

My Beauty Doctor

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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The previous inspection was in April 2018.

The inspection report for the previous inspection can be found by selecting the 'all services' link for My Beauty Doctor on our website at www.cqc.org.uk.

Since the April 2018 inspection, our inspection methodology has changed and therefore this is a rated inspection and the key questions are rated as:

- Are services safe? – Good
- Are services effective? – Good
- Are services caring? – Good
- Are services responsive? – Good
- Are services well-led? – Good

We carried out an announced comprehensive inspection at My Beauty Doctor in Marlow, Buckinghamshire on 6 September 2019. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

My Beauty Doctor is registered with Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of 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. Some of the services available at My Beauty Doctor, for example the cosmetic treatments, including non-invasive laser procedures are exempt by law from CQC regulation. Therefore, we were only able to inspect the GP led skin treatment service accessed via two prescription only topical creams and the weight loss programme (injectable weight loss medicine) as part of this inspection.

The GP is the registered manager and provider for the service. A registered manager is a person who is registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection, we received 14 completed comment cards which were all positive about the standard of care they received. The service was described as first-rate and professional, whilst staff were described as attentive, helpful and caring.

Our key findings were:

- The two regulated services within My Beauty Doctor were providing safe, effective, caring, responsive and well led care in accordance with the relevant regulations.
- The service had clear systems to keep people safe and safeguarded from abuse. The service used recognised screening processes to identify patients who could be at risk of eating disorders or co-morbidities.
- Patients received effective care and treatment that met their needs. The way in which care was delivered was reviewed to ensure it was delivered according to best practice guidance and staff were well supported to update their knowledge through training.
- Patients were provided with information about their health and with advice and guidance to support them to live healthier lives. This included sun protection and healthy eating advice.
- Feedback from patients was consistently positive, feedback highlighted a strong person-centred culture.
- The service did not provide treatment where they felt it was not in the patient's best interest. The GP was motivated to prioritise the needs of their patient's.
- Services were tailored to meet the needs of individual patients. They were delivered in a flexible way that ensured choice and continuity of care. Registered patients could visit the service for weight management advice and be weighed as often as they wished.
- There was an overarching provider vision and strategy with evidence of good local leadership within the service. There were clear responsibilities, roles and systems to support good governance and management.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection was led by a Care Quality Commission (CQC) lead inspector, the team included a nurse specialist adviser.

Background to My Beauty Doctor

My Beauty Doctor is a private, GP led, dermatology service which also provides aesthetic medical and cosmetic services in Marlow, Buckinghamshire.

Services are provided from:

- My Beauty Doctor, 10 Chapel Street, Marlow, Buckinghamshire SL7 1DD

The service website is:

- www.mybeautydoctor.co.uk

My Beauty Doctor is located in a Grade II converted premises in Marlow in Buckinghamshire. All services are provided from the same premises, which contains a clinical treatment room on the ground floor with private waiting room and private exit to the rear. There are two further treatment rooms (for unregulated activities) on the first floor.

The majority of the services available at My Beauty Doctor are exempt by law from Care Quality Commission (CQC)

regulation. Regulated activities make up approximately 5% of the clinic's services. Therefore, we were only able to inspect an element of the GP led skin treatment service accessed via two prescription only topical creams and the recently launched (July 2019) weight loss programme (injectable weight loss medicine) as part of this inspection.

The team comprises of a GP, a therapist and a clinic manager/receptionist, however only the GP provides the regulated activities we inspected.

There is a range of appointments which allow clients to access the services. Appointments are available Monday to Friday, between 9am and 3.30pm, one evening a week and Saturday mornings between 9.30am and 1pm. This service is not required to offer an out of hours service. However, in the out of hours period, the GP oversees the service email account for urgent queries. This is detailed in patient literature supplied by the service.

Are services safe?

We rated safe as **Good** because:

- There were systems to assess, monitor and manage risks to patient safety. The service learned when things went wrong and took steps to prevent incidents from reoccurring. The service had processes and systems in place to keep patients safe.

