

# The Cosmetic Skin Clinic

## Inspection report

8 Devonshire Place  
London  
W1G 6HP  
Tel:

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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 to people's needs?

Good 

Are services well-led?

Good 

# Overall summary

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

The key questions are rated as:

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

We carried out an announced comprehensive inspection at The Cosmetic Skin Clinic in London on 17 October 2022. The service was registered with the Care Quality Commission (CQC) in March 2019. We carried out this first rated inspection as part of our regulatory functions. The inspection was undertaken to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Cosmetic Skin Clinic provides a range of independent dermatology services, including non-surgical cosmetic interventions, which are not within CQC scope of registration. We did not inspect, or report on, those services that are outside the scope of registration.

The service is registered with the CQC to provide the following three regulated activities:

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

Therefore, we only inspected treatments relating to medical conditions which include treatment for excessive sweating (hyperhidrosis) and non-surgical treatments for a range of skin conditions.

The Head of Clinical Service is the CQC registered manager. 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.

## **Our key findings were:**

- There were clear systems to keep people safe and safeguarded from abuse. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The leadership team organised and delivered services to meet patients' needs following best practice guidelines.
- Staff were highly skilled and kept up to date in their specialist field. They reviewed and monitored care and treatment to ensure the services provided were effective.

# Overall summary

- Feedback from patients was consistently positive and highlighted a strong person-centred culture. Other feedback commented the treatment had given the patient extra confidence due to an improved appearance.
- Services were tailored to meet the needs of individual fee-paying patients. Treatments were delivered in a flexible way that ensured choice and where appropriate, continuity of care.
- There was a clinic-specific vision which linked into the overarching provider vision and strategy. We saw evidence of good local leadership and good integration with the provider and other services within the provider group.

We saw an area of outstanding practice:

- Leaders had the integrity, skills and abilities to run the service. They had a deep understanding of issues, challenges and priorities within the aesthetic sector, and beyond. There was evidence of innovation and engagement with external stakeholders. Shared work across the sector included engagement with the Joint Council of Cosmetic Practitioners and the Chartered Institute of Environmental Health to deliver safe change and improvement to the sector. Further opportunities to participate in benchmarking and peer review were proactively pursued.

**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

The inspection was led by a Care Quality Commission (CQC) Inspector who had access to advice from a specialist advisor.

## Background to The Cosmetic Skin Clinic

The Cosmetic Skin Clinic is one of two registered locations (Devonshire Place, London and Stoke Poges, Buckinghamshire) for the provider, The Private Clinic CSC Limited. This report and findings refer solely to the service provided at the London location.

In February 2019, The Private Clinic of Harley Street Limited (the provider) acquired the clinic from a different provider and added both locations to The Private Clinic of Harley Street Limited existing portfolio of services. The Cosmetic Skin Clinic then became The Private Clinic CSC Limited and provides a small range of treatments for people aged over 18 that come under scope of regulation by the Care Quality Commission (CQC). These treatments are given via pre-bookable appointments. Patients attend for an initial consultation, where a treatment plan is discussed and agreed, and then they are booked in for treatment at a later date. Only specific treatments are regulated by CQC and they include treatment for excessive sweating (hyperhidrosis) and non-surgical treatments for example, non-surgical thread lifts (a treatment to lift and support facial skin using threads and cogs).

Treatments are provided from:

- The Cosmetic Skin Clinic, 8 Devonshire Place, London, W1G 6HP

The service website is: [www.cosmeticskinclinic.com](http://www.cosmeticskinclinic.com)

The Cosmetic Skin Clinic is located in renovated Grade II listed premises which comprise of treatment rooms, offices and a reception area.

The service is open every weekday with core opening hours of 9am to 6pm. In addition to the core opening hours, the service is open until 6.30pm every Monday, 8pm every Tuesday and Thursday, and until 7.30pm every Wednesday. The clinic is also open every Saturday between 9am and 5pm. This service is not required to offer an out of hours service. Patients who need medical assistance out of operating hours can access out of hours support via the service and this is detailed in patient literature supplied by the service.

Regulated activities (treatments regulated by CQC) are provided by a cosmetic doctor who is registered as both a medical doctor and a dentist with extensive qualifications in aesthetic medicine. The Head of Clinical Services (Non-Surgical) leads a small team of managers, reception, administration and coordinator staff who undertake the day-to-day management and running of the service. Staff are also supported by the provider's regional and national management and governance teams.

