Medical Skin Clinics Ltd

Chiltern Medical Clinic - Reading

Inspection report

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

Ratings

Overall rating for this location	Requires Improvement
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

We rated Chiltern Medical Centre - Reading as requires improvement because:

- Although we found the service largely performed well, it did not meet legal requirements relating to safe care and treatment, and good governance, meaning we could not give it a rating higher than requires improvement.
- The service did not ensure all risks were assessed by a person with relevant skills.
- The service did not have effective governance processes to assess, monitor and improve the service.
- The service did not always assess patients' individual needs prior to attending an appointment.

However:

- The service had enough staff to care for patients and keep them safe. Staff understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Requires Improvement 	

Summary of findings

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Summary of this inspection

Background to Chiltern Medical Clinic - Reading

The Chiltern Medical Clinic Reading is operated by Medical Skin Clinics Ltd. It is a private clinic located in the centre of Reading, Berkshire. The service registered with the Care Quality Commission (CQC) on 5 May 2017, with the purpose of providing cosmetic surgery to self-funding patients.

This service had a registered manager in post since 2017. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage a service. Like registered providers, they are 'registered persons'.

The service is registered to provide the regulated activities:

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

It is an independent clinic which had a treatment room, three therapist rooms, two waiting rooms, and two consultation rooms. Directly employed therapists and administration staff worked alongside medical staff who worked under practicing privileges.

The service carried out 177 cosmetic procedures from June 2020 to July 2021. These included mole and other skin lesion surgery, earlobe repair, and thread facelift. The service provides cosmetic surgery to patients over the age of 18. The clinic provides some treatments for children not regulated by the CQC.

We carried out a short notice inspection on 20 July 2021 using our comprehensive inspection methodology.

The service had not previously been inspected.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

How we carried out this inspection

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a provider SHOULD take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

Summary of this inspection

- The service must ensure that risk assessments are completed by a competent person and ensure actions to minimise risk are completed. (Regulation 12 (1)).

- The service must ensure that there are effective governance processes to assess, monitor and improve the quality of the service, including patient outcomes. (Regulation 17 (1)).

Action the service SHOULD take to improve:

- The service should ensure that service users' individual needs are assessed during the booking process. (Regulation 10 (1)).

- The service should consider providing interpreting services and information in languages other than English to meet the needs of people using the service.

- The service should consider offering Mental Capacity Act 2005 training for all staff.

- The service should consider an independent process for resolving complaints for self-funding patients.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
Overall	Good	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement

Requires Improvement

Surgery

Safe	Good
Effective	Good
Caring	Good
Responsive	Requires Improvement
Well-led	Requires Improvement

Are Surgery safe?

Good

We rated it as good

Mandatory training

The service provided mandatory training in key skills to all staff.

Staff received mandatory training. Staff completed seven modules including basic life support, fire safety, chemicals or substances hazardous to health (COSHH) and infection prevention control.

Staff completed mandatory training. Managers monitored mandatory training and alerted staff when they needed to update their training. Two members of staff had not completed mandatory training. Managers had plans for this training to be completed. They told us that this was due to staff maternity leave and staff being furloughed due to the COVID-19 pandemic.

Medical staff received and kept up-to-date with mandatory training. Medical staff who worked under practicing privileges received a range of mandatory training through their NHS employer. They were required to provide evidence of training for their roles, and managers reviewed medical staffs' training yearly.

Safeguarding

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. However, the service's safeguarding policy did not provide information on all types of abuse.

Staff received training on how to recognise and report abuse. Records showed they had completed level three safeguarding adults and children training. Staff working under practicing privileges, received training through their NHS employer on how to recognise and report abuse.

Requires Improvement

Surgery

Staff knew how to identify adults and children at risk. They were aware of the signs of abuse and the actions they were required to take to protect people. Managers told us there had not been any safeguarding concerns reported in the 12 months prior to the inspection.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. They had access to the service's safeguarding lead, and safeguarding contact information in the consultation rooms.

