

Tarrant Street Clinic

Inspection report

40A Tarrant Street
Arundel
West Sussex
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The 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 Tarrant Street Clinic on 15 November 2019 as part of our inspection programme, under Section 60 of the Health and Social Care Act 2008. 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. This was the provider's first rated inspection. The practice was previously inspected in October 2018 when the practice was not rated but was found to be meeting all regulations.

Tarrant Street Clinic is an independent provider of specialist consultant-led dermatology services, located in Arundel, West Sussex.

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. Tarrant Street Clinic provides a range of specialist dermatological aesthetics services, for example Dermalpen and photodynamic therapy, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The practice is registered with the Care Quality Commission to provide the following regulated activities: Diagnostic and screening procedures; Treatment of disease, disorder or injury; Surgical procedures.

There are two managing partners and clinical services are provided by one partner who is a consultant dermatologist and the medical director for the service.

The second managing partner is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received written and verbal feedback about the practice from 25 patients on the day of inspection. Feedback from patients was positive about the service and care provided. Patients described the service as being caring, respectful and professional. Several patients commented upon the excellence in clinical care afforded to them.

Our key findings were :

- Staff had high levels of skills, knowledge and experience to deliver the care and treatment offered by the service.
- Services were offered on a private, fee paying basis only.
- Facilities were of a high standard and were well equipped to treat patients and meet their needs.
- Patients were provided with detailed treatment plans to support their care and treatment.
- Patients received full and detailed explanations of any treatment options.
- The service had systems in place to promote the reporting of incidents.
- There were infection prevention and control policies and procedures in place to reduce the risk and spread of infection.
- The service encouraged and valued feedback from patients and staff. Feedback from patients was highly positive.
- The provider had clear systems and processes in place to ensure care was delivered safely and good governance and management was supported.
- The service completed a number of clinical and non-clinical audits to assess performance and ensure care provided was safe.
- There was a focus upon continuous improvement and exploration of innovations in treatment to achieve optimum outcomes for patients.
- The provider shared their specialist knowledge with the wider community through journals, attending education events and training and networking with other clinical professionals.
- The culture of the service encouraged candour, openness and honesty.

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

Overall summary

- To ensure that all infection prevention and control processes and procedures are subject to regular audit.
- Review accessibility and version control of organisational policies stored electronically to ensure staff have access to up to date guidance.

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief
Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a second CQC Inspector and a GP specialist adviser.

Background to Tarrant Street Clinic

We carried out an announced comprehensive inspection at Tarrant Street Clinic on 15 November 2019. Tarrant Street Clinic is an independent provider of a range of specialist, consultant-led dermatology services. Services are provided to the local and wider community and include treatments for ongoing conditions such as acne, dermatitis, eczema, psoriasis and the treatment of pre-cancerous and established skin cancers.

Minor surgical procedures under local or topical anaesthetic are performed on the premises.

There are two managing partners who are supported by a team of healthcare assistants, a registered nurse, a practice manager, administration and reception staff. Clinical services are provided by one managing partner who is a consultant dermatologist and medical director for the service. The medical director has a special interest in the diagnosis and treatment of facial skin cancers and holds lead roles in providing education and training in facial skin cancer surgery within the locality. The registered manager is also a consultant at an NHS trust, however they did not provide medical services at this location.

The Registered Provider is Arundel Clinic Ltd.

Services are provided by from 40A Tarrant St, Arundel, BN18 9DN

Opening times are:

Monday – Friday: 9am - 5pm

Saturday: 10am - 3pm

Services are provided from leased premises in the centre of Arundel, West Sussex. The service premises are inviting and well equipped to meet the needs of patients.

Services are provided over two floors with a consulting room available on the ground floor for those patients with limited mobility. Patients are able to access toilet facilities on the ground floor.

Services are provided on a fee-paying basis only. If required, following a consultation, a private prescription is issued to the patient to take to a community pharmacy of their choice.

How we inspected this service

Prior to the inspection we reviewed a range of information that we hold about the service and gathered and reviewed information received from the provider.

During our visit we:

- Spoke with both managing partners, one of whom is the registered manager.
- Spoke with the practice manager, a registered nurse and healthcare assistants and administrators.
- Reviewed CQC comment cards and spoke with patients, where patients shared their views and experiences of the service.
- Reviewed documents the clinic used to carry out services, including policies and procedures.

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?