### How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently. This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

We carried out this inspection on 17 October 2022. Before visiting the location, we looked at a range of information that we hold about the service. During our visit, we interviewed staff, reviewed documents and clinical records, and made observations relating to the service and the location it was delivered from.

Due to the current pandemic, we were unable to obtain comments from patients via our normal process where we ask the provider to place comment cards in the service location. However, we were shown examples of patient feedback which the provider monitored on an ongoing basis. We did not speak to patients on the day of the site visit.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?

- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

**We rated safe as Good because:**

## **Safety systems and processes**

**There were clear systems to keep people safe and safeguarded from abuse.**

- The clinic worked with an external health and safety specialist and conducted safety risk assessments for all areas of the clinic. We saw a range of appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The Head of Clinical Services was an ambassador for the Joint Council for Cosmetic Procedures (JCCP) and was the co-lead on a recent national review of premises standards. This was a review of standards in relation to the new proposed national licensing scheme, introduced as part of the new Health and Social Care Act (2022).
- There were systems to work with other agencies (when required) to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Contact numbers for the local authority (City of Westminster) safeguarding team were easily accessible and appropriate safeguarding policies were in place. Staff who acted as chaperones had appropriate training and were able to describe how they would carry out this role and record the chaperone activity.
- Despite being in a Grade II listed building, all areas of the building had been renovated and refurbished to a high medical grade specification. There was an effective system to manage infection prevention and control. The service had a process in place to monitor infection prevention and control using room checklists. There was an infection control lead and clinic specific infection control policies in place. We found all areas of the service, including all treatment rooms and patient areas visibly clean and hygienic. Staff followed infection control guidance and attended relevant training. The most recent infection prevention and control audit was complete in April 2022. The service undertook daily, weekly and monthly infection prevention and control checks and had introduced COVID-19 policies to ensure staff, patients and visitors were kept safe. The Legionella risk assessment had been completed in July 2022.
- There were systems for safely managing and auditing healthcare waste, including for sharps. (Sharps is a term for medical instruments such as needles, scalpels, razor blades and any other sharp items that may cause a penetrating injury, laceration or puncture to the skin).
- Single use medical packs were used in all treatments to minimise the risk of cross infections.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. This included portable application testing in January 2022.

# Are services safe?

- There were appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them. This included a fire risk assessment, completed in March 2022.

## Risks to patients

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

- There was a small team performing regulated activities. The service was managed by a team of different managers, whilst an administration team (via a provider-ran contact centre) co-ordinated and booked consultations, treatment and post treatment appointments to ensure suitable staffing arrangements at all times.
- Given two registered locations (Devonshire Place, London and Stoke Poges, Buckinghamshire) the service could adjust staffing levels across both sites according to the needs of patients.
- Although the service did not see acutely unwell patients, staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Staff had completed a range of training to manage medical emergencies. We also saw staff had access to the Aesthetic Complications Expert (ACE) Group which supported medical practitioners in the management of non-surgical aesthetic complications by providing advice via telephone and email.
- Staff told us patients were mostly fit and healthy but was also aware of identifying the symptoms of the acutely unwell patient. For example, in the event of anaphylaxis (a severe, potentially life-threatening, allergic reaction).
- We noted all treatments that were within scope of regulation (treatment for excessive sweating and non-surgical treatment for skin conditions) were of low risk and patients received full medical assessments to determine they were of sufficiently good health to undertake the treatments.
- The emergency medicines kept onsite were appropriate for the type of treatments offered to patients.
- When there were changes to services or staff the service assessed and monitored the impact on safety. This included changes and temporary closures between April 2020 and October 2020, then January 2021 and March 2021 due to the COVID-19 pandemic and regulations.
- There were appropriate indemnity arrangements in place.

## Information to deliver safe care and treatment

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

- We reviewed a sample of records and saw patients' medical histories were taken and included additional general health-related questions, for example known allergies and lifestyle questions.
- Individual care records were written and managed in a way that kept patients safe. The service used a variety of templates to ensure record keeping was consistent and auditable. The care records we saw showed information needed to deliver safe care and treatment was available to relevant staff in an accessible way. In line with further integration with the overall provider, the clinic was moving towards a paper-free system with a digital, cloud-based clinical records system.

# Are services safe?

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- There was 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.
- There was a clear protocol in place for documenting that staff had checked patient identification.
- The service did not make referrals. Patients were advised to see their GP if their condition required treatment not provided by the service.

