

Suffolk Medical Clinic Ltd

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Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 9 August 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Suffolk Medical Clinic Ltd is a medical skin laser and aesthetic clinic. They offer laser, hair and thread vein removal, dermal fillers, and Botulinum Toxin (Botox) treatments for cosmetic purposes, migraine pain, Bell's Palsy (temporary facial paralysis) and Hyperhidrosis (excessive sweating).

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment of clients suffering with migraines, Bell's Palsy and the treatment of Hyperhidrosis with the use of Botulinum Toxin. The treatment of clients with Botulinum Toxin was undertaken by a registered Doctor, who prescribes medicines, and a registered Nurse. The Doctor also provides a service for the removal of moles and sebaceous cysts via excision. At Suffolk Medical Clinic Ltd the aesthetic cosmetic treatments, including the use of laser treatment and dermal fillers, are exempt by law from CQC regulation and were therefore not inspected.

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.

Summary of findings

Suffolk Medical Clinic Ltd opened in 2000 and is run by a doctor and a registered nurse who is also 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.

As part of our inspection we asked for CQC comment cards to be completed by clients prior to our inspection visit. We received 29 comment cards from clients who provided feedback about all aspects of the service. They were all very positive about the standard of care received. Comments included that the service provided expert advice and that the staff were polite, kind and caring.

Our key findings were:

- There was an effective system in place for reporting and recording significant events and these were monitored to completion. There was a process for sharing the learning within the service, when appropriate.
- The service had systems in place for the receiving of and acting on, safety alerts regarding the monitoring of medicines or devices.
- The service had several policies and procedures which were in place to govern activity.
- Risks to clients were assessed and well managed.
- There was an infection prevention and control policy and procedures were in place to reduce the risk and spread of infection.
- The service carried out fire drills and the fire equipment checks were up to date. The service had a fire safety policy and an appropriate fire risk assessment,
- Medicines were safely managed. There was evidence that checks had been undertaken, as there were

records to demonstrate that medicines near to their expiry date had been ordered and supplied. Medicines were stored at the appropriate temperatures and daily checks were completed on medicines which needed cold storage.

- The service had good facilities and was well equipped to treat clients and meet their needs.
- The service provided an out-of-hours telephone service for clients with concerns post treatment and had a system in place to ensure a clinician was available in an emergency during holiday cover.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Clients said they were listened to, treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about the service and how to complain was available and easy to understand.
- There was an effective system for responding to and learning from complaints. The service had not received any complaints in the previous 12 months.
- The service was aware of and complied with the requirements of the Duty of Candour.
- Systems were in place to ensure that all client information was stored and kept confidential.
- There was a clear leadership structure and staff felt supported by management.
- The service proactively sought feedback from staff and clients, which it acted on.

There were areas where the provider could make improvements and should:

- Embed the new induction process within the service.
- Ensure the safeguarding level three training booked for clinicians is completed in a timely manner.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

- The provider had systems, processes and practices in place to keep people safe and safeguarded from abuse. The service had clear policies regarding safeguarding which included the relevant contact details. The safeguarding training for clinicians was to level one however the provider had completed a risk assessment and all staff were knowledgeable about indicators of abuse and how to refer any concerns. We were informed the Provider took some action in relation to this finding following our inspection and both clinicians had booked safeguarding level three training.
- There was a system in place for reporting and recording incidents including significant events and these were monitored to completion. There was a process for sharing the learning within the service, when appropriate.
- Risk management processes were in place.
- There were effective systems in place to manage infection prevention and control.
- The service had systems in place for the receiving of, and acting on, safety alerts.
- The staffing levels were appropriate for the service provided.
- Medicines were safely managed. There was evidence that checks had been undertaken, as medicines near to their expiry date had been ordered and supplied. Medicines were stored at the appropriate temperatures and daily checks were completed on medicines which needed cold storage.
- The service had arrangements in place to respond to medical emergencies. Emergency medicine and equipment needs had been risk assessed and the appropriate medicines were available. Emergency equipment were available and staff knew where they were stored. A community defibrillator was located nearby in the village and oxygen was available within the service.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

