

Yorkshire Skin Centre Ltd

Inspection report

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Yeadon
Leeds
LS19 7DP
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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?

Outstanding 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Outstanding

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Yorkshire Skin Centre Ltd. on 17 August 2023. This was the first inspection of this service, which registered with the Care Quality Commission (CQC) in April 2022. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Act.

Yorkshire Skin Centre Ltd. is situated in the Yeadon area of Leeds, West Yorkshire. It operates as an independent doctor-led service which specialises in medical and non-medical aesthetic treatments.

The 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. Yorkshire Skin Centre Ltd. provides a range of non-surgical cosmetic interventions, for example dermal fillers and laser hair removal which are not within the CQC scope of registration. Therefore, we do not inspect or report on these services. The services provided which require CQC registration included the use of botulinum toxin to medically treat hyperhidrosis (excessive sweating) and bruxism (teeth grinding), thread lifts, skin excisions (for example, moles and cysts), slimming treatments, skin tightening treatments, and liposuction.

The service does not treat people under the age of 18 years for those services which are regulated.

The managing director of Yorkshire Skin Centre Ltd. is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- Patients received effective care and treatment that met their needs.
- The premises were well maintained, clean and tidy and there was an effective system in place to manage infection prevention and control (IPC).
- There was a strong patient-centred culture. Staff dealt with patients with kindness and respect and empowered them as partners in their care.
- There were innovative approaches to providing integrated patient-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs.

Overall summary

- The service routinely sought feedback from patients and staff. Feedback for the service was highly positive.
- The way the practice was led and managed promoted the delivery of high-quality, person-centred care.
- Leaders encouraged innovation and research and were committed to introducing pioneering techniques and treatments into the clinic.

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

- Improve the consistency of completing patient records, including consent recording.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

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

Our inspection team

Our inspection team was led by a CQC inspector and included a nurse specialist advisor.

Background to Yorkshire Skin Centre Ltd

Yorkshire Skin Centre Ltd. operates from:

1 Sizers Court,

Yeadon,

Leeds,

LS19 7DP

Yorkshire Skin Centre Ltd. operates as an independent doctor-led service which specialises in medical and non-medical aesthetic treatments.

The service is located on the 1st and 2nd floor of a 3-storey building. On the 1st floor there are 6 treatment rooms, 2 of which are used to carry out regulated activities. There is also a reception and waiting area, a toilet and a staff kitchen. The 2nd floor consists of offices, a staff room and a staff toilet. There is no passenger lift or stairlift in the building. Patients with mobility issues can enter the 1st floor via a ramp from the back of the building. There is parking onsite for patients.

Regulated services are available to adults aged 18 years and over.

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

- Treatment of disease, disorder or injury
- Surgical procedures
- Diagnostic and screening procedures
- Services in slimming clinics

The service is staffed by 2 doctors, 1 surgeon, 4 healthcare practitioners, 4 administrative staff, a clinic manager and a clinic supervisor.

The service is open on Monday, Tuesday and Wednesday from 9.30am to 5pm, on Thursday and Friday from 9.30am to 8pm and on Saturday from 9.30am to 4pm.

How we inspected this service

We carried out this inspection on 17 August 2023. Before visiting the location, we looked at a range of information that we hold about the service and conducted an interview with the Registered Manager. We reviewed information submitted by the service in response to our provider information request. During our visit, we also reviewed documents and clinical records, and made observations relating to the service and the location it was delivered from.

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 developed and implemented processes and procedures to manage safety within the clinic. Staff had the training and information they needed to deliver safe care and treatment. However, we did identify some gaps in the consistency of information noted in patient records.

