

# EOS Medical Aesthetics

## 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 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 EOS Medical Aesthetics in Sunningdale, Ascot on 25 May 2023. The service was registered with the Care Quality Commission (CQC) in April 2021. 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.

EOS Medical Aesthetics provides a range of independent dermatology services, including non-surgical cosmetic interventions including anti-wrinkle injections, derma fillers and permanent cosmetics, which are not within CQC scope of registration. We did not inspect, or report on, those services that are outside the scope of registration.

EOS Medical Aesthetics is registered with the CQC to provide the following regulated activity:

- Treatment of disease, disorder or injury

Therefore, we only inspected the provision of vitamin b12 injections and treatments relating to medical conditions which include treatment for excessive sweating (hyperhidrosis) and non-surgical treatments for a range of skin conditions (acne and rosacea).

The service was founded in 2018 by an Advanced Nurse Practitioner with an extensive background in aesthetic medicine who is also 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:**

- The clinic had clear systems to keep people safe and safeguarded from abuse. They used recognised screening processes to identify patients who could be at risk of body dysmorphic disorder (BDD) or dysmorphophobia, a preoccupation with an imagined defect in one's physical appearance.
- Staff were highly skilled and kept up to date in their specialist field. They reviewed and monitored care and treatment to ensure these were effective.

# Overall summary

- Feedback from patients was consistently positive. Patient feedback demonstrated 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.
- The clinic had a culture of high-quality care and put their patients first. Staff focused on the needs of their patients and aimed to deliver a bespoke, natural result and experience to each and every person, in turn, patient satisfaction from various sources was positive.

We saw an area of outstanding practice:

- There was a focus and dedication on continuous learning and improvement. For example, the clinician had recently completed additional studies in cosmetic medicine and had commenced a Doctorate degree. The field of research for the Doctorate degree explored the impact of neurotoxin on mood in peri menopausal women and linked closely to the service provided at the clinic. Furthermore, there was 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, including a published review of the use of telemedicine within aesthetic medicine. There was also a record of sharing work locally, nationally and internationally. This included presenting at the Aesthetic and Anti-Ageing Medicine World Congress (AWMC) in Monaco 2022 and at an educational conference at the Royal College of Physicians in April 2023.

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Chief Inspector of Healthcare

## 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 EOS Medical Aesthetics

EOS Medical Aesthetics is the registered location for the provider, EOS Medical Aesthetics Limited and had been registered with the Care Quality Commission (CQC) in 2021. The service provides a small range of treatments for people aged over 18 that come under scope of regulation of CQC. These treatments are given via pre-bookable appointments. Patients attend 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 vitamin b12 injections, treatment for excessive sweating (hyperhidrosis) and non-surgical treatment for a range of skin conditions, including acne and rosacea.

Treatments are provided from:

- EOS Medical Aesthetics, 1b Coworth Road, Sunningdale, Ascot, Berkshire SL5 0NX (referred to as the clinic).

And

- EOS Medical Aesthetics at The Gecko Clinic, Home Farm Industrial Estate, Yattendon, Berkshire RG18 0XT

The clinic website is: [www.eosaesthetics.co.uk](http://www.eosaesthetics.co.uk)

The clinic is located in a renovated retail property and comprises of 4 treatment rooms, a staff room and 2 reception areas. The clinic is open every weekday with core opening hours of 9am to 6pm. In addition to the core opening hours, appointments outside of the core opening hours, including weekend appointments could be arranged. 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 single clinician who is an Advanced Nurse Practitioner, the Clinical Director and founder of the service. They are supported by a senior aesthetician, and both undertake the day-to-day management and running of the service.

### How we inspected this service

We carried out this inspection on 25 May 2023. Before visiting the location, we looked at a range of information that we hold about the service. This included 5 items of patient feedback shared directly with CQC via the 'Give Feedback on your Care' functionality via our website. During our inspection, we visited the main clinic in Sunningdale, Ascot and we interviewed staff, reviewed documents and clinical records, and made observations relating to the service and the location it was delivered from. We were shown examples of patient feedback which the provider had collected prior to the inspection. 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 5 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:

- There were systems to assess, monitor and manage risks to patient safety, this included effective systems for the safe management of medicines.