The service's safeguarding policy did not highlight all types of abuse. The policy did not include information on recognition and reporting of female genital mutilation (FGM). Managers created a FGM policy after our onsite inspection. This new policy included the reporting responsibilities as set out in the Female Genital Mutilation Act 2003. Although there was no policy at the time of or inspection, staff were aware of this type of abuse.

The service had processes to protect children accessing the clinic. They must be accompanied by a parent or guardian when accessing the service. Services were limited to non-regulated activity such as hair removal and facial treatments

All staff had submitted their enhanced Disclosure and Barring Service (DBS) checks. Staff records showed enhanced DBS checks had been completed.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

The clinic had processes to prevent the spread of COVID-19. People who used the service were required to wear a facemask, keep a social distance, and sanitise hands regularly. People entering the clinic had their temperature taken to ensure they were not showing symptoms of COVID-19. Staff briefed people using the service on the protocol when they attended appointments.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff at the clinic followed COVID-19 protocols. Staff were bare below the elbow in the clinic. Bare below the elbow is a practice to prevent the spread of infections by making effective handwashing easier.

Staff had access to personal protective equipment such as gloves, masks and disposable aprons which were readily available throughout the clinic. Staff used this PPE appropriately. Managers said the service had good access to PPE supplies.

The clinic used surgical instruments that were single use only. This eliminated the risk of spreading infections to other patients. All single use instruments were within use-by date.

The clinic was visibly clean, tidy, and had suitable furnishings which were well-maintained. All furnishings and fixtures were visibly free from damage. Flooring in clinical areas met with national requirements set out in the Department of Health's Health Building Note 00-10 Part A: Flooring 2013.

Cleaning records were up-to-date and demonstrated all areas were cleaned regularly. The service employed contracted cleaners who completed daily and weekly cleaning schedules. Managers conducted daily visual checks on cleaning standards and completed a quarter-year audit, which showed there were no issues.

Requires Improvement

Surgery

There had been no surgical site infections at the clinic in the last 12 months.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The design of the environment followed national guidance. At the time of our inspection the service had processes to prevent the spread of COVID-19. Staff controlled access to the building using an intercom, which enabled staff to limit the number of people within the building at any one time.

Staff carried out safety checks on equipment. The service had an electrical safety policy, which stated that electrical equipment should be tested every two years. Equipment had been safety checked within this timeframe.

Staff knew how to manage faulty equipment. They reported equipment faults to the clinic manager. Faulty equipment was clearly labelled.

The management of lasers met national guidance. All treatment rooms had notices displaying warnings that lasers were in use. Staff knocked on doors before entering, to ensure it was safe to enter. Goggles were available for staff using lasers.

The service had enough suitable equipment to help them to safely care for patients. All stock was kept in the treatment rooms and storerooms accessible to staff. All stock checked was within the use-by-date.

The service had an emergency evacuation plan in case of fire. The evacuation plan was visible to those who use the service. The fire evacuation route was kept clear and tidy. There were fire extinguishers available that were in date.

The service had a policy for the collection, labelling and handling of specimens. They had a service level agreement with an external provider to process all specimens. There was a clear electronic audit trail detailing the specimen process, the outcome and how the patient was contacted with results and any other actions taken.

Staff disposed of clinical waste safely. Clinical waste was segregated from domestic waste and stored in a lockable clinical waste bin. Sharps were disposed of in dated sharps bins that were not overfilled. The service had a service level agreement with a registered waste carrier to collect clinical waste and sharps bins.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

The service had an appointment and consultation policy which outlined the process the patient followed if requesting treatment. All patients being seen for a treatment that was performed by a doctor, had a consultation prior to the procedure.

Staff completed risk assessments for each patient. A pre-operative consultation for cosmetic surgery was carried out by medical staff. This included a risk assessment of the patient's suitability for surgery, including the medical history and medicines in line with the Royal College of Surgeons (RCS) professional Clinical Standards for Cosmetic Surgery.

Requires Improvement

Surgery

Patients attended the clinic as day cases and had a low risk of developing a blood clot. Patients were assessed for blood clotting disorders and asked if they were on blood thinning medication.