## Safe and appropriate use of medicines

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

- The service stored minimal medications and we saw the arrangements for managing medicines kept patients safe. Medicines were stored safely in line with the manufacturers' recommendations and checked to ensure they did not pass their expiry date. This included medicines which required refrigeration.
- Due to the nature of the service, it did not hold any stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- The fridge temperatures were appropriately monitored and recorded on a daily basis.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- Despite the size and scope of the treatments within scope of regulation being small, the provider monitored and reviewed activity. This included a range of cloud-based activity safety dashboards and regular safety governance meetings.
- There was a system for receiving safety alerts, such as those relating to the use of medicines. The Head of Quality and Risk (via the provider) received the alerts and assessed whether they were relevant to the clinic and acted upon them when necessary. Although we noted that the clinic had not received any safety alerts that were relevant to the regulated activities we inspected, we saw the clinic had contributed to a national safety review for a medicine that was under evaluation.
- Staff told us if a patient or practitioner was concerned about the safety of a medicine following its administration, this would be reported to the Medicines and Healthcare products Regulatory Agency (MHRA) which will investigate and take action to minimise risk and to protect public health.

## Lessons learned and improvements made

### The service had processes to learn make improvements when things went wrong.



# Are services safe?

- The clinic had a good safety record and had not reported any serious incidents relevant to the regulated activities we inspected within the previous 12 months. 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. Whilst reviewing the incident reporting system, we saw an incident for a non-regulated treatment which was handled in line with the policy and standard operating procedures.
- Given the range of services and clinics within the same provider, we saw there were mechanisms to enable any appropriate learning to be shared across all services within the provider portfolio. This mechanism for sharing learning was via the 'patient safety events summary' section of the monthly provider newsletter which all staff received.
- During our discussions, the leadership team we spoke with were aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

# Are services effective?

**We rated effective as Good because:**

## **Effective needs assessment, care and treatment**

**The service had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed individual needs and delivered care and treatment in line with current legislation, standards and guidance relevant to the treatments regulated by the Care Quality Commission.**

- We reviewed patient records and saw the service assessed needs and delivered care in line with relevant and current evidence-based standards.
- All staff ensured they kept up to date with developments within the aesthetic cosmetic sector and related evidence-based practices. This included, where appropriate, membership of the British Association of Cosmetic Nurses and Royal College of Surgeons, as well as ongoing professional development.
- Patients' immediate and ongoing needs were fully assessed and recorded. This included a record of the treatment prior to the appointment, limitations of the treatments and expectations. Where appropriate, this included their clinical needs and their mental and physical wellbeing.
- Staff spoke clearly about building relationships with patients and delivering bespoke individual treatment plans, advocating no two people and no two faces are the same. Staff emphasised each treatment plan was individually built around the patient.
- Staff were aware of body dysmorphia and potential patients presenting with this condition. (Body dysmorphic disorder (BDD) or dysmorphia, is a mental disorder characterised by the obsessive idea that some aspect of the person's body or appearance is severely flawed and therefore warrants exceptional measures to hide or fix it). We saw the clinical record templates used for all treatments included reference to known signs of BDD and the clinical lead could further discuss BDD if required.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and monitored patients' comfort during treatments to ensure patients were comfortable and the pain control (where appropriate) was effective. This included the use of medical ice packs and when appropriate local anaesthetic solution via injection.

## **Monitoring care and treatment**

**The service was involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. Clinical records including treatment plans were template-based which allowed staff to review, audit and make improvements when necessary.
- There was a programme of annual audits which compared performance and different elements of the variety of treatments provided. We saw audit activity and any subsequent action plans were recorded on activity dashboards for review. We saw an example of a four-cycle audit which reviewed medicines management processes, for example:

# Are services effective?

- On joining the clinic in April 2022, the Head of Clinical Services highlighted the arrangements to manage medicines could be improved. They designed a 10-element audit which reviewed different processes the clinic used when managing medicines. Elements included the storage of medicines, medicine documentation and prescription stationery.
- In June 2022, the first audit cycle highlighted an inconsistent approach to managing medicines with a compliance score of 50%. On review of the audit findings, new processes and standard operating procedures were implemented and staff provided with additional training.
- In July 2022, the second cycle of audit highlighted improvements had been made and the compliance score had increased to 90%.
- In August 2022, further improvements had been made and the compliance score had increased to 100% with all 10 elements of the audit met.
- The most recent audit from September 2022, highlighted the new processes to manage medicines had been sustained and embedded as the compliance score was 100% for the second consecutive month. Now the improvements had been sustained and supported by new processes, the provider advised the audit frequency would revert to quarterly audits and a new theme of activity would begin a similar audit process.
- We saw a schedule of completed non-clinical audits that had been carried out which included hand hygiene and equipment safety.
- Clinicians also highlighted how they monitored outcomes of the thread lift treatment. For example, patients were advised about possible expected and unexpected side-effects following treatment. This included potential localised pain, potential temporary numbness and residual swelling. Treatment results were monitored on day one post-treatment via a telephone follow-up appointment. If the patient required a face to face follow up due to concerns, this was arranged urgently. The results from the day one check-up contributed to a quarterly performance dashboard and used to review performance trends and any complications.