Safety systems and processes

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

- There was a safeguarding policy in place which included the safeguarding team contact details at the local authority. The GP within the service was the safeguarding lead and had been trained in safeguarding adults and children up to level 3 and told us what action they would take in the event of a safeguarding concern. The other member of staff (clinic manager/receptionist) involved in the provision of regulated services had the correct level of safeguarding training for their role and responsibilities.
- The GP demonstrated awareness of the possibility of patients being coerced to lose weight. They described refusing treatment for patients with low body mass index (BMIs). We saw the service used a toolkit to identify patients at risk of anorexia and other eating disorders. During our discussions with staff, they all spoke clearly and comprehensively about potential safeguarding concerns linked to the weight loss programme including body dysmorphic disorder (BDD). BDD is a condition where a person spends a lot of time worrying about flaws in their appearance. These flaws are often unnoticeable to others. However, due to the nature of the service and the client population, there had never been any safeguarding concerns raised by staff.
- The service did not provide any intimate examinations that would warrant formal chaperone training, however there was a chaperone policy in place and signage promoting chaperone availability on display in the event that clients requested to have a second staff member in the consultation room.
- There were systems in place to assure that an adult accompanying a child had parental authority.
- The service 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).
- There was an effective system to manage infection prevention and control. Following the April 2018 inspection, the service amended the existing system to formally capture and monitor infection prevention via an annual audit. There were systems for safely managing healthcare waste.
- The service ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. A range of safety risk assessments for the premises including health and safety, legionella and control of substances hazardous to health (COSHH) had been completed. Medical equipment including weighting scales were renewed annually to ensure they remained accurate. This item of equipment was used as part of the weight loss service.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. The elements of the service we inspected did not employ locum or temporary staff.
- This was a service where the risk of needing to deal with a medical emergency was low. As a result, the service did not hold oxygen or an automated electronic defibrillator (AED). Formal risk assessments were completed every six months reviewing the potential for oxygen and an AED. We saw the risk assessments included an arrangement and details of the nearest supply of oxygen and AED (both the businesses on either side of the service had an AED). There were always staff on duty who had received training in basic life support on a regular basis. There were records of the training having taken place. We noted that both the regulated activities (prescribed topical cream for skin conditions and the weight loss programme) offered were of low risk and that clients undergoing this treatment received a full assessment to determine they were of sufficiently good health to undertake the treatments.
- Although the likelihood was minimal, there were suitable medicines to deal with medical emergencies

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which were stored appropriately and checked regularly. For example, emergency medicines to reverse the effects of an allergic reaction to either the skin cream or weight loss injection.

- When there were changes to services or staff the service assessed and monitored the impact on safety.
- The GP had appropriate indemnity arrangements in place to cover all potential liabilities which may arise from their work at the service.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies (where appropriate) to enable them to deliver safe care and treatment. The registered GP details were taken for each patient engaging with the regulated activities provided by the service. If a prescription or course of treatment commenced, the service contacted the registered GP. Although the likelihood was minimum, the service demonstrated how they would make an appropriate and timely referral in line with protocols and up to date evidence-based guidance.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

Safe and appropriate use of medicines

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

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. There were processes, systems and arrangements for managing the two medicines subject to this inspection, the prescribed

topical creams for skin conditions and the weight loss injection. All prescriptions required a face to face consultation with the GP who prescribed both the medicines. There was no prescription stationery in use.

- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, a review of all patients accessing the weight loss programme. The medicine used in this programme was licensed for use in patients with a Body Mass Index (BMI) of 30 or high, or a BMI of 27 or higher with another risk factor such as high blood pressure. We saw one case, (which equated to 2.5% of all cases), where the patient had a BMI of 26 with other risk factors. The GP's rationale for this prescription was clearly documented. The GP advised there may be occasions in the future when patients with a BMI between 25-27 may be considered for treatment.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- There was a process for verifying a clients' identity. Personal details were taken at registration and checked. The GP had reviewed the weight loss programme and decided to increase the minimum age for treatment, from the recommended age of 18 and above to an in-house standard of age 25 and above. Staff told us if age was in question, they would confirm age by checking proof of identity. Prescribed items would only be issued with full confirmation of identity. There had been no instances where this had been required.

Track record on safety and incidents

The service had a good safety record.

- The service monitored and reviewed activity. This helped it to understand potential risks and gave a clear, accurate and current picture that led to safety improvements.
- The service had not reported any serious incident relevant to the services we inspected since it opened in 2012. We were therefore unable to test whether the system was applied as intended. However, staff we spoke with were aware of the system and told us they would have no hesitation in submitting an adverse incident report. There was a recording form available to

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report such an incident. We noted that incidents and events that arose from other non-regulated services, such as cosmetic procedures, operated at the service were appropriately recorded and followed up.