Staff understood their responsibilities for patients suffering a medical emergency. They understood that they must dial 999 and call for emergency medical support. All staff received training in basic life support as part of their mandatory training.

All procedures were surgeon-led and carried out under local anaesthetic. No sedation was used at the clinic.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The clinic had enough medical and support staff to keep patients safe. There were three medical staff, three therapists, three administration staff and a registered manager. The booking process ensured patients were only booked for an appointment where there were staff available to perform the consultation or procedure.

The clinic was led by a medical director who was the lead doctor. Two other doctors worked at the clinic under practicing privileges. The granting of practising privileges is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in an independent hospital or clinics. They were required to provide evidence from their current NHS role of their compliance with mandatory training. This information was recorded in the individual staff file.

The clinic had medical cover at evenings and weekends, should a patient need post-operative advice.

At the time of our inspection the service had active staff vacancies for therapists and administration staff. Managers told us they were reviewing staffing numbers with the aim of increasing availability of appointments.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Patient records were comprehensive, and all staff could access them easily. Patient records showed pre-operative consultation and assessment. There were clear operation notes and records of comprehensive post-operative care. This was in line with The Royal Surgical College's (RSC) Professional Standards for Cosmetic Surgery 2016.

When patients transferred to a new team, there were no delays in staff accessing their records. The provider had another clinic nearby, where patients could book appointments as an alternative. Patient information was accessible at both locations.

Staff followed policy to keep patient care and treatment confidential. The service had a patient confidentiality policy which included staff's responsibilities for ensuring confidentiality of patient related data under the General Data Protection Regulation (GDPR) and Data Protection Act (DPA) 2018.

Requires Improvement

Surgery

Records were stored securely. Paper records awaiting to be scanned as electronic records were stored securely in a controlled area of the clinic. Once transferred to the electronic patient records, they could only be accessed using a password protected system. Computers were locked when not in use.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Prescribed medicines were recorded in electronic records, which enabled the tracking of medications in case of any recall of medicines. Any medication prescribed was noted

The service had a current medicine management policy that covered ordering, storage and management of medicines. The clinic manager maintained stock levels and prescribing, and administration of medicines was the sole responsibility of the medical staff at the clinic.

Staff stored and managed medicines in line with the provider's policy. Medicines were stored in a locked cabinet within a storeroom that was accessible to staff only. The key for the medicine cabinet was stored securely and accessible for authorised staff members.

The service maintained a stock list of medicines which included injections, ointments and tablets. The clinic manger was responsible for maintaining the list of medications and checking the expiry dates of stock. All medicines in the storage cabinet were within the use-by-date.

Patient records showed that patient allergies were recorded, and any medication prescribed was noted.

Incidents

Staff recognised incidents and near misses. Managers understood how to investigate incidents.

Staff knew what incidents to report and how to report them. They had access to an in date policy that covered the reporting and investigation of incidents.

Staff knew what was meant by duty of candour and the importance to exercise this if something went wrong. The service also had a policy for duty of candour that covered the statutory requirements under the Health and Social Care Act 2008 (regulated Activities) 2014, should a notifiable safety incident occur.

There had been no reported incidents at the service in the 12 months prior to the inspection.

Are Surgery effective?

Good

We rated it as good.

Requires Improvement

Surgery

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver care according to best practice and national guidance. Patient's suitability for treatment was assessed in line with professional and expert guidance as set out by Royal College of Surgeons Professional Standards for Cosmetic Surgery April 2016.

Policies were available for all staff. All policies were current and in date, and available on the service's electronic network. When updates were issued to policies the managers emailed staff and verbally confirmed that staff understood the changes.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs.

All procedures carried out at the clinic were minor and did not require the patient to fast. This was in line with the national recommendations for patients having local anaesthetic.

The service had facilities to offer complementary hot and cold drinks.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

Staff managed and assessed patients for pain. The minor surgical procedures were carried out under local anaesthetic and checks were made with the patient to ensure they were comfortable. Additional local anaesthetic was given if necessary.