## Safety systems and processes

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

- The provider conducted safety risk assessments. It had a range of appropriate safety policies, which were regularly reviewed and communicated to staff. The policies outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.
- The clinic worked with other agencies 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.
- Staff had been recruited safely and required checks were carried out 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).
- Children and under 18-year-olds were not treated at the service.
- The clinic had systems to safeguard people from abuse. Staff received regular safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones had chaperone awareness training and had received a DBS check.
- We reviewed processes for the monitoring of staff immunisations. At the time of the inspection, the provider was sourcing evidence of Hepatitis B status and other immunisation records for staff. This was provided shortly after the inspection.
- 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 policy 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 service undertook daily 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 December 2022.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. We saw equipment was tested and maintained regularly, equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date which was April 2023.
- There were systems for safely managing healthcare waste. This included colour coded waste segregation and safe disposal of cytostatic clinical waste such as botulinum toxin.

# Are services safe?

- Single use medical packs were used in all treatments to minimise the risk of cross infections.
- The provider carried out appropriate environmental risk assessments, the most recent environmental assessment and audit was completed in April 2023.
- In April 2023, an extension and renovation of the clinic had been completed, we saw weekly risk assessments and hazard audits had been completed throughout the building work to ensure staff, patients, visitors and onsite contractors were kept safe.

## Risks to patients

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

- There was a small team, with 1 clinician performing regulated activities. The clinician was supported by a senior aesthetician, who also co-ordinated and booked consultations, treatments and post treatment appointments to ensure suitable availability at all times.
- Although the clinic 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. The emergency medicines and equipment kept onsite were appropriate for the type of treatments offered to patients. We saw these were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision. To further support any potential medical emergencies or treatment complications, the clinician was a member of the Complications in Medical Aesthetics Collaborative (CMAC). CMAC is a collaborative designed to support clinicians worldwide in diagnosing and managing complications in medical aesthetics and provided advice via telephone and email.
- Staff knew how to identify any symptoms of an acutely unwell patient. For example, in the event of anaphylaxis (a severe, potentially life-threatening, allergic reaction).
- All treatments that were within scope of regulation (vitamin b12 injections and treatment for hyperhidrosis and skin conditions) were of low risk and patients received full medical assessments to determine they were of sufficient good health to undertake the treatments. We saw the assessment contained sufficient information to determine the treatment can go ahead, including past medical history, current medicines and allergies.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements and 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.

- We reviewed a sample of records and saw patients' individual care records were consistent and 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 clinic had systems for sharing information with staff, the registered NHS GP (if ever required) and other agencies to enable them to deliver safe care and treatment.

# Are services safe?

- 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 of if they were to cease trading.
- In line with protocols, the clinic did not make referrals. Patients were advised to see their NHS GP if their condition required treatment not provided by the service.

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines minimised risks. This included the management of prescriptions stationery which used a secure electronic prescription portal.
- The service carried out medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. The software used to generate a prescription enabled the clinician (the prescriber) to monitor and audit prescribing habits. The service presented data which showed 44 individual items had been prescribed in the 3 months prior to the inspection.
- During the inspection, the clinician advised antibiotics were used as a last resort for the treatments regulated by CQC and described the techniques used to support safe antibiotic stewardship (antibiotic stewardship is an approach to monitor the use of antibiotics to preserve their future effectiveness).
- Due to the nature of the service and treatments provided, it did not hold any stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- 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. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues and to support the management of health and safety within the premises.
- The clinic monitored and reviewed their activity and other activity within the aesthetic sector. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system in place to report suspected problems using the Yellow Card system. The Yellow Card system is used for recording adverse incidents with medicines and medical devices in the UK. Furthermore, during the inspection, the provider described a recent event relating to a product used in a non-regulated activity. They had concerns regarding the legitimacy of the product as the colour and viscosity was not as expected. This incident was raised directly with the manufacturer.

## Lessons learned and improvements made

# Are services safe?

## **The service had systems to learn and make improvements when things went wrong.**

- There was a system for recording and acting on significant events.
- No serious incidents since the service registered in 2021 occurred, we were therefore unable to assess whether the system was effective. However, staff were aware of the system and told us they would have no hesitation in submitting an adverse incident report.
- The staff 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.
- There was a system for receiving safety alerts, such as those relating to the use of medicines. The clinician received the alerts and assessed whether they were relevant to the service and acted upon them 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:

- Staff were highly skilled and kept up to date in their specialist field. They reviewed and monitored care and treatment to ensure the treatments provided were effective.