Safety systems and processes

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

- Regulated services were provided for persons aged 18 years and above, and children had limited access to the premises. We were told by the service that where there was doubt regarding the age of a patient that they would ask for evidence to confirm proof of age, and that these checks would be documented within the patient's clinical record.
- There were appropriate indemnity arrangements in place, and we saw that Disclosure and Barring Service (DBS) checks had been undertaken for all staff (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 (IPC). Staff had undertaken IPC training. We saw evidence that daily cleaning checks were carried out, and the most recent IPC audit had been carried out in June 2023. The audit showed general overall compliance with requirements, and areas identified for improvement had been actioned.
- The service had systems and processes in place to safeguard vulnerable persons from abuse. The registered manager was the safeguarding lead. There were safeguarding children and adult policies in place which included a flowchart of actions to be taken in the event of suspected abuse, and local safeguarding contact numbers. In addition, there were safeguarding posters on display in the clinic. We saw that staff had undertaken safeguarding children and vulnerable adults training appropriate to their role.
- All staff we spoke with knew how to identify and report safeguarding concerns.
- There was signage on display within the service which invited patients to have a chaperone present during their treatment. Staff who acted as chaperones had received training for this role.
- The clinical rooms used for regulated activity had hand washing facilities. There were sufficient stocks of personal protective equipment. The service performed minor surgical procedures for which they used single-use, disposable equipment.
- The service had systems in place to manage health and safety risks within the premises, such as control of substances hazardous to health (COSHH) and Legionella (Legionella is a bacterium which can contaminate water systems in buildings). However, although the service told us they were checking hot and cold water temperatures as part of their Legionella risk control, this data was not being recorded. The service told us they would immediately begin recording this data.
- There were systems for safely managing healthcare waste. We saw that clinical waste was stored in a locked unit. Contracts were in place for the approved disposal of clinical waste.
- The provider had developed safety policies and procedures, which were regularly reviewed.
- A fire risk assessment had been conducted by an external company in July 2023. There had been some areas identified for action and we saw evidence that most of these actions had been completed and 1 action was in progress. We saw evidence that fire alarm testing was carried out weekly.
- We saw evidence of portable appliance testing (PAT) carried out in January 2023.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Are services safe?

Risks to patients

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

- Patients were provided with information and guidance relating to their treatment and aftercare, including possible side-effects. If a patient experienced urgent issues outside operating hours, they were able to contact the clinic using the service's mobile number which was available 24-hours. Patients were advised to seek emergency assistance when required.
- Staff understood how to manage emergencies and to recognise those in need of urgent medical attention. We saw that staff had completed or were due to undertake basic life support training.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. The service had invested in additional emergency equipment including complex airway adjuncts (used to access and maintain an airway) and an intraosseous gun (bone injection gun).
- The service was registered with the Information Commissioner's Office (ICO).
- There were appropriate indemnity arrangements, and public and employers' liability insurance policies in place.

Information to deliver safe care and treatment

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

- Most of the patient records we looked at were written and managed in a way that kept patients safe. They showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. However, we saw that some patient records were not complete. The provider told us they had recognised that record keeping was not always detailed and consistent, and that they would take steps to improve this, including carrying out regular record-keeping audits.
- The service had a system in place to record details of the patient's NHS GP at the treatment booking stage. We saw evidence of information being shared with the patient's GP.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading. Electronic records were kept on a secure encrypted system and paper documentation was stored securely. All doors had been fitted with digital locks for restricted access.
- The clinician followed NHS and National Institute for Health and Care Excellence (NICE) guidelines. They were also subscribed to and wrote articles for professional medical journals and regularly attended and presented at conferences. This kept them well informed and updated on patient safety issues.

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 emergency medicines and equipment, minimised risks. We saw that regular checks had been undertaken on emergency medicines and equipment held within the clinic.
- Clinicians prescribed and administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Some of the medicines this service prescribes are unlicensed. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because they may not have been assessed for safety, quality and efficacy. These medicines are not recommended by the National Institute for Health and Care Excellence (NICE). The provider discussed the use of unlicensed medicines with patients, and this was documented in the patient's record.

Are services safe?

- Medicines were stored safely and securely in an emergency trolley, and in refrigerators and cabinets. We saw that daily temperature checks of the refrigerator were undertaken and recorded. The records we reviewed confirmed the temperature had been within range for safe storage of medicines in use.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines. In addition, the clinician had pledged to be an Antibiotic Guardian (a pledge to prescribe antibiotics safely).
- Access to the electronic prescribing system was secure. Prescriptions were either created and submitted electronically or created manually. Blank prescriptions were kept securely, and their use monitored appropriately.
- The clinician subscribed to Medicines and Healthcare products Regulatory Agency (MHRA) to keep them informed of any medicines safety alerts.