Patients told us that staff checked on their comfort levels throughout procedures, and they were offered pain management advice as part of after care. Patient information sheets given to the patient following the procedure advised on taking pain relief.

Patient outcomes

There was limited evidence of audit of surgical outcomes for patients. There was limited evidence that the service regularly reviewed the effectiveness of care and treatment through local audit.

The service had not collected and assessed patient reported outcome measures to review the effectiveness of procedures, such as the outcomes of earlobe repair and mole removal procedures. Managers told us that they would like to complete more outcome audits and told us about a patient survey they completed into freezing of lesions. However, this was not completed in the 12 months prior to our inspection.

The service was not required to submit data to national audits, as the procedures undertaken were not reported nationally.

Requires Improvement

Surgery

All patients undergoing minor surgery had a follow up appointment six weeks after a procedure. Managers told us that this gave staff an opportunity to both assess and discuss the outcome with the patient. Patient records showed individual outcomes were recorded.

Managers monitored unplanned revisits. They told us that in the 12 months prior to the inspection there had been no patient unplanned revisits to the clinic following a procedure.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. We checked two medical staff files and surgeons had signed this policy and submitted relevant information of their qualifications, appraisals and revalidation status. Managers completed yearly checks to ensure all surgeons worked at the clinic in line with the clinic's practising privileges policy.

Managers gave all new staff a full induction tailored to their role before they started work. New staff were paired with an experienced member of staff which enabled a period of mentoring to allow staff the opportunity to learn systems and processes. The induction included information specific to the clinic such as fire safety, health and safety and staff responsibilities.

Managers supported staff to develop through yearly appraisals of their work. The clinic had a policy of completing appraisals for own staff at least once a year. Staff employed under practicing privileges received appraisals through their NHS employment, these were available in staff files.

Managers identified poor staff performance promptly and supported staff to improve. Managers told us that if staff standards fell below acceptable standards there was an appraisal process to support improvement. The clinic had a staff handbook setting out the expectation and standards staff are expected to perform.

Multidisciplinary working

Staff worked together as a team to benefit patients. They supported each other to provide good care.

All minor surgery carried out at the clinic was led by the medical staff. Therapists led some cosmetic treatments but knew they could ask clinical staff for advice if they needed to do so. All staff knew who had responsibility for each patient's care.

The surgeon shared patient information with their GP, if the patient gave consent.

Seven-day services

The service was not open seven-days a week. However, the services opening hours and out of hours arrangements supported timely patient care.

The clinic was open 9am to 6pm Monday, Wednesday, Friday and Saturday. The clinic had longer opening times on Tuesday and Thursday of 9am to 8pm.

Requires Improvement

Surgery

The clinic operated an on-call service with the medical director being available to take any patient calls out-of-hours, should medical advice be needed.

Health Promotion

Patient records showed that patients were asked their history of smoking at their assessment. staff told us advice would be given at that time.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

The service had an in date Mental Capacity Act 2005 and consent policy, which staff knew how to access. The policy was stored on the service's electronic network, which all staff could access.

Staff recorded consent in the patients' records. We looked at four sets of consent forms. They were fully completed, signed and dated by the patient and operating surgeon. We saw consent forms that were relevant to procedures

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Patient records showed a two-stage consent process with a cooling off period of at least two weeks. This was in line with the Royal College of Surgeons Professional Standards for Cosmetic Surgery, April 2016. Staff were aware of the importance to give patients time to consider a decision without pressure.

Medical staff received and kept up-to-date with training in the Mental Capacity Act 2005. Staff employed under practicing privileges received training through their NHS employment.

Staff employed directly by the service did not receive training in the Mental Capacity Act 2005. Managers told us that training was not required by non-medical staff as medical staff were responsible for patients receiving a treatment. However, staff had an awareness of action they would take if someone lacked capacity.

Are Surgery caring?

Good

We rated it as good.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their needs.