## Effective needs assessment, care and treatment

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

- The provider had effective systems to keep up to date with current evidence-based practice. We saw evidence they assessed needs and delivered care and treatment in line with relevant current legislation, standards and guidance. These included the National Institute for Health and Care Excellence (NICE) and British Association of Cosmetic Nurses (BACN) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Staff appreciated the importance of building relationships with patients and delivering bespoke individual treatment plans, advocating 'no 2 people and no 2 faces were the same'. Staff emphasised each treatment plan was individually built around the patient.
- We saw the provider ensured non-discriminatory approach when making care and treatment decisions.
- There were different arrangements in place to ensure effective outcomes for repeat patients and those patients on a course of treatment.
- There was no pain associated with the treatments regulated by CQC (vitamin b12 injections and treatment for hyperhidrosis and skin conditions).
- Staff were aware of body dysmorphia and how potential patients could be presenting with this condition. Body dysmorphic disorder (BDD), is a mental health condition 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 on a daily basis. We saw the clinical management system and the records used for all treatments included reference to known signs of BDD and the clinical lead could further discuss BDD if required.
- The clinic used a range of technology and digital photo software as part of the skin assessment. The provider advised this enabled a more accurate diagnosis of the skin condition and severity of the condition.

## Monitoring care and treatment

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

- The size and scope of the service and regulated activities impacted the ability to complete a full clinical audit programme. However, we saw the service used information about care and treatment to make improvements. They monitored the clinical notes and template adherence, monitored consent and monitored outcomes of individual patient treatments to assure themselves of the effectiveness of the service.

# Are services effective?

- There was clear evidence of action taken as a result of national updates, updates within the sector and to improve outcomes.
- Patients were advised about possible expected and unexpected side-effects following treatment. For example, patients who had received a vitamin b12 injection were advised of potential localised pain and bruising, whilst patients who had treatment for a skin condition were advised of potential redness or skin irregularity following treatment.
- Treatment results were monitored post-treatment via telephone follow-up appointments. If the patient required a face to face follow up due to concerns, this was arranged urgently.

## Effective staffing

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

- Staff were appropriately qualified. We saw the provider had an induction programme for the other member of staff who had joined the clinic 9 months prior to the inspection.
- The clinician was registered with the Nursing and Midwifery Council (NMC) and was up to date with revalidation.
- The clinician who provided regulated activities had extensive additional qualifications in mental health and cosmetic aesthetic medicine and had also recently joining the cosmetic medicine faculty at the University of South Wales as an honorary lecturer.
- To support and improve the sector they had also completed a range of aesthetic peer reviews and led scientific studies into the range of treatments provided. These studies and subsequent global education programme have supported other aesthetic practitioners deliver safe, effective treatment whilst promoting excellence in clinical practice.
- We also saw the clinician had been awarded 'Save Face 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.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Regulated activities were provided by 1 clinician, they were conscious their work and reviews needed objectivity. As a result, they accessed regular meaningful peer support from colleagues within the sector and other clinics registered with CQC.

## Coordinating patient care and information sharing

### When appropriate, staff worked with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.

# Are services effective?

- Before providing treatment, the service ensured they had adequate knowledge of the patient's health, their medicines, family history and details of any previous cosmetic procedures. The provider advised they signposted patients to more suitable sources of treatment where this information was not available to ensure safe care and treatment. For example, patients would be encouraged to speak to their NHS GP or secondary services if a skin concern was suspicious, for example a skin mole was found to be malignant.
- All patients were asked for consent to share details of their consultation, any procedures undertaken, and any medicines prescribed with their registered NHS GP on each occasion they used the service.
- Advice about maintaining a healthy lifestyle and improving the outcome of treatment was shared with patients, which included good skin care and hydration. The clinic website and social media channels also provided information to patients and included information about health awareness months. For example, May 2023 was the national skin cancer awareness month and the clinic shared information to highlight skin cancer awareness and educate patients how to stay safe in the sun.
- The service regularly monitored the process for seeking and recording consent. Every 3 months, a sample of 10 notes were reviewed to ensure consent was recorded correctly. We reviewed the audit findings and saw 100% compliance with the consent process.