Safety systems and processes

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

- The provider conducted safety risk assessments. There were 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 service had systems to safeguard children and vulnerable adults from abuse. All staff had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- Patients were asked to provide personal identification on registration with the practice. The service had systems in place to assure that an adult accompanying a child had parental authority.
- 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 who acted as chaperones were trained for the role and had undergone a DBS check.
- The practice had an effective system to manage safety risks within the premises, such as control of substances hazardous to health (COSHH), infection prevention and control and legionella. Legionella risk assessments were carried out and resulting, completed actions included regular temperature monitoring, sampling of water supplies and annual servicing of a point-of-use water heater (Legionella is a particular bacterium which can contaminate water systems in buildings).
- There were effective systems to manage infection prevention and control within the practice. Detailed cleaning and monitoring schedules were in place for each of the clinical areas. We saw that the service had utilised 'clean' stickers to advise staff that items and areas had been checked and cleaned. All staff had received training in infection prevention and control. The provider had undertaken an audit of wound infection rates associated with minor surgical procedures undertaken. However, a comprehensive

audit of all infection prevention processes had not been undertaken. We discussed this with the provider on the day of inspection and they completed an audit immediately following our inspection. The audit was detailed and did not identify any areas for action, reflecting the already high standards maintained.

- There were systems for safely managing healthcare waste, including sharp items. We saw that clinical waste disposal was available in clinical rooms. Bins used to dispose of sharps items were signed, dated and not over-filled.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We reviewed records to confirm that all electrical equipment had undergone portable appliance testing.
- The provider carried out regular fire risk assessments, regular fire drills and testing of emergency lighting within the premises. Staff had received training in fire safety and two staff members were trained as fire marshals.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- Staff had received basic life support training which was annually updated.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. The defibrillator pads, battery and the oxygen were all in date and the oxygen cylinder was full.
- There were appropriate professional indemnity arrangements in place for clinical staff.

Are services safe?

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. For example, for patients requiring onward referral to secondary care services for skin cancer treatment.

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, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- Staff prescribed and administered 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.
- Medicines were stored securely. Emergency medicines were readily available and in date.
- The practice held a supply of liquid nitrogen for use in cryotherapy treatments. We saw that a large storage vessel was appropriately and securely stored to ensure the safety of staff and patients. Risks associated with the storage and decanting of the liquid nitrogen into a

smaller treatment flask had been appropriately assessed. Staff were provided with personal protective equipment to support its safe decanting and use in treating patients.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. The practice had recorded three incidents within 2019.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, one incident had involved a patient falling within the premises. The practice had implemented a review and made improvements to safety arrangements around a staircase as a result.
- The provider was 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
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team. For example, the practice had acted upon alerts relating to a specific treatment gel and also a sterile single-use needle cartridge tip used in one treatment.

Are services effective?

Effective needs assessment, care and treatment

- Clinicians had high levels of skills, knowledge and experience to deliver the care and treatment offered by the service.
- The provider had highly effective systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with relevant current legislation, standards and guidance. These included the National Institute for Health and Care Excellence (NICE) and British Association of Dermatologists (BAD) best practice guidelines. Current, evidence-based practice guidelines were implemented in the treatment of specific conditions, for example the use of retinoids in the treatment of acne.
- There was a focus upon continuous improvement and exploration of innovations in treatment to achieve optimum outcomes for patients.
- The provider shared their specialist knowledge with the wider community through journals, attending education events and training and networking with other clinical professionals.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. We saw information to demonstrate that patients were seen for a course of treatments including follow up appointments.
- The practice had developed comprehensive information to support patients' understanding of their treatment, including post-treatment advice and support. Patients were able to access post treatment support via follow up appointments and also on the telephone.
- The practice implemented inclusive pricing which meant that patients were not charged for follow up appointments. This encouraged patients to attend for review and follow up and ensured for example, effective wound care management following treatment.
- Staff assessed and managed patients' pain where appropriate. Minor surgical procedures were performed using local or topical anaesthetic.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to assess the need to make improvements.
- There was clear evidence of action taken to monitor and improve quality. The service monitored quality through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. For example, the practice had undertaken an audit of infection rates associated with minor surgical procedures over a two-year period up to September 2019. We saw that there had been no acquired infections as a result of surgery. A second audit reviewed skin cancer excisions in order to identify those requiring re-excision where full histopathological clearance had not been achieved at primary surgery. We saw that re-excision was only required in cases where initial surgery had been a punch biopsy rather than full excision.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- The practice had developed a comprehensive handbook for reception and administration staff which provided clear guidance on all key processes relevant to their role.
- The medical director held a special interest in the diagnosis and treatment of facial skin cancers and undertook lead roles in providing education and training in facial skin cancer surgery within the locality.
- Medical and nursing professionals were registered with the General Medical Council/ Nursing and Midwifery Council and were up to date with revalidation.
- We saw examples of appropriate and effective support of nurses and healthcare assistants to develop their clinical skills and understanding of treatment options.
- 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 and progress within the organisation.