Staff took time to interact with patients and those close to them in a respectful and considerate way. We observed a member of staff supporting a service user who had arrived at the wrong clinic for their appointment. Staff made the service user feel at ease and were able to rearrange the appointment for later that day.

Requires Improvement

Surgery

Patients said staff treated them well and with kindness. We spoke with two patients during the inspection. A service user told us that 'The clinician was great; they were very friendly and engaging'.

The clinic had a privacy and dignity policy which stated patients at the clinic should always expect to be treated with dignity and respect and their privacy fully respected. One service user told us that 'I was initially worried about the dignity aspect of it [of using this type of service] but was made to feel so comfortable'.

Staff had access to a range of information leaflets that detailed the procedure. They gave patients information leaflets during consultations to allow patients to consider the information in their own time.

Chaperones were available. The service's website stated that the clinic encouraged the concept of patient chaperone and staff we spoke with during the inspection told us this was offered to patients should they request it.

At the time of the inspection the clinic was only allowing the patient to attend, which was to help reduce the spread of COVID-19. However, the clinic would allow a patient to be accompanied if translation was being provided or mobility support was required.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

Staff gave patients and those close to them help, emotional support and advice when they needed it. One of the clinic's waiting rooms was in a private area. Staff told us that they would use this waiting area to speak to patients who were anxious, this would give the patient privacy if they became distressed.

Patients told us that staff made them feel at ease. They said that staff always introduced themselves. One patient told us that 'the doctor was really friendly and engaging, they built up a good rapport to put me at ease'

The clinic gave patients relevant and timely support and information. Patients were given the contact details for the surgeon who they could contact if they had any concerns.

Understanding and involvement of patients and those close to them

Staff supported and involved patients to understand their condition and make decisions about their care and treatment.

Patients gave positive feedback about the service. Managers actively asked patients for their feedback and produced a patient feedback report three times a year. We saw patient feedback from March 2021 for two medical staff. Patients were asked questions about the doctors' behaviours and interactions with them, this included how well a doctor explained the procedure. All patients surveyed responded positively about their experience.

Staff communicated well with patients, so they understood their care, treatment and any advice given. Patients we spoke with told us a good explanation was given of what was to happen and staff communicated to them in a way they could understand.

Patients understood the costs of treatment before a procedure was carried out. Patients and staff told us that procedure costs were discussed at the consultation stage. All costs were clearly displayed on the service's website.

Requires Improvement

Surgery

The service offered a free post-procedure review after six weeks. Staff told us that it was ethical to not charge for the follow-up to encourage patients to attend and results could be discussed.

Patients we spoke with told us that they were given information regarding aftercare at the time of their discharge and the patient was clear about what to expect.

Are Surgery responsive?

Requires Improvement

We rated it as requires improvement.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served.

The service was located in the centre of Reading. The clinic's website had clear directions for locating the clinic service and was accessible by public and private transport.

Facilities and premises were appropriate for the treatments provided. Patient's had access to a clean and spacious waiting area before they were called to the consultation room or treatment room.

The clinic's had protocols to prevent the spread of COVID-19. Staff were alerted to the arrival of a patient via an intercom at the building entrance. Staff would buzz the patient in and show them to a socially distanced seat in the waiting area.

Staff guided and supported patients when moving around the clinic. We saw staff meeting patients in the waiting area and then escorting them to the treatment rooms.

Meeting people's individual needs

The service did not always take into account of patients' individual needs and preferences.

The clinic did not provide clear information regarding access for patients with limited mobility. The clinic was located on the building's first and second floor of a shared building and was only accessible by staircase. This meant the clinic was not accessible to all people, and there was potential for a patient being prevented from attending a booked appointment. Managers told us that this had never happened, and that they would offer appointments at their other clinic if a patient made them aware of their mobility needs.

The clinic did not have information leaflets available in other languages to meet the needs of the local population. Managers told us that there had not been a demand for this, but they would consider providing leaflets should they receive requests.

The clinic did not have access to an interpreting service. Managers told us that they would ask the patient's friend or family member to interpret should staff be unable to assist. This did not give assurance that the correct information was being given.