Track record on safety and incidents

The service had a good safety record.

- The service required patients to complete a medical history form prior to each treatment, and provided them with additional information after their consultation where appropriate. Aftercare advice was also provided.
- There were systems and policies in place to record and act on significant events, incidents and complaints. We saw the service had recorded 10 incidents and 4 complaints over the previous 12 months, and that these had been appropriately managed.
- There were risk assessments in place in relation to safety and these showed that effective controls were in place to minimise any safety incidents. The service had recently carried out IPC and hand hygiene audits which evidenced safe practice and identified some areas for action. Audit outcomes were discussed amongst the team and action plans agreed.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff informed us that they understood their duty to raise concerns, and report incidents and near misses. Leaders and managers supported them when they did so. 10 significant events had been recorded in the previous 12 months.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons and took action to improve safety in the service. For example, 1 incident involved an aggressive patient. As a result of this, more training was provided to staff and they were reminded to make use of their panic alarms.
- The manager was aware of the requirements of the Duty of Candour and encouraged a culture of openness and honesty. They told us that when an unexpected or unintended safety incident occurred, they gave affected people an apology and provided them with the necessary support.

Are services effective?

We rated effective as Good because:

The service had systems to keep up to date with current evidence-based practice. The service used information about care and treatment to make improvements. Staff carrying out regulated activities were appropriately qualified, and had been trained to deliver services within their competencies.

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The service assessed needs and delivered care in line with relevant and current evidence-based guidance and standards, such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- The service told us that they worked with patients to understand their care and treatment, and to manage expectations of outcomes.
- There were protocols in place for the delivery of regulated treatments.
- We saw no evidence of discrimination when making care and treatment decisions.
- Clinical staff assessed and managed patients' pain and discomfort where appropriate.
- The service was aware of patient issues such as body dysmorphia disorder, and had policies and processes in place to screen for and support such patients (body dysmorphia disorder is a mental health condition where a person spends a lot of time worrying about flaws in their appearance).

Monitoring care and treatment

The service was actively involved in quality improvement activity

- The service used information about care and treatment to make improvements. For example, we were told that in response to patient feedback the clinic had made practitioner appointments available on the weekend, and were planning to introduce weekend appointments with the clinicians.
- The service was committed to introducing pioneering techniques and treatments into the clinic. For example, the clinician told us they had been involved in writing protocols for a new skin tightening technique that was not yet available elsewhere in the UK.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, an audit of emergency equipment checks highlighted the need to assign checking responsibilities to designated staff members. A re-audit showed a significant improvement in emergency equipment checks since the change had been made.

Effective staffing

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

- All staff were appropriately qualified and had the skills and abilities to carry out the regulated activities.
- The provider had an induction programme for all newly appointed staff.

Are services effective?

- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. This included monthly staff training days. Managers actively encouraged and supported staff to take on further training and new roles. Up to date records of skills, qualifications and training were maintained.
- The service understood the importance of continuous learning. The clinician often took on the role of a mentor in their field of work. They told us that they regularly attended and presented at conferences and that they subscribed to and wrote articles for professional medical journals, as well as peer-reviewing articles for publication. Other staff members were also given the opportunity to attend conferences. In addition, the clinician carried out research and self-funded studies with the aim of improving quality and clinical efficacy.
- The clinician was a lead clinical trainer for a national aesthetic pharmacy. This involved reviewing training material to ensure it is in line with the latest evidence-based medicine, and attending monthly quality improvement meetings.

Coordinating patient care and information sharing

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

- Before providing treatment, clinicians at the service ensured they had adequate knowledge of the patient's health and medical history.
- Patients received coordinated and person-centred care and the service referred patients to other services when appropriate. For example, patients undergoing treatment for bruxism (excessive teeth grinding or jaw clenching) were referred to a dentist to confirm the diagnosis prior to treatment.
- Where appropriate, patients were asked for consent to share details of their consultation and any medicines prescribed, with their registered GP.
- Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available in an accessible way.

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.