## 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.
- 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

### **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. As a lecturer, the clinician taught students and presented classes on the importance of capacity and consent within aesthetic medicine and how this aligned to legislation and the legal framework.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a specific decision.
- The service used a 2-factor consent process, patients were asked to sign consent forms to indicate they understood the treatment fees and any risks (albeit minimal) involved at the initial consultation and then again prior to treatment.
- 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:**

- Patient feedback from a variety of sources was overwhelmingly positive and there were clear arrangements to protect patients' dignity and privacy.

## **Kindness, respect and compassion**

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

The clinic sought a variety of feedback on patient satisfaction and the quality of clinical care patients received. For example:

- There was an in-house survey and after each treatment patients were invited to provide feedback. We reviewed the results from the most recent survey, undertaken in December 2022 with 14 responses. Feedback was positive and overall provided the clinic a rating of 9.64 out of 10 (10 being the maximum).
- As part of the Care Quality Commission (CQC) inspection, the provider had encouraged further patient feedback and collected 10 individual items of feedback from the 2 weeks prior to the inspection. We reviewed this feedback, all feedback was highly positive and highlighted examples of the staff being kind, respectful and caring.

Additional feedback we reviewed from patients was positive about the way staff treat people. This included:

- 5 items of patient feedback shared directly with the Care Quality Commission via the 'Give Feedback on your Care' Section of our website.
- 52 different reviews on a consumer review website. All reviews and ratings were positive, and all 52 reviews/ratings rated the clinic 5 out of 5 stars (the maximum score). Patient feedback commented how staff understood their individual needs and displayed an understanding and non-judgmental attitude to all patients. Further comments highlighted appointments were never rushed, and staff 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.**

- The clinic provided 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 and we saw written information was available on specific treatments.
- Interpretation services were available for patients who did not have English as a first language.
- Patient feedback commented 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.
- The clinic used a number of different methods to demonstrate what each treatment options involved so that patients fully understood. This included a facial mapping system and templates of the face to identify and discuss areas of the face, muscle structure in the face and neck prior to treatment.

# Are services caring?

- Before providing treatment for a skin condition, 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 fully involved to ensure treatment and outcomes were personalised and jointly agreed between the clinician and the patient.

## Privacy and Dignity

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

- Staff recognised the importance of respecting people's dignity and respect. Staff displayed an understanding and non-judgmental attitude when talking to patients receiving treatment .
- Staff gave patients the time they needed to explain their concerns and the clinic was set up in rooms that offered people privacy. There was also an additional waiting area to increase privacy in the waiting areas and appointment times were planned to ensure the likelihood of a busy reception area was reduced.
- We were told time was spent with patients both pre- and post-treatment to carefully explain the aftercare, recovery process and options to reduce any anxieties they may have.
- Staff complied with the clinic's information governance arrangements. For example, processes ensured that all confidential electronic information was stored securely on cloud-based IT platforms accessed through secure password protected devices.

# Are services responsive to people's needs?

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

- The clinic was responsive to the needs of their patients, staff prioritised patients' privacy and convenience and ensured appointments ran on time. There were systems to take complaints and concerns seriously.

## **Responding to and meeting people's needs**

### **The clinic was organised and delivered services to meet patients' needs. It took account of patient needs and preferences.**

- The provider understood the needs of their patients and improved services in response to those needs.
- Staff understood their patient's 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.
- Regulated activities were delivered from two separate sites, the main site in Sunningdale and the second site in Yattendon. This enabled patients to have a choice of time, day and venue 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, appointments outside of the core opening hours, including weekend appointments could be arranged.
- The facilities and premises were appropriate for the services delivered. For example, the clinic was wheelchair accessible, and the equipment located in each of the 4 treatment rooms was mobile and height adjustable.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.

## **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 we reviewed, patients reported timely access to initial assessment and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. All appointments for treatments regulated by the Care Quality Commission (CQC) were pre-booked.
- Referrals and transfers to other services were generally not necessary.

## **Listening and learning from concerns and complaints**

### **The clinic had systems to take complaints and concerns seriously and would respond to them appropriately to improve the quality of care.**

- There was a designated responsible person who handled complaints. If required, the clinician had a peer support network for objectivity and independence, and they could be included in the investigation of any clinical complaints if required.

# Are services responsive to people's needs?

- Information about how to make a complaint or raise concerns was available. The in-house survey included an option to feedback compliments and make suggestions on the provision of services.
- There was a complaint policy and procedure. The service would inform patients of any further action that may be available to them should they not be satisfied with the response to their complaint. This included reference to the Independent Sector Complaints Adjudication Service (ISCAS) from whom additional advice and support may be sought.
- 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.

