The provider held quarterly patient education events at the clinic which held up to 20 people, in which information about treatments and new and emerging research specific to the medical aesthetic industry was discussed. A library of patient educational videos was also uploaded to the service website which informed patients on treatment expectations and options.
- The provider also hosted training sessions for local nurse practitioners to help raise awareness and clinical skills for external healthcare professionals who wanted to progress in the medical aesthetic specialism.
- Staff felt respected, supported and valued. They were proud to work for the service and described the service as a friendly and professional place to work. We received 3 staff feedback forms that highlighted that staff felt listened to, with opportunities to help improve the service in terms of patient experience as well the ongoing appraisal and supervision to develop objectives and to develop their skills. All staff were given protected time for professional development. Other clinical staff who provided treatment for patients had evaluation of their clinical work by the lead nurse to ensure performance and care was safe and effective.

# Are services well-led?

- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- The service focused on the needs of patients. Staff told us they always put the patient's best interest before any financial consideration.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed. The provider had a whistleblowing policy in place and a dedicated freedom to speak up guardian.
- There was a strong emphasis on the safety and well-being of all staff. For example, when speaking to staff, there was there a clear sense of team and subsequent positive relationships between all staff at the service. The provider held staff social events, including celebrating key achievements and invited staff to external awards ceremonies that the service was recognised for.
- 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 senior staff and the whole team.

## Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of joint working arrangements with external stakeholders promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities. 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. There was oversight of a tasks that allowed governance objectives and performance to be completed and monitored appropriately. There was a demonstrated commitment to best practice performance and risk management systems and processes. The organisation reviewed how they functioned, staff were aware on how to raise issues and these were managed effectively. For example, a quality improvement action plan was developed in conjunction with staff to mitigate issues and to document progress in line with service priorities.
- Leaders had established proper 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.

# Are services well-led?

- 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.
- The provider had systems and processes in place and had trained staff for major incidents.

## Appropriate and accurate information

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

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- 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, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. The provider was registered with Safety in Beauty, in which staff offered further patient education and increased awareness of protection, for those seeking and undergoing cosmetic and beauty procedures, by empowering safer and better-informed choices. This voluntary service was also offered to patients, by giving them a place to turn to if standards or services proved harmful and ineffective.
- There was a strong culture of improving patient outcomes and patient satisfaction. Feedback was monitored and showed trends of exceptional care. For example, the service had several testimonials published in national newspapers and magazines that highlighted positive transformational outcomes for patients who had received treatment at the clinic.
- The provider also collected and monitored patient feedback, the service received a total of 122 reviews, of which 83 were received within the last 12 months. All of those rated within the last 12 months were rated 5 stars (star ratings scaled from 1 - where feedback was poor to 5 - where feedback was outstanding)

# Are services well-led?

- Staff could describe to us the systems in place to give 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. Staff were involved with developing the service ethos and were aware of the values.
- The service was transparent, collaborative and open with stakeholders about performance. The provider worked with a business consultant to develop an improvement plan and ways to communicate and convey safety measures in treatments to patients through public engagement. The provider also supported a sustainable approach to engagement through 'ethical advertising', being open about treatment costs whilst being conscientious of patient care.

## Continuous improvement and innovation

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

- The service demonstrated a clear commitment and systematic approach to continuous learning and improvement, which was supported by recognised improvement tools and methodologies which were fully embedded across the organisation. The provider identified needs through recognised published research for patients who require cosmetic treatment via a more natural approach. The provider had plans in place to introduce Platelet-Rich Plasma (PRP) therapy to compliment existing treatments offered.
- There were systems to support improvement and innovation work. The lead nurse had completed and published peer to peer research that was submitted in the Journal for Medical Aesthetics Professionals. They completed case studies in relation to positive treatment outcomes for patients with periorbital (tissue surrounding the eyes) rejuvenation and facial palsy (temporary weakness or lack of movement affecting the side of the face).
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. For example, within the improvement plan, the provider implemented digital 'green' processes throughout its service, promoting a reduction in paper wastage through digital usage for patient consent forms, health questionnaires, appointment booking information and financial information.
- The provider was recognised with medical aesthetic accreditation to SaveFace (SaveFace is the only Government approved register by the Professional Standards Authority, recognised by The Department of Health and NHS England).