Staff told us that should a patient present with psychological issues, they would write to the patient's GP should they have permission to share information.

All patients had a consultation before their treatment and were informed of a follow up appointment which was arranged at a time for the patient's convenience six weeks after surgery at no extra cost.

Access and flow

People could access the service when they needed.

Managers made sure patients could access the service when needed. They kept under review demand for services and were preparing to increase staffing numbers when demand increased. At the time of our inspection there was no waiting list to access the service.

Patients could access care and treatment at a time that suited them. The service offered evening and Saturday appointments, which offered patients flexibility and promoted patient choice. Patients told us that the services opening hours allowed them to make appointments around other commitments.

Patients were able to access the service by email or telephone. Staff offered appointments to patients based on the availability of staff.

Staff managed appointments to meet the needs of patients. They used a centralised booking system to manage appointments at all of the provider's clinics. Staff told us that this gave them flexibility to meet patients' needs as they could offer appointment times at either clinic.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received.

Patients knew how to complain or raise concerns. The clinic's website had information on how to make a complaint about the service.

The service did not have an independent review process for complaints that could not be resolved by the clinic. The complaint process informed patients to contact the local government ombudsman should they remain unsatisfied. However, as the service does not provide care that is funded by the NHS, the ombudsman would be unable to review the complaint.

Staff understood the policy on complaints and knew how to handle them. They told us formal complaints needed to be acknowledged within two days and resolved within 20 days.

The clinic had an in-date complaints policy that was accessible to all staff. The policy defined the roles and responsibilities of staff when completing a complaint investigation.

Managers told us that they had not received any complaints within the 12 months prior to our inspection.

Requires Improvement

Surgery

Are Surgery well-led?

Requires Improvement

We rated it as requires improvement.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

The clinic had a registered manager in post, who also shared ownership of the service. Registered managers are appointed by the provider to manage regulated activities within a service. The registered manager understood their roles and responsibilities.

Managers understood the challenges the clinic faced. They were aware of the impact of COVID-19 on the clinic and had planned to manage future challenges, such as changing demand for the service, and availability of staff.

The clinic had a clear management structure, with clear lines of accountability. The clinic manager had the overall accountability for the management of the clinic. Staff identified the clinic manager as the person they reported to.

Staff spoke positively about the registered manager. They described the manager as being supportive and approachable.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action.

The service aimed to offer a safe, welcoming and non-corporate environment where patients could receive cosmetic treatment provided by experienced medical professionals.

The manager told us they were a family run business and wanted to maintain the good reputation of the service they had created within the local community.

Staff understood the aim of the service was to deliver the best patient treatments and care so that patients would want to return to the service.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff we met at the clinic were friendly and helpful. We observed staff were supportive of each other and were told the culture was open and friendly.

Requires Improvement

Surgery

All staff had a copy of the staff handbook which contained information about service expectations and the policies that the clinic worked to.

The clinic had a policy for staff's expected performance. There was a process for managing capability and performance along with an appeal process to any decision made.

Staff had access to a whistleblowing policy. Whistleblowing is a term used when a member of staff raises concerns about the care and treatment provided. The service's policy informed staff of how to raise a concern, and also directed them to refer incidents to external authorities should the concern be significant.

The clinic's website had contact information for external organisations should a service user have concerns about the clinic's practices. The website has contact information for the Information Commissioner's Office (ICO), should there be concerns regarding a use of personal data, and the Care Quality Commission (CQC) for concerns regarding care and treatment.

The clinic's website did not contain special offers or incentives for regulated cosmetic procedures. This was in line with guidance from the Committee in Advertising Practice and industry standards of the Royal College of Surgeons Professional standards of cosmetic surgery 2016. The service did offer incentives for some treatments that were not a regulated activity

Governance

Leaders did not always operate effective governance processes. There were few opportunities to meet, discuss and learn from the performance of the service.