- The GP was aware of and complied with the requirements of the Duty of Candour. The GP encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

- There was a system for receiving safety alerts, such as those relating to the use of medical devices. The GP received and assessed the safety alerts to decide if they were relevant to the service and acted upon when necessary. We noted that the service had not received any safety alerts that were relevant to the regulated activities we inspected.

Are services effective?

We rated effective as **Good** because:

- The service had systems to keep staff up to date with current evidence-based practice. Staff had the skills, knowledge and experience to carry out their roles. The service monitored performance and activity to make quality improvements where possible. Where appropriate, patients were given self-care advice, this included advice on maintaining healthy eating, exercise and for the skin treatment service, patients were advised of the importance of sun protection and correct hydration.

Effective needs assessment, care and treatment

The service had systems to keep the GP up to date with current evidence-based practice. We saw evidence that the GP assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- The GP had enough information to make or confirm a diagnosis. Patients were assessed to determine their eligibility for treatment. This included a review and assessment of the skin condition for the skin treatment service accessed via prescription only topical creams and the height, weight (to calculate the Body Mass Index known as BMI), as well as relevant medical history and drug history for patients accessing the weight loss treatment. We saw also included a discussion about their goals for treatment and for the weight loss treatment their previous attempts to lose weight.
- For the weight loss treatment: The BMI of each patient was calculated, and target weights agreed and recorded. If the initial risk assessment of the patient indicated it was needed, a check of blood glucose was also conducted. Those with raised readings were referred to their NHS GP. Furthermore, patients accessing the weight loss treatment were also offered a joint consultation with the in-house nutritionist if required.
- For the weight loss treatment: Care was delivered in line with relevant and current evidence-based guidance and standards such as National Institute for Health and Care Excellence (NICE) best practice guidelines: Obesity: identification, assessment and management of overweight and obesity in children, young people and adults. Treatment was only initiated if the BMI was

greater than 30 kg/m² or 28 kg/m² if co-morbidities were present. In addition, waist measurement was taken to determine the level of risk associated with overweight or obesity.

- The GP then reviewed the information, recorded this review in the patient notes and if appropriate commenced the correct prescribed treatment.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. We saw that where patients were prescribed the weight loss injection - adequate counselling was provided and there was appropriate equipment and training provided to administer this medicine.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was involved in quality improvement activity.

- Despite both elements of service, we inspected being small (prescribed skin treatment: 15 patients in nine months) and new (weight loss treatment: 38 patients in two months) the service had begun quality improvement activity. For example, completed audits of administrative and clinical activities, including an audit of treatment to ensure BMI were in line with national guidance. Information presented during the inspection indicated that in the first two months, national guidance, specifically NICE guidance regarding BMI was adhered to in 97.5% of cases. The only exception was fully documented.
- Further audits included weekly reviews of the GP notes to ensure all necessary information, in line with the prescribing policy and weekly reviews of contacts with patients to check that the service policy for following up patients was being adhered to.
- The service was aware that there was little opportunity to draw comparisons with similar services. However, we saw the service used recognised tools to ensure fair and objective auditing for non-regulated activities. This included evidence that audits results were analysed and discussed.
- The team described plans to commence further audits at six and 12 month intervals once the numbers had

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increased. Although only two months since the launch of the weight loss service, the GP had informally analysed the weight loss data to establish efficiency of treatments.

Effective staffing

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

- All staff were appropriately qualified. There was an induction programme for all newly appointed staff.
- The GP was registered with the General Medical Council (GMC) and were up to date with revalidation.
- The service understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The GP had accessed training from the manufacturer of the treatment being used to ensure they were familiar with the treatment. The GP continued to access remote support from the manufacturer to ensure the treatment was prescribed in accordance to the manufacturer's guidelines.
- The GP had extensive additional qualifications in aesthetic medicine and had reviewed additional qualifications in obesity management.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care.
- Before providing treatment, the GP ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultations with their registered GP on each occasion they used the service. Staff explained that they encouraged sharing of information with registered GPs but also supported patient choice.
- The provider had risk assessed the variety of treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give

their consent to share information with their GP, or they were not registered with a GP. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.

- Care and treatment for patients in vulnerable circumstances was coordinated with other services. The service spoke confidentially about possible linked concerns to vulnerable patients and links to aesthetic medicine and the weight loss programme including body dysmorphic disorder.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- Patients were referred to their GP if they were unsuitable for treatment or if investigations within the consultation had identified other problems, for example high blood sugar levels. The service provided evidence of treatment being refused and patients being referred to their GP. Records were kept of these referrals within the patient's clinic record.