- The service had systems and processes in place to drive quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- All members of staff were suitably trained to carry out their roles.
- There was evidence of appraisals, induction processes and personal development plans for all staff, however the recording of the induction process required review. We were informed the Provider took some action in relation to this finding following our inspection and a new induction check list was implemented.
- Clients' needs were assessed prior to a service being delivered. Before treatment was undertaken clients were informed of the main elements of the treatment proposed and any further treatment or follow up that would be needed.
- The service provided a detailed post treatment advice sheet and an out of hours telephone service for clients should they become concerned.
- We saw no evidence of discrimination when making treatment decisions.
- Staff demonstrated they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Summary of findings

- The Care Quality Commission comment cards we received were positive about the service received.
- Client feedback in relation to listening, explaining treatment, involvement in decisions and being given enough time was positive
- The service sought feedback from conducting an annual client satisfaction survey and the 2018 survey showed that 100% of the 45 responders would recommend the service to a friend and 31% already had.
- We saw that staff treated clients with dignity and respect and maintained client and information confidentiality.
- Clients were involved in decisions about their treatment. Information was relayed in a format that was easy to understand.
- Information for clients about the services available to them was easy to understand and accessible. A schedule of fees was provided before any costs were incurred.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- The service offered consultations and treatments to clients who requested and paid the appropriate fee, and did not discriminate against any client group. The fees were available on request over the telephone, via the website and within the premises.
- Information about the service and how to complain was available and easy to understand and was made available to clients via the telephone and at the premises.
- The provider was open to feedback from clients and acted upon this.
- Opening hours of the service were available on the website.
- The service provided an out-of-hours telephone service for clients with concerns post treatment.
- The service had a system in place to ensure a clinician was available in an emergency when the doctor and nurse were away on holiday.
- The service was accessible to people who had limited mobility however the toilet facilities within the listed building were not appropriate for wheelchair users. Alternative facilities were available locally at the village hall and clients were advised of this.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- There was a clear leadership structure and staff felt supported by management and understood their responsibilities.
- There was an overarching governance framework which supported the delivery of good quality care. There were arrangements in place to monitor and improve quality and identify risk.
- Effective policies and procedures were in place.
- Systems were in place to ensure that all client information was stored and kept confidential.
- The service was aware of and complied with the requirements of the Duty of Candour. The service encouraged a culture of openness and honesty.
- Staff told us they felt supported and could raise any issues.
- Staff had received inductions and attended monthly staff meetings and training opportunities, however the recording of the induction process required review. We were informed the Provider took some action in relation to this finding following our inspection and a new induction check list was implemented.
- There was a strong focus on continuous learning and improvement at all levels.

Suffolk Medical Clinic Ltd

Detailed findings

Background to this inspection

Suffolk Medical Clinic Ltd is located at 6 Broad Street, Boxford, Sudbury, Suffolk, CO10 5DX. The service is a medical skin laser and aesthetic clinic. The service run satellite clinics once a month in Bury St Edmonds and Woodbridge.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment of clients for the removal of moles and sebaceous cyst by excision, and Botulinum Toxin (Botox) treatments for migraine pain, Bell's Palsy (temporary facial paralysis) and Hyperhidrosis (excessive sweating). Regulated activities are not carried out on clients under the age of 18 years. They provide a number of aesthetic cosmetic treatments, for example; laser hair and thread vein removal and dermal fillers which we did not inspect as they are out of the scope of CQC regulation.

Suffolk Medical Clinic Ltd opened in 2000 and is run by a doctor and nurse. The service also has three beauty therapists, a clinic administrator and a marketing and public relations consultant. The service consists of a main waiting room which includes a nail beauty treatment area, a toilet, a reception area, three treatment rooms and a kitchen. Appointments are offered on a mainly pre-bookable basis and there is on-site car parking.