# Are services well-led?

## We rated well-led as Good because:

- The governance and quality assurance processes were effective and drove improvement in the service provision. There was evidence of systems and processes for learning, continuous improvement and safe innovation.

## Leadership capacity and capability

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

- The clinic was founded by an Advanced Nurse Practitioner with an extensive background in aesthetic medicine and they were the only member of staff providing regulated activities. They worked alongside a senior aesthetician, and both undertook the day-to-day management and running of the service.
- They worked closely as a small team to make sure they prioritised compassionate and inclusive leadership. Through conversations, evidence collected during the inspection and a review of correspondence, it was evident the leadership of the service had the capacity and skills to deliver high-quality, sustainable outcomes. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood national and local changes and challenges, including changes within the medical aesthetic sector and changes within regulation of medical aesthetics.
- The clinician was a member of various colleges and associations within aesthetic medicine and cosmetic nursing. They had recently joined the cosmetic medicine faculty at the University of South Wales as an honorary lecturer. To support and improve the sector they had also completed a range of aesthetic peer reviews and led scientific studies into the range of treatments provided.
- There were effective processes to develop skills, including planning for future changes within the service.

## Vision and strategy

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

- The clinic had a clear mission statement which aimed *'to be the clinic most trusted to deliver exceptional, bespoke, aesthetic result and experience to each and every person'*.
- The mission was supported by a series of visions, values and objectives. One of the clinic visions was to enable and support patients to feel comfortable in their skin. This aligned to the patient feedback and our findings on the inspection.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. This included staff feedback from services not regulated by the Care Quality Commission (CQC).
- The clinic monitored progress against delivery of the strategy.

## Culture

### The clinic 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 clinic.
- The service focused on the needs of patients; staff told us they always put the patient's best interest before any financial consideration.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- There was an awareness of and 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.
- There were processes for providing all staff with the development they need. This included appraisal, career development conversations and evaluation of their work.
- The service actively promoted equality, diversity and inclusion.

## Governance arrangements

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

- The governance arrangements were appropriate to the range of services provided and the small team delivering these services. Structures, processes and systems to support good governance and management were clearly set out, understood and effective. However, during the inspection, we highlighted an area of improvement that the internal governance processes did not identify, specifically missing information regarding staff vaccinations and immunisations – this was resolved promptly.
- Staff were clear on their roles and accountabilities.
- Although a small team, regular meetings were held, and learning and actions from meetings documented and recorded.
- The clinic had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- Health and safety assessment processes had been established to identify, manage and mitigate risks. This included weekly risk assessments and hazard audits completed during recent building and renovation work.

# Are services well-led?

- The clinic had processes to manage current and future performance. Outcomes of treatments could be demonstrated through audit of their consultations and review of treatments. The clinician had oversight and drove changes within the aesthetic medicine sector.
- The clinic had a business continuity plan and had trained staff for major incidents.

## Appropriate and accurate information

### The clinic 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 service used performance information, which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The clinic submitted data or notifications to external organisations as required.
- 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 registration with the Information Commissioner's Office (ICO). The ICO upholds information rights in the public interest, promoting openness by public bodies and data privacy for individuals.

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

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

- The clinic encouraged and heard views and concerns from the patients, staff and external partners and acted on them to shape services and culture. For example, following patient feedback, the clinic had amended patient correspondence to include a range of contact details.
- The clinic monitored social media, online comments and reviews. We saw these were responded to and shared and celebrated with staff.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The clinic was transparent, collaborative and open with stakeholders about performance.
- The clinic engaged with external stakeholders as part of their commitment to improve the sector. For example, 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 and dedication on continuous learning and improvement. For example, the clinician had recently completed a Masters degree in cosmetic medicine and had commenced a Doctorate degree. The field of research for the Doctorate degree explores the impact of neurotoxin on mood in peri menopausal women and links closely to the work completed at the clinic. The study would review the links between peri menopause, skin conditions and changes to the skin.
- Furthermore, there was 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. For example, a published review of the use of telemedicine within aesthetic medicine.
- There is a strong record of sharing work locally, nationally and internationally. This included presenting at the at the Aesthetic and Anti-Ageing Medicine World Congress (AWMC) in Monaco 2022 and at an educational conference at the Royal College of Physicians in April 2023.