## Effective staffing

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

- All staff were appropriately qualified and there was an induction programme for any newly appointed staff.
- Relevant professionals (medical) were registered with the General Medical Council (GMC) and were up to date with revalidation. This information and additional information for each clinician was available via different profile sections on the service's website and within other patient literature.
- The provider worked and engaged with the manufacturer of different medicines and treatments to ensure they were familiar with the treatment and products. Where required, the clinic contributed to national evaluations and staff continued to access remote support from the manufacturer to ensure the treatment was administered in accordance with the manufacturer's guidelines.
- Staff involved in regulated activities had extensive additional qualifications in aesthetic medicine. For example, one of the clinicians we spoke to was a dual registered medical doctor and dentist, an appraiser for the Independent Doctors

# Are services effective?

Federation and had been awarded a 'Save Face excellence accreditation'. Save Face is an organisation in the UK to provide a register of accredited practitioners – all of which have been visited and assessed for professionalism, qualifications and safety. Furthermore, given the dual registration and dental training, this allowed the clinician to provide treatment for an additional medical condition, bruxism (more commonly known as tooth grinding).

- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training was monitored via the provider's skills, knowledge and education committee. Staff were encouraged and given opportunities to develop, for example, a member of the reception team highlighted an interest in assisting different treatments provided by the service. To support their development, they were undergoing training, development and mentorship to become a healthcare assistant (HCA) following the provider HCA career pathway.

## Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Patients received person-centred care. Before providing treatment, staff ensured they had adequate knowledge of the patient's health, their medicines and any previous history of cosmetic procedures. Staff provided examples of when they had advised patients against treatment, for example due to their medical history or when the desired outcomes and expectations were not realistic.
- Patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP where appropriate.

## 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.
- Advice about maintaining a healthy lifestyle and improving the outcome of treatment was shared with patients, pre- and post-consultations and treatments. This also included advice on protection against sun damage to the skin as well as clear after-care advice following treatments, for example, advice to avoid tight clothing and vigorous exercise post-treatment for hyperhidrosis.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- 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

# Are services effective?

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

- Attendance at the service was initiated by patients. Patients, who expressed an interest in taking up treatment, were given sufficient information about the range of treatments available to reach a decision on whether to progress with a particular treatment.
- The service asked patients to sign consent forms to indicate they understood the treatment fees and any risks (albeit minimal) involved.
- 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.
- From our review of records, we saw the service monitored the process for seeking consent appropriately.
- Consent was obtained for the use and retention of photographs that was used before and after treatments. This included specific consent for the use of photographs for marketing purposes.

# Are services caring?

**We rated caring as Good because:**

## **Kindness, respect and compassion**

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

- The clinic encouraged and sought feedback on the quality of clinical care patients received. This included feedback collected via in-house surveys and feedback left on online consumer review portals and social media channels.
- Following every treatment, patients were asked to provide feedback via an in-house survey. The survey asked if patients would be happy to recommend the service to their friends and family. We reviewed the responses from the past three months and saw patient feedback was consistently positive. For example:
- In August 2022, 97% of respondents (132 responses) would recommend (extremely likely or likely) the clinic.
- In July 2022, 100% of respondents (131 responses) would recommend (extremely likely or likely) the clinic.
- In June 2022, 95% of respondents (117 responses) would recommend (extremely likely or likely) the clinic.
- From the sample of feedback we saw, patients commented they were always treated with kindness and respect. Other comments highlighted the treatment and results had given the patient extra confidence due to an improved appearance.
- The leadership group monitored social media and online comments. For example, the clinic had received 592 reviews on a consumer review website. The overall rating was excellent with 98% of reviews providing an excellent rating, with all reviews responded to and acknowledged. We also saw there had been an additional 44 reviews on the review section on another consumer website. All the reviews in the last 12 months had been 5-star reviews whilst the overall rating was 4.6 stars out of five stars (five stars being the maximum score).
- We saw patient feedback was embedded into the provider led quality group committee, quality improvement reporting dashboards and was a standing agenda item on provider wide newsletters.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The clinic gave patients timely support and information.