Hours of opening are: Monday to Friday 9am to 7pm and on alternate weeks Monday to Thursday 9am to 7pm and Saturday 9am to 5pm.

Suffolk Medical Clinic Ltd was inspected on 9 August 2018. The inspection was led by a Care Quality Commission (CQC) inspector and a GP specialist advisor.

Before visiting, we reviewed a range of information we hold about the service and asked them to send us some pre-inspection information which we reviewed.

During our visit we:

- Spoke with a range of staff from the service including the doctor, nurse, clinic administrator and two beauty therapists.
- Reviewed a sample of treatment records.
- Reviewed comment cards where clients had shared their views and experiences of the service.
- Looked at information the service used to deliver care and treatment plans.

To get to the heart of clients' 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?

Are services safe?

Our findings

We found that this service was providing safe care in accordance with the relevant regulations.

Safety systems and processes

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

- The doctor was the safeguarding lead at the service. The clinical staff had received training on vulnerable adult and child safeguarding to level one. We were informed the Provider took some action in relation to this finding following our inspection and the clinicians had booked safeguarding level three training. Non-clinical staff had received basic safeguarding awareness during their induction process. All staff we spoke with were knowledgeable about indicators of abuse and how to refer any concerns. Policies and procedures were in place.
- The service had a range of safety policies which were reviewed, communicated and accessible to all staff.
- The service carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. 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). Appropriate recruitment checks were carried out prior to employment which included, references, qualifications, eligibility to work within the UK and photographic identification.
- Staff acted as chaperones and the service had a policy and procedure for the role, staff had received training and were DBS checked.
- Risk management processes were in place. We saw that portable appliance testing (PAT) had been undertaken, regular fire safety drills and fire equipment checks were carried out. A Legionella risk assessment had also been undertaken which included how and when temperatures were checked and recorded and what the level of risk was.
- The service had an infection prevention and control policy, procedure and risk assessment in place to reduce the risk and spread of infection and carried out regular audits. We saw evidence of a weekly cleaning

schedule and staff described cleaning they would undertake between clients. Staff had received basic training in infection prevention and control and were aware of the risks.

- We noted the service had a bio hazard spill kits which are used for safe, effective cleaning and safe disposal following a spillage of bodily fluids.
- We saw personal protective equipment (PPE) such as gloves, aprons, wall mounted soap and hand sanitiser were available throughout the premises which helped reduce the risk of cross infection.
- Control of Substances Hazardous to health (COSHH) data sheets for the cleaning materials were stored on site (COSHH legislation requires employers to control substances that are hazardous to health and to ensure their safe use).
- Equipment was serviced in line with the manufacturers guidelines.
- We saw there was a clinical waste contract for the collection of all clinical waste. We saw sharps bins were appropriately stored and were collected in a timely manner for disposal by the clinical waste company. A sharps bin is a specially designed rigid box used to safely dispose of contaminated sharps, for example used needles and lancets.

Risks to clients

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

- Clinical staff had appropriate indemnity insurance in place.
- There were enough staff to meet the demands for the service. We were told that appointments were only booked in line with the staffing levels in place to ensure all client needs could be safely met.
- There were systems in place to respond to a medical emergency. All staff had received training in basic life support.
- Emergency equipment was available within the building, which included access to oxygen on site and a community defibrillator which was available a short distance away within the village. Staff knew where they were stored and a risk assessment had been completed.
- Emergency medicines and equipment were checked on a regular basis. We saw evidence of stock checks, an ordering system and looked at the supply kept within the service. All the medicines we checked were in date.

Are services safe?

Emergency medicines were limited to oxygen, adrenaline (to treat an anaphylactic reaction) and Hyalase (helps break down dermal fillers where necessary). A risk assessment had been completed to ensure that the appropriate medicines for the services provided, were available in an emergency.