- Patients were provided with information about procedures, including the benefits and risks of treatments provided. The service provided pre- and post-treatment advice and support to patients.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Where appropriate, patients were sent home with after-care kits and self-care advice to support them.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance, however this was not consistently recorded in patient records.

Are services effective?

- Staff understood the requirements of legislation and guidance when considering consent and decision making, however consent was not always written and consistently recorded, which was not in line with the providers consent policy. At the time of the inspection the service had not carried out any audits of the consent process. Immediately after the inspection the service told us they had made changes to their consent process and that they would begin to undertake regular record keeping audits.
- Staff supported patients to make decisions.

Are services caring?

We rated caring as Outstanding because:

There was a strong patient-centred culture. Patients were respected and valued as individuals and were empowered as partners in their care. Treatment delivered to patients was done so with care, dignity and compassion, whilst supporting their individual preferences and needs.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service routinely sought feedback on the quality of clinical care patients received. Feedback from patients was consistently positive about the way staff treat people. For example, patient reviews we examined consistently noted the caring attitude of staff, and some patients told us that their care exceeded their expectations.
- Staff understood patients' personal, cultural, social and religious needs and made sure this was reflected in how care was delivered. For example, they understood that certain products may not be suitable for some patients for religious reasons, and therefore discussed this with relevant patients during their consultation. Staff displayed an understanding and non-judgmental attitude to all patients.
- Several patients commented on the honesty of the staff. We were shown examples of where patients had been advised not to go ahead with certain treatments that staff felt may negatively impact their mental health, would not be beneficial to them or would not meet their expectations. For example, patients who were declined treatment on the grounds of body dysmorphia disorder (body dysmorphia disorder is a mental health condition where a person spends a lot of time worrying about flaws in their appearance) were instead referred to a psychologist for further assessment.
- Patients told us that staff took the time to listen to them and explain things to them thoroughly. Where required, patients were offered an extended appointment. The clinician told us that some appointments were booked for multiple hours to assure patients that their treatment was being carried out to the highest calibre, and to help keep patients calm and relaxed during their treatment.
- The service gave patients timely support and information.
- Staff provided emotional support to patients where required. We saw examples of patients who had recently suffered a bereavement and were grateful for the support and complimentary treatments they had received from staff at the clinic, during their appointments.
- Staff displayed a positive attitude and went above and beyond to help patients achieve their desired outcomes. For example, we saw how the clinician had overcome obstacles to carry out treatment for a high-risk patient with complex medical needs.
- We saw several examples of how the service had reached out to people in the community and offered them free support and treatments to help with their individual needs. One patient told us that the service they had received had changed their life.
- The service often took part in local initiatives and raised money for various charities. The clinician regularly carried out pro bono work. They told us they had carried out approximately £25,000 worth of pro bono work in the two years the clinic had been open. They told us they did this because they cared deeply about patients with conditions that significantly impact their appearance and who may not be able to afford treatments. We were shown an example of a patient who had received such treatment and was delighted with the results they had seen so far. The service had partnered with a charity to become a pro bono referral pathway for patients with burns or complex care needs in skin of colour. The clinician also told us they had plans to launch a charity in the near future.

Involvement in decisions about care and treatment

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

Are services caring?

- Information about services offered and prices of treatments were available on the clinic's website, and material was also available within the clinic. Fees were agreed prior to commencing treatment.
- There was a 'cooling off' period for patients if they decided not to go ahead with the treatment.
- For those patients who wanted the support, and where it was suitable, the service allowed and encouraged them to bring family and friends along to appointments.
- We saw examples of how treatment and care was adapted to meet the needs of individual patients. Consideration of patients needs was consistently embedded in everything staff did.
- Patients who did not have English as a first language were able to utilise an interpreter service.
- Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- There were portable hearing loops, braille signage and large print leaflets available for those patients who needed it.
- We requested patient feedback to inform this inspection and received 53 CQC Give Feedback on Care online forms, and 10 comment cards. Feedback was consistently positive. Patients told us that they felt listened to and supported by staff. They said they felt that staff were knowledgeable and that they were provided with enough information and guidance before going ahead with treatment.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. For example, patients were provided with written information about their treatment and the costs involved at the end of each treatment so that they didn't have to discuss this at the reception desk. In addition, the service had installed privacy curtains in the treatment rooms.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The service had measures in place to ensure confidentiality. We saw that staff had completed or were due to undertake data protection training.