## **Involvement in decisions about care and treatment**

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

- Staff provided potential and confirmed patients with information to enable them to make informed choices about their treatment. The clinician we spoke with told us how they took time to explain treatment to patients ensuring full patient involvement in any plans.

# Are services caring?

- Before providing treatment, patients attended for a consultation, where the clinician discussed with them the risks and benefits of any treatment and answered any questions. The clinician also discussed realistic outcomes and costs.
- Patients were clear that treatment and targets were personalised and jointly agreed between the clinician and the patient. Clinic staff emphasised patient experiences and results may vary and were dependent on a number of factors such as lifestyle, age and medical history.

## 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 excessive sweating.
- Reception staff knew that if patients 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.
- Staff gave patients the time they needed to explain their concerns and the clinics were set up in rooms that offered people privacy. We saw the provider was reviewing the existing layout for additional overflow waiting areas and potential private 'pod areas' to increase privacy in the waiting area.
- To further support patient's privacy, we saw the clinic used a discreet messaging note, known as a chittie system to avoid any confidential conversations being overheard.

# Are services responsive to people's needs?

**We rated responsive as Good because:**

## **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 improved services in response to those needs.
- Staff understood their patients prioritised privacy and convenience and ensured appointments ran on time and patients were not kept waiting. Staff told us the appointment schedule allowed sufficient time for the treatment to be carried out and time for recovery.
- Patients had a choice of time and day when booking their appointment. The service was open every weekday with core opening hours of 9am to 6pm. In addition to the core opening hours, the service was open until 6.30pm every Monday, 8pm every Tuesday and Thursday, and until 7.30pm every Wednesday. The clinic was also open every Saturday between 9am and 5pm.
- The clinic was in a listed building, which was not fully accessible to people with mobility difficulties and the provider was restricted in how they could make it fully accessible. Staff told us that patients were informed of the limitations at the time when the initial appointment was booked and also advised of the location of the sister clinic in Buckinghamshire which was fully accessible.
- Equipment and materials needed for consultation, assessment and treatment were available at the time of patients attended for their appointment.
- The information available made it clear to the patient what procedures were available to them.

## **Timely access to the service**

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

- From the feedback collected by the service which we reviewed, patients reported timely access to initial assessment, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. All appointments were pre-booked.
- During our discussions with the leadership team, we reviewed the appointment system and saw an efficient system in place to respond to patients' needs.
- Referrals and transfers to other services were generally not necessary.
- The service had been closed for a length of time because of COVID-19. We saw that patients had been kept up to date during COVID-19 via the website and through social media.



# Are services responsive to people's needs?

## Listening and learning from concerns and complaints

**The service had a system in place to respond to concerns and respond to them appropriately to improve the quality of care.**

- There was a designated responsible person who handled complaints. If required, different clinical managers from the clinic and the provider would be included in the investigation of any clinical complaints.
- Information about how to make a complaint or raise concerns was available on the website, within the clinic and patient literature.
- We saw any negative reviews or feedback left on online consumer review websites were acted upon. Where possible, the person leaving the feedback was invited to discuss and resolve the concern and contents of the feedback/review.
- There was a complaint policy and procedure. The clinic would inform patients of any further action that may be available to them should they not be satisfied with the response to their complaint, for example the different stages of complaint handling and the potential to escalate to the Independent Sector Complaint Adjudication Service (ISCAS).
- All patient satisfaction was overwhelmingly positive and there had been no complaints relating to the service provided. 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 non-regulated treatments, which used the same complaints process, were appropriately recorded and followed up.

# Are services well-led?

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

## **Leadership capacity and capability**

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

- Leaders had the integrity, skills and abilities to run the service. They had a deep understanding of issues, challenges and priorities within the aesthetic sector, and beyond. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood and contributed to national and local changes and challenges, including changes within the medical aesthetic sector, changes within regulation of medical aesthetics and recent significant increase in other services offering similar treatments.
- Staff told us the leaders within the clinic and the provider were visible and approachable.

## **Vision and strategy**

**The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.**

- There was a clear vision and set of four values. The values included: people, brand transparency, leading by example and celebration of success. Staff were aware of and understood the vision and values including their role in achieving them.
- All staff we spoke to, spoke of a clinic mantra, highlighting 'minimum intervention, maximum impact'. This aligned to the patient feedback we reviewed.
- The provider had a documented purpose, realistic strategy and supporting business plans to achieve priorities. The leadership team advised these components enabled the service to position and sustain itself within the aesthetic medicine sector. Furthermore, they told us the provider continuously monitored progress against delivery of the strategy and the position within the market.