Information to deliver safe care and treatment

- Staff had the information they needed to deliver safe care and treatment to clients. Individual client records were written and managed in a way that kept them safe.
- Health assessments were comprehensive and clients had a consultation prior to a procedure being performed. During the consultation clients were given information to look at and read and an opportunity to ask questions about the procedure to ensure they fully understood the procedure and any associated risks. The service also provided a detailed post treatment advice sheet.
- We saw paper records were stored securely away from public access. Computer screens were locked when staff left their work area.

Safe and appropriate use of medicines

- The service did not hold any stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- The service stored minimal medicines on the premises. Medicines that were stored were in date. We found that medicines were stored securely and appropriately and were only accessible to authorised staff. There was a clear audit trail for the ordering, receipt and disposal of medicines. There were processes in place to ensure that the medicines were safe to administer to clients.
- All prescriptions were issued on a private basis.
- There was an effective system in place for ensuring that medicines were kept at the appropriate temperature. The service completed a temperature check list daily for the fridge which held stocks of medicines including Botulinum Toxin (Botox). There was a clear process to follow with actions to take if the temperatures fell outside of range.

- The service had a system for the checking and rotation of consumable items.
- The service had a sharps policy and displayed the procedure to take following a sharps injury.

Track record on safety

The service had a good safety record.

- A range of safety risk assessments had been carried out regarding the premises. These included fire safety, health and safety, security and legionella.
- There was a fire risk assessment and documented checks of fire equipment and lighting.
- The service had arrangements to ensure that equipment was safe and in good working order.
- Additional security measures were in place when staff were working alone and there was a lone worker policy.

Lessons learned and improvements made

The provider learned and made improvements when things went wrong.

- We were told that the service had not had any significant events occur in the last 12 months however the provider could provide a definition of a significant event and describe the actions that would be taken. The incident would be recorded appropriately, ensure learning had taken place and communicated within the service, with other providers and manufacturers of equipment where appropriate. The service carried out an analysis of the significant events when applicable.
- The service was aware of and complied with the requirements of the Duty of Candour. The service encouraged a culture of openness and honesty. When there were unexpected or unintended safety incidents, the service would give the affected people reasonable support, information and a verbal and written apology.
- The service had a system in place for knowing about and sharing notifiable safety incidents. The service received safety alerts regarding the monitoring of medicines or devices. For example, MHRA alerts (The Medicines and Healthcare Products Regulatory Agency).

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was providing effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

- We saw no evidence of discrimination when making care and treatment decisions.
- Clients were given a full explanation of the procedure and were fully involved in the decision making process.
- The service had systems to keep clinicians up to date with current evidence-based practice. We saw that the clinician assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear pathways and protocols.
- Clients had a consultation prior to a procedure being performed. This ensured the client had adequate time to reflect on the procedure and ask any questions to ensure they fully understood the procedure.

Monitoring care and treatment

- The service had systems and processes in place to drive quality improvement. We saw three audits which included an audit on post-operative infection rates following minor surgery from June 2017 to June 2018 within the service, the infection rate was zero. A British College of Aesthetic Medicine audit measuring various aspects of clinical recording had been conducted and showed where improvements could be made within the service.
- The provider started a regional aesthetics group along with four other clinicians in June 2017 which was primarily a support group where the clinicians could benchmark performances against their peers and promote and share best practice and update their clinical knowledge.

Effective staffing

- The staff who were responsible for completing the assessments and treatments within the service had the appropriate qualifications to undertake the role. They had received specific training appropriate to their roles and could demonstrate how they stayed up to date.
- The service provided staff with ongoing support. This included a training record, one-to-one meetings, monthly staff meetings and annual appraisals.

- The service had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality, however the recording of the induction process required review to ensure all elements were signed off where appropriate. We were informed the Provider took some action in relation to this finding following our inspection and a new induction check list was implemented.