Are services responsive to people's needs?

We rated responsive as Good because:

The service organised and delivered treatment and care to meet the individual and holistic needs of patients. There were innovative approaches to providing integrated patient-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs. Patients had timely access to the service. The service learned lessons from individual concerns and complaints and acted as a result to improve the quality of care.

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 complex needs of their patients and delivered care in a way that met those needs. For example, we heard how the clinician had communicated with a patient's GP and hospital consultants, arranged a number of tests pre-treatment, and purchased specific medicines prior to carrying out treatment for a high-risk patient with complex medical needs. We also saw an example of care and treatment that had been provided for transgender patients. Staff at the clinic created a personalised treatment plans, and this included referral to a psychologist. Staff also showcased this work to peers nationally at a Transgender Aesthetic Conference, and advised them on how best to approach the consultation, treatment plan and treatment options for this group of patients.
- The provider improved care and services in response to patient need. For example, in response to feedback that there were not enough treatments for patients with skin of colour, the service purchased a new laser machine specifically to treat skin of colour. They also provided different types of milk at the clinic, in response to patients' dietary requirements.
- The facilities and premises were well maintained and appropriate for the services delivered.
- There was a car park available for patients on-site and this was designed in a way that allowed vehicles to be parked discreetly.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, wheelchair users were able to access the service, and patients who were nervous or anxious could be offered longer appointment times.
- Patients were provided with electrical outlets in the waiting area, so that they could charge their mobile phones or laptops whilst they were waiting.
- The service created videos of their treatments, products and patient testimonials which were made available online, in order to inform patients, to give them more insight into the treatments and products provided, and to help set realistic expectations of treatment outcomes.
- The service ran a complications clinic for patients who had issues as a result of treatments received at other clinics. They offered reversal and correction at a reduced cost to ensure patients received the help they needed.
- Patient feedback for the service was positive. Direct patient views given to CQC via the Give Feedback on Care online form showed that all 53 submissions from patients were positive about their experience of using the service. Online patient reviews were also positive. Of over 200 reviews posted on 1 site over the last 12 months, all but 1 had rated the service 5 stars.

Timely access to the service

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

Are services responsive to people's needs?

- The service is open on Monday, Tuesday and Wednesday from 9.30am to 5pm, on Thursday and Friday from 9.30am to 8pm and on Saturday from 9.30am to 4pm. Details of how to book appointments were available on the service's website.
- Patients had timely access to initial assessment, test results, diagnosis and treatment. For example, all patient samples that required further testing were sent away immediately on the same day.
- Waiting times, delays and cancellations were minimal and managed appropriately. There was a cancellation policy in place.
- Referrals and signposting to other services were undertaken in a timely way. For example, the service had close links with a nutritionist and psychologist and referred patients to them where appropriate.

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 complaints policy and supporting procedures in place. The policy was available in the reception area and on the service's website. We also saw that there was signage on display within the service informing patients of how they could make a complaint.
- The service's complaints policy informed patients of further options that may be available to them should they not be satisfied with the service's response to their complaint, for example escalation to the Independent Sector Complaints Adjudication Service (ISCAS).
- In the previous 12 months the service reported that they had 4 complaints, 2 of which related to regulated services. We saw that these had been dealt with appropriately.
- The service learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care. For example, we were told of a complaint and saw that it had been fully investigated and that remedial actions had been taken to prevent a recurrence. Actions taken included issuing an apology to the patient and self-reflection by the staff member involved.

Are services well-led?

We rated well-led as Good because:

Leaders encouraged innovation and research and were committed to introducing pioneering techniques and treatments into the clinic. There was a positive culture within the team and staff told us they felt supported by the managers. There was a strong focus on continuous learning and improvement. The service had oversight of systems and processes to manage incidents and complaints.

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, the service was going to bring in new services and equipment, such as women's health services, in order to offer more to their patients.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. For example, the clinician had arranged for all the managers to undertake a 3-day management and leadership course later this year.
- The service had received several awards and nominations for their work. For example, they were awarded Best Aesthetic Clinic North of England & Midlands 2022 at the Aesthetic Medicine Awards.