The clinic had a current governance policy setting out procedures and processes. The service monitored staffing issues, policy and procedures, audit compliance, incidents, complaints, patient feedback and staff training. At the time of our inspection, there was no documented meeting since June 2020. Managers told us that governance and staff meetings had been stopped due to staffing pressures, but the senior team did have constant discussions on governance. There was no evidence of actions from these meetings.

There were few opportunities for staff to learn from the performance of the service. Staff told us that before the COVID-19 pandemic the clinic had weekly staff meetings that covered the services performance, but these meetings had not formally happened since.

The service did not hold regular medical meetings. During factual accuracy, the provider submitted one formal meeting record for 8 January 2021. This meant there was limited information to show that the team reviewed procedures, policies, risk assessments or clinical incidents. Managers told us that they did not have regular formal meetings, but they would like to implement these going forward.

Managers and staff carried out a programme of repeated audits. These audits included cleaning audits, patient records, consent forms, patient satisfaction, number of treatments and follow-up appointments. However, there was limited evidence of action plans being used to address issues.

The clinic had service level agreements for some services. Service level agreements are formal working arrangements between a service and other organisation. The clinic had agreements to cover clinical and domestic waste, cleaning and pathology.

Requires Improvement

Surgery

The service had indemnity insurance and staff working under practising privileges had adequate level of professional indemnity insurance.

Management of risk, issues and performance

Leaders and teams used systems to manage performance. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. However, not all risks were fully assessed.

The clinic's legionella risk had not been fully assessed. The risk assessment had not been completed by a competent person in the assessment of legionella risks. This meant that there were unknown risks in the water system relating to debris in the water or infrequently used water sources. However, the service had recognised the importance of monitoring water temperatures. Following our inspection, managers said they were going have the water system checked by a person with relevant expertise and had plans to attend specific training to gain further knowledge on legionella.

Staff had access to risk assessments for all cosmetic procedures at the clinic. In addition, risk assessments included infection prevention control, chemical or substances hazardous to health, slips, trips and falls, and fire safety.

Risk assessments had identified actions to mitigate risk. The service monitored mitigating actions by completing a weekly programme of due diligence. Due diligence is a check to ensure actions have been completed as planned. We saw that these checks had been completed. However, legionella water temperature checks had not been completed for the week of 5 July 2021.

The service was registered with the Medicines and Healthcare products Regulation Agency (MHRA) central alerting system in order to receive medical advice and medicine alerts that may be relevant to the services being delivered.

The service had a business continuity plan to ensure the service could continue should there be an incident that disrupted the service. This plan included IT system failures, and loss of utilities such as electricity or water.

Information Management

The service collected reliable data and analysed it. The information systems were integrated and secure.

The clinic's information systems were accessible to all staff. Computer terminals and systems were password protected to keep information secure. During our inspection we saw that computers were locked when not in use to prevent unauthorised access.

Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment. There were arrangements to ensure the confidentiality of electronic patient information.

The service had current policies to protect information. Staff could access policies on Records management and General Data Protection Regulations (GDPR). The service's website listed how they used personal data.

All paper records, once scanned to electronic records, were treated as confidential waste and destroyed by shredding.

Engagement

Requires Improvement

Surgery

The service engaged well with patients and the public.

The clinic asked patients for feedback following each procedure. The service collated data three times a year to evaluate the performance of staff and the service.

The clinic website was easy to navigate with clear information on the services provided, staff at the clinic and how to contact the service. There was information about the treatments carried out and photographs showing expected outcomes. The website had a glossary of terms enabling the public to understand basic medical terminology.

The website contained a summary of some policies which informed the public how the service worked. A dedicated webpage informed people who use the service about the COVID-19 protocols and how to keep people safe.

Learning, continuous improvement and innovation

There was limited evidence that the service gathered information in order to improve and innovate.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The service must ensure that risk assessments are completed by a competent person and ensure actions to minimise risk are completed. (Regulation 12 (1)).**

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The service must ensure that there are effective governance processes to assess, monitor and improve the quality of the service, including patient outcomes. (Regulation 17 (1)).**