Coordinating client care and information sharing

- We saw that test results were acted upon in a timely way; for example, from histology for a mole removal. A detailed report would be given to the client and the client would be encouraged to inform their own GP of the results.
- We were told if the service could not meet the care that a client needed, the client would be advised to seek further medical assistance. The issue would be discussed with the client and documented on their record with the reason for the referral.
- The service clearly displayed which conditions they treated and the treatments they offered. The associated fees for each treatment were available upon request from the premises and on their website.

Supporting clients to live healthier lives

- The service offered patch tests to ensure suitability of the intended treatment.
- During the consultation the service ensured that the client understood what aftercare would be needed to prevent complications post treatment.

Consent to care and treatment

- During this inspection, we saw the various consent forms for treatments.
- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance.
- We spoke with staff about clients consent to care and treatment and found this was sought. Before treatment was undertaken clients were informed of the main elements of the treatment proposed and any further treatment or follow up that would be needed. It included discussion around benefits, risks and any possible complications before any procedures were undertaken. Consent to share information and for clinical photography was recorded.

Are services caring?

Our findings

We found that this service was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

- We observed that members of staff were respectful, courteous and helpful to clients and treated them with dignity and respect.
- All the client feedback we obtained was positive about the service they had experienced.
- We received 29 Care Quality Commission comments cards which highlighted that clients were reassured, listened to and treated with kindness, compassion and respect.
- A recent client feedback report showed 97% of responders said the doctor was very good at putting them at ease (3% rated good) and 94% said he was very good at listening (6% good).
- The service sought feedback from conducting an annual client satisfaction survey and the 2018 survey showed that 100% of the 45 responders would recommend the service to a friend and 31% already had. A client suggestion box was located in the reception area.

Involvement in decisions about care and treatment

- Comprehensive information was given about the patch tests and treatments available and the clients were involved in decisions relating to this. Written information was provided to describe the different treatment options available. Information about the services available were on the website and information was available in the reception and waiting room.

- The service told us that any treatment, including fees, was fully explained prior to the procedure and that clients then made informed decisions about their care.
- Clients told us that a full and clear explanation was given if the service felt their choice of treatment was not appropriate for them.
- Client feedback in relation to listening, explaining treatment, involvement in decisions and being given enough time was positive. A recent client feedback report showed 97% of responders said the doctor was very good at explaining the conditions and treatments and 94% said he was very good at involving them in decisions about treatments. We were told that there was no problem with aftercare because, due to the explanations given, they were fully prepared and knew what to expect.

Privacy and Dignity

Staff at the service respected and promoted clients' privacy and dignity.

- Staff recognised the importance of dignity and respect. Clients were seen in a private room to ensure privacy and dignity during consultations and treatments. We observed that doors were closed during the consultation and conversations could not be overheard.
- The service complied with the Data Protection Act 1998.
- Staff complied with information governance and gave information to clients only.
- The Care Quality Commission comment cards we received were all positive about the service received. Clients said they felt the service offered a 'first class professional service' and staff were friendly, caring and respected their privacy and dignity.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing responsive care in accordance with the relevant regulations.

Responding to and meeting people's needs

The provider organised and delivered services to meet clients' needs. The provider understood the needs of its population and tailored services in response to those needs.

- The service facilities were appropriate for the treatments delivered.
- Information was available on the website, informing prospective clients of the services provided. Clients were seen at a pre-procedure assessment consultation and options were discussed with them to achieve the most appropriate treatment for them.
- The provider offered consultations and treatments to clients who requested and paid the appropriate fee, and did not discriminate against any client group. The fees were available on request over the telephone, via the website or within the premises.
- The service provided an out-of-hours telephone service for clients with concerns post treatment.
- The service had a system in place to ensure a clinician was available in an emergency during holiday cover.
- The reception, waiting room and treatment rooms were all accessible to people with limited mobility however

the toilet facilities within the listed building were not suitable for people who used a wheelchair. Alternative facilities were available locally at the village hall and clients were advised of this.