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 this was underpinned by the service's values and objectives. The service based their work around the following 6 core values: Patient-Centred Care, Integrity & Accountability, Clinical Excellence, Clinical Safety, Respect & Equality, Have Fun. They stated that their vision was to be a centre of excellence in aesthetic health and well-being, for the North of England.
- The service had a realistic strategy to achieve priorities.
- 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.
- The service had in place patient advocates (patients from different ethnic and socio-economic backgrounds who regularly used the service), who met regularly with the management team to discuss their experiences, to provide feedback on treatments they had had, and to offer suggestions for improvement.
- The manager was passionate about improving health inequalities in ethnic minorities. For example, they had visited a local temple to discuss and advocate for more ethnic minorities signing up to be organ donors, and to increase awareness of lack of ethnic minority blood donors.
- The service was a registered member of the Black Skin Directory and was therefore a referral centre for most of the North of England for patients seeking out specific treatments for skin of colour.

Culture

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

Are services well-led?

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service consistently focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, in cases where results had not been achieved as expected, patients were reviewed and a plan put in place to resolve any issues.
- 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.
- At the time of our inspection the service did not have access to a Freedom to Speak Up Guardian but we were informed that they had immediately appointed one after our inspection.
- There were processes for providing all staff with the development they needed, and this was actively encouraged. This included annual appraisal, regular one-to-ones and career development conversations. All staff had received an appraisal in the last year.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff. For example, staff had been issued with panic alarms, and call bells had been fitted in every room.
- There were positive relationships between staff members, and managers actively supported relationship building within the team. For example, managers arranged regular team building activities and celebrated the different religions and cultures of their staff.
- The service often took part in local initiatives and raised money for various charities. The clinician regularly carried out pro bono work.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities. They had the support of dedicated leads for key activities such as safeguarding.
- Leaders had established proper policies, procedures and activities to ensure safety and to assure themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. The provider had established governance and risk management structures and supporting processes in place. These included an operational risk register.
- The service had invested in additional emergency equipment including complex airway adjuncts (used to access and maintain an airway) and an intraosseous gun (bone injection gun), as they were committed to ensuring the highest levels of patient safety.
- The service had processes to manage current and future performance.
- Leaders had oversight of safety alerts, incidents, and complaints.

Are services well-led?

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality. For example, an audit of the laser treatment service resulted in additional training being given to staff on how to correctly maintain the equipment.
- Staff told us that changes were communicated to them by a variety of methods, for example daily huddles, emails, and meetings. Staff told us that they felt well informed.

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.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. For example, we saw that issues identified by internal audits, such as insufficient hand washing techniques, had been discussed and addressed appropriately.
- The service was aware of the need to submit data or notifications to external organisations when 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. Digital locks were installed on all doors to ensure that access to each room was restricted to certain members of staff, and that access was auditable.

Engagement with patients

The service involved patients to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. For example, we saw how complaints feedback for one activity had been used to identify the need for additional staff training. Feedback was welcomed in different formats, such as through the use of a suggestion box which was placed in the reception area.
- Staff could describe to us the systems in place to give feedback, such as regular staff surveys and one-to-ones, and told us their views were acted upon. For example, negative feedback from staff regarding the service's customer relationship manager software led to the service changing their software system.

Continuous improvement and innovation

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

- There was a strong focus on continuous learning and improvement. The service had created a designated space in the clinic to carry out teaching and training, and actively encouraged staff to make use of this space for their development.
- Staff training was comprehensive and often involved the use of external trainers, shadowing colleagues and regular reviews to encourage continuous good practice and to ensure that the level of care was standardised across the clinic.
- Leaders encouraged innovation and research and were committed to introducing pioneering techniques and treatments into the clinic. For example, the provider told us that they were developing protocols for a new skin tightening technique that was not available elsewhere in the UK.
- The service made use of internal and external reviews of incidents and complaints. We saw evidence that learning was shared and used to make improvements.
- Structures were in place within the organisation to review performance, and to plan and deliver service improvements.

Are services well-led?

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. This included a programme of regular audits.