Supporting patients to live healthier lives

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

- Where appropriate, staff gave people advice, so they could self-care. This included advice on maintaining healthy eating once the programme was concluded and on maintaining an exercise regime to support a healthy weight.
- For the skin treatment service: patients were advised of the importance of sun protection and correct hydration.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, to reduce the risks associated with self-injecting, the GP educated patients on attaching a new needle and the correct injection technique.
- People who were on a break from treatment or for whom treatment was not suitable could still access the service for lifestyle advice and to be weighed regularly.

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Patients who were receiving medicines were given detailed information about the medicine. Patients were able to contact the GP outside clinic hours to discuss any concerns.

- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.

- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- Attendance at the service was initiated by clients. Patients expressing an interest in taking up treatment, were given sufficient information about the range of treatments available to reach a decision to take up the service.
- Within the clinic, there was clear information available with regards to the services provided and the cost of these. However, the weight loss treatment and associated costs did not feature on the service website. This was under review and would be added when the website was next updated.

Are services caring?

We rated caring as **Good** because:

- Staff treated patients with kindness, respect and compassion. Patients were involved in decisions about their care. Staff respected patients' privacy and dignity and adapted the service to strengthen existing privacy. Feedback from patients was very positive about the way staff treat people.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- We received 14 Care Quality Commission comment cards all of which were very positive and indicated that patients were treated with kindness and respect. Staff were described as friendly and professional, we noted a theme in detailed comments which were complimentary regarding services and their gratitude for the difference their treatment had made to their confidence and mental wellbeing.
- Patients were encouraged to complete an in-house patient satisfaction survey after each appointment. We also saw feedback left on social media platforms and consumer review websites aligned to the other positive feedback collected. At the time of the September 2019 inspection, there had been nine online reviews, all of which were positive. Feedback commented that patients felt listened to and involved in the decision to start treatment for weight loss. We saw the service had logged and reviewed all of the online feedback alongside other collected feedback, comments and testimonials.
- The service gave patients timely support and information. Patients feedback we received commented positively that the GP provided healthy lifestyle advice as well as medicines.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patients were clear that skin treatment and weight loss targets were personalised and jointly agreed between the GP and the patient.
- The service told us they had never needed to provide interpretation services for patients who did not have English as a first language. However, the GP was clear on how such services could be obtained.
- The service did not currently have any facility to support patients who had a hearing or visual impairment to access the service.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. Staff displayed an understanding and non-judgmental attitude when talking to patients who were seeking to resolve skin conditions or lose weight. This aligned to the positive feedback we received on the comment cards. To further support patient's dignity, if required, patients could access the service through the private entrance at the rear of the clinic as opposed the main entrance on the busy main road.
- Staff within the service knew when clients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Furthermore, appointment times were planned to ensure the likelihood of a busy reception area was reduced.

Are services responsive to people's needs?

We rated responsive as **Good** because:

- Patients had timely access to services. Patients interested in commencing treatment were given relevant information and booked their consultations as part of a planned programme. The service took account of patient's needs and concerns were taken seriously. Feedback from patients was positive with regards to booking appointments, access to care and the timeliness of the services provided.

Responding to and meeting people's needs

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

- The service understood the needs of their patients and there was continuity of care due to the size of the team (one GP).
- The facilities and premises were appropriate for the services delivered. The service was housed over two floors; regulated activities were provided on both floors accessed via stairs. The service was able to treat those with mobility restrictions who were unable to use stairs. However, patients were informed the premises were not accessible if they used a wheelchair or mobility aid.
- Patients had a choice of time and day when booking their appointment. In addition to weekday appointments the service also offered appointments one weekday evening (booked on an intermittent basis, based on demand needs) and on Saturday appointments between 9.30am and 1pm.

Timely access to the service

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

- The service was offered on a private, fee-paying basis only, and as such was accessible to people who chose to use it.

- The service provided a range of appointments which allowed clients to access services within an acceptable timescale.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The service did not provide emergency appointments, however, if patients had concerns we saw that these were quickly responded to with a telephone call and followed up by an appointment if appropriate.
- Out of hours, the GP oversaw the service's email account (available on the website, on the telephone answer machine and within information leaflets) for urgent queries and responded to these as required.
- We noted a theme in positive patient satisfaction following care and treatment and many comments highlighted that patients would continue to use the service and recommend the service to others.

Listening and learning from concerns and complaints

The service had a system in place for handling complaints and concerns.