Timely access to the service

- Consultations and treatments were provided Monday to Friday 9am to 7pm and on alternate weeks Monday to Thursday 9am to 7pm and Saturday 9am to 5pm.
- Clients could book appointments in person, by telephone and via email.
- Clients could access treatment within an acceptable timescale for their needs.
- Consultations and treatments were available to anyone who chose to use it and paid the appropriate charges. This was identified on the providers website and when contacting the service direct.

Listening and learning from concerns and complaints

- Information about the service and how to complain was available and easy to understand. This was available upon request and in the clients guide leaflet in the reception area.
- The complaint policy and procedures were effective and in line with recognised guidance. The service had not received any complaints in the previous 12 months. There was a process in place for the service to learn lessons from individual concerns and complaints and complaints were discussed in the monthly meetings where appropriate.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We found that this service was providing well led care in accordance with the relevant regulations.

Leadership capacity and capability;

- There was a clear leadership structure and staff employed understood their roles and responsibilities.
- Policies and procedures were in place. Staff had access to these and used them to support the delivery of the service.
- We saw there were effective arrangements in place for identifying, recording and managing risks; which included risk assessments and significant event recording.
- An understanding of the performance of the service was maintained.
- Staff we spoke with demonstrated they had the capacity and skills to deliver a high-quality service. They were knowledgeable about issues and priorities relating to the quality and future of the service, understood the challenges and were addressing them.
- Staff told us that the provider was supportive, approachable and there was an open culture.

Vision and strategy

- The service told us they had a clear vision and ethos to provide our clients with safe and effective treatments, using caring, well trained staff, who are responsive to client's needs, and ultimately achieving a high degree of client satisfaction.

Culture

- There was a clear management structure, with the directors holding responsibility for the service.
- The leadership was clear about the client consultation and treatment process and the standard of care expected.
- The service had an open and transparent culture and we saw that staff had good relationships with each other.
- Team meetings were held monthly and minutes were available for staff to review.
- Staff were aware of their responsibility to comply with the requirements of the Duty of Candour. (This means

that people who used the service were told when they were affected by something which had gone wrong, were given an apology and informed of any actions taken to prevent any recurrence).

- There were processes for providing all staff with the training and development they needed, which included appraisals.

Governance arrangements

- There was a clear organisational structure and staff were aware of their own roles, accountabilities and responsibilities.
- Structures, processes and systems to support good governance and management were in place. The service had established policies, procedures and activities to ensure safety which were available to all staff.

Managing risks, issues and performance

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

- We saw there were effective arrangements in place for identifying, recording and managing risks; which included risk assessments and audits.
- There was an effective process to identify, understand, monitor and address current and future risks within the service. For example, the staff undertook a variety of checks to monitor the safety of the service.

Appropriate and accurate information

- Staff had signed a confidentiality agreement within their contract of employment.
- Staff followed information governance and security procedures. For example, the appointment book was closed when a client booked in at reception.
- Systems were in place to ensure that all client information was stored and kept confidential. We saw all paper client records were securely held and computer screens were locked when staff left their work area.

Engagement with clients, the public, staff and external partners

- Staff were encouraged to provide feedback.
- The service contacted clients post procedure to obtain client feedback.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- Client feedback was published on the service's website and the service actively used social media as a platform to engage with clients.
- The service sought feedback from conducting an annual client satisfaction survey and the 2018 survey showed that 100% of the 45 responders would recommend the service to a friend and 31% already had, with 85% of responders having rated the service as outstanding. A client suggestion box was located in the reception area.
- There was a focus on continuous learning and improvement at all levels.
- The provider started a regional aesthetics group along with four other clinicians in June 2017 which was primarily a support group where the clinicians could benchmark performances against their peers and promote and share best practice and update their clinical knowledge.
- We saw that monthly team meetings were held and we were told any improvement ideas could be raised and discussed at these meetings.
- The provider organised regular staff away days to encourage socialising and reward effectiveness within the whole team.

Continuous improvement and innovation

- There were systems and processes for learning, continuous improvement and innovation.