## **Culture**

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

- Staff felt respected, supported and valued. They were proud to work for the provider, proud of results and looking forward to a career within the provider.
- The service focused on the needs of patients. Staff told us they always put the patient's best interest before any financial consideration. Clinicians we spoke with highlighted a strict adherence to the ethics of when or when not to treat a patient.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- There was awareness and compliance with the requirements of the Duty of Candour, as the service encouraged a culture of openness and honesty. Staff had access to a Freedom to Speak Up Guardian.

# Are services well-led?

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were given protected time for professional development, attendance at conferences/seminars and evaluation of their clinical work.
- There was an emphasis on the safety and well-being of all staff. This included regular staff social events, celebrations of life events (birthdays, long service and retirements) and recently the introduction of free healthy snacks and fruit. There was a clear sense of team and positive relationships between all staff at the service. Although there were two locations (London and Buckinghamshire) and multiple services within the provider group, staff described a feeling of togetherness and there being one team.
- The service promoted equality and diversity and all staff had completed equality and diversity training.

## Governance arrangements

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

- The provider had a governance framework with one overarching purpose and five interconnecting aims. The purpose of the framework was 'to continually review and improve standards across all services'.
- An example of one of the five aims was 'the continued use of an auditing programme to continually review information on quality and safety alongside performance data'.
- From the evidence we collected during the inspection, it was clear the governance framework was well embedded, and all staff spoke of their individual and team's contribution to the framework.
- The governance framework was supported by eight different committees, covering all aspects of governance across all services. Each committee had specific roles, duties, meeting frequency and information workflows.
- During our inspection, we discussed the committee which oversaw the governance of the cosmetic skin clinic services and found the governance arrangements were evidence-based and appropriate to the range of regulated activities provided and the team delivering these services. This included embedded structures, processes and systems to support good governance and management of the regulated services. For example, there was an established network of internal meetings to share information, assist with planning, and review any emerging concerns or new workstreams. There were service specific policies, procedures and activities to ensure safety. There was a system in place to monitor and review policies according to guidance, legislation and practice needs.

## 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. For example, in 2020, the service temporarily suspended services in line with national COVID-19 pandemic lockdown requirements.

# Are services well-led?

- We also saw the provider communicated and shared information to address risks within the aesthetic sector. For example, we saw a recent newsletter which included The Health and Social Care Select Committee Report on the Impact of Body Image on Mental and Physical Health, a known risk within the sector.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and review of treatments. The provider and staff had oversight and drove changes within the aesthetic medicine sector.
- Health and safety assessment processes had been established to identify, manage and mitigate risks. Given the practice is located within a converted and refurbished Grade II listed building, regular updates of risk assessments were undertaken.
- The provider had a business continuity plan and additional plans in place for major incidents.

## Appropriate and accurate information

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

- Sustainability, projected growth and expansion of services were discussed in relevant committee meetings.
- The service used performance information, which was reported and monitored, and management and staff were held to account.
- The service submitted data or notifications to external organisations as required. This included a recent notification to Care Quality Commission regarding amendments to the registration of the services.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. This included a Data Protection Officer who managed data across all services within the provider portfolio.

## Engagement with patients, the public, staff and external partners

### The service involved patients, the public, and staff to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients and staff.
- The service monitored social media, online comments and reviews. We saw these were responded to and shared and celebrated with staff through provider wide newsletters.
- Staff could describe the systems in place to give ideas for improvement, general feedback and there was an annual staff survey. We saw a recent staff suggestion had been acted upon for example, ideas to further improve the level of customer service patients received.
- The provider engaged with external stakeholders as part of their commitment to improve the sector. For example, continued work with the manufacturer of products, contributed to national reviews and accreditation with different external partners.

# Are services well-led?

## Continuous improvement and innovation

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

- There was a focus on learning, evaluation and impact and a willingness to try new ideas for the benefit of patients and the aesthetic sector. Relevant results were shared widely, for example, through research meetings and publications.
- The provider made use of internal and external reviews of data, outcomes, incidents and feedback. Learning was shared across the range of services within the provider group and used to make improvements. For example, via provider newsletters to reflect, discuss and learn from other services.
- The clinic and individual clinicians had been recognised on a number of occasions and presented with various aesthetic sector awards.