- There was a designated responsible person who handled all complaints.
- Patients could contact the service or complete feedback forms in the suggestion box within the reception area, the service analysed this feedback including feedback on internet based review forums.
- There was a clear and comprehensive complaints procedure. The procedure set out how complaints would be investigated and responded to.
- There had been no complaints in the previous year related to treatments regulated by the Care Quality Commission. Therefore, we could not test whether the procedure had been followed or identify any learning from complaints. However, we noted that complaints that arose from other non-regulated services, such as cosmetic procedures, operated at the service were appropriately recorded and followed up.

Are services well-led?

We rated well-led as **Good** because:

- The service had a culture of high-quality care and put their patients first before financial gain. The service focused on the needs of their patients, in turn, patient satisfaction from various sources was positive. Governance arrangements were actively reviewed and reflected good practice. There were clear and effective processes for managing risks, issues and performance.

Leadership capacity and capability

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

- Although a small team, there was a clear staffing structure and staff were aware of their own roles and responsibilities. All staff were knowledgeable about issues and priorities relating to the quality and future of services.
- The GP was the registered manager of the service with the Care Quality Commission (CQC), the overall lead and owner of the service. My Beauty Doctor was set up in 2012 and moved to the current location in October 2017. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff told us the GP was visible and approachable.

Vision, strategy and culture

- The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients. All staff spoke of 'one common goal' - to work together to achieve natural results and high-quality sustainable care.
- It was evident through discussions with staff that the service prioritised compassionate care. Staff spoke of a commitment to help promote well-being, body image and confidence of patients attending the service.
- Staff stated they felt respected, supported and valued. They were proud to work for My Beauty Doctor, proud of the achievements and proud of the outcomes for all treatments including both regulated services.
- The service focused on the needs of clients, staff told us they always put the client's best interest before any financial consideration.
- There was a clear sense of team and subsequent positive relationships between all staff at the service. There were regular social events, including celebrating key achievements in the year.

- The culture of the service encouraged candour, openness and honesty. Staff we spoke with told us the service had a 'no blame' culture and that they would have no hesitation in bringing any errors or near misses to the attention of the GP or external bodies. None of the staff we spoke with recalled any instances of poor practice that they had needed to report.

Governance arrangements

- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- The governance arrangements were appropriate to the limited range of services provided and the small team delivering these services. This included embedded structures, processes and systems to support good governance and management of the regulated services.
- Service specific policies were implemented and were available to all staff. All staff that we spoke to were aware of how to access policies and the policies were kept up to date by an annual review.
- Given the small team providing regulated activities, informal meetings were held and learning/actions of meetings documented and recorded.

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 client safety. Risk assessments we viewed were comprehensive and had been reviewed. There were a variety of daily, weekly, monthly, quarterly and annual checks in place to monitor the performance of the service. Despite both elements of service, we inspected being small the service had begun quality improvement activity.
- The service had oversight of Medicines and Healthcare products Regulatory Agency (MHRA) alerts, incidents, and feedback.
- There was clear evidence of action to change practice to improve quality and make the service safer.

Appropriate and accurate information

- The service had appropriate and accurate information.

Are services well-led?

- Quality and operational information was used to ensure and improve performance. Performance information, when applicable, was combined with the views of patients. Sustainability, projected growth and expansion of services were discussed in relevant meetings.
- The service submitted data or notifications to external organisations as required. For example, prior to the inspection, the service had contacted CQC to discuss amending their registration in light of new service provision.
- 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. The GP told us that urgent concerns would be reviewed and dealt with immediately.
- The service regularly monitored online comments and reviews and responded to these and they were shared with staff. For example, the service had nine reviews on TrustPilot with an average of 100% and 10 reviews on

WhatClinic with an average of 97% patient satisfaction. Both these sources of feedback were from patients receiving a range of services offered by the clinic. Both WhatClinic and TrustPilot are global review websites with the former specific to the elective, self-pay healthcare sector.

- Staff told us they were encouraged to provide feedback.
- The service was transparent, collaborative and open with stakeholders about performance. For example, continued discussions with the manufacturer of the weight loss injections to analyse weight loss data and in tailoring treatments to better meet patients' needs.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The GP took every opportunity to access learning relevant to their role and the services provided.
- The service had the ability and tools to make use of internal and external reviews of incidents and complaints.
- The team demonstrated their commitment to widening the range of registered services available to people who wished to access private clinic services. For example, in July 2019, the service started to provide the weight loss injections as part of the weight loss programme.