Coordinating patient care and information sharing

Are services effective?

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. Clinicians attended multi-disciplinary meetings to discuss patient care and treatment, for example when patients were being treated for skin cancer.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed, with their registered GP on each occasion they used the service. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- The provider had risk assessed the treatments they offered.
- Patient information was shared appropriately and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on patients who had been referred to other services.

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. For example, when patients attended for review of one skin lesion, clinicians undertook a full assessment of the whole body in order to assess the risk of lesions in other areas.
- We saw examples of an holistic approach to care and treatment afforded to patients with ongoing conditions, for example acne, which positively impacted on both the physical and psychological well-being of those patients.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received via a patient survey. We saw that 28 patients had responded to the most recent survey and, for example, 27 out of 28 patients felt that they had received clear information about the treatment they received for their dermatological condition.
- We received written and verbal feedback about the practice from 25 patients on the day of inspection. Feedback from patients was positive about the service and care provided. Patients described the service as being caring, respectful and professional. Several patients commented upon the excellence in clinical care afforded to them.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. Patients who provided feedback commented upon the ease with which they could make an appointment and the immediacy of information and support provided.

Involvement in decisions about care and treatment

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

- Written and verbal information and advice was given to patients about health treatments available to them.

- Patients told us 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.
- Staff helped patients be involved in decisions about their care. Treatment was fully explained, including the cost of treatment, and patients reported that timely appointments were available and that they were given good advice.
- Interpretation services were available for patients who did not have English as a first language.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. Consultations took place behind closed doors and staff knocked when they needed to enter.
- Patients were collected from the waiting area by the clinician and escorted to the consultation room.
- Reception staff were aware that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- Staff complied with the practice's information governance arrangements. Practice processes ensured that all confidential electronic information was stored securely on computers. All patient information kept as hard copies was stored in locked cupboards.
- CQC comment cards supported the view that the service treated patients with respect.

Are services responsive to people's needs?

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs.
- The practice provided services to patients who lived locally, nationally and internationally. They had identified a high prevalence of skin cancers within their local population.
- The facilities and premises were inviting, maintained to a high standard and were appropriate for the services and treatments delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, the practice had considered the needs of patients who may have limited mobility or use a wheelchair and had made provision for access to treatment at an alternative site.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

- Patients with the most urgent needs had their care and treatment prioritised. For example, patients requiring consultation or treatment for skin cancers were given priority.
- Patients reported that the appointment system was easy to use. Appointments could be booked via email or by telephone. Patients received text messaging to remind them of scheduled appointments.
- Referrals and transfers to other services were undertaken in a timely way. For example, the practice ensured prompt referral for patients requiring onward referral to secondary care services for skin cancer treatment.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service process indicated how they would learn lessons from individual concerns and complaints and also from analysis of trends. The practice had received no complaints in 2019. We reviewed one complaint received in 2018 which demonstrated that appropriate and timely actions had been taken in response to the complaint.

Are services well-led?

Leadership capacity and capability:

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

- Leaders were highly knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

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 values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. We saw that all staff were fully engaged in ensuring the promotion of optimum outcomes for patients.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service and told us they enjoyed being part of a forward thinking and innovative team.
- The service was highly focused upon the needs of patients.
- Leaders and managers encouraged behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses and healthcare assistants, were considered highly valued members of the team. We saw examples of appropriate and effective support of nurses and healthcare assistants to develop their clinical skills and understanding of treatment options. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- The practice was comprised of a small team. There were positive relationships between staff and prompt and effective communications.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The practice utilised an external electronic policy resource and practice management system to ensure staff had access to up to date regulatory and policy guidance. Staff had instant access to policies via computers and a mobile phone application. However,

Are services well-led?

we found that some policies existed in more than one different version and some electronic copies of policies were filed inconsistently which may have resulted in confusion for staff.

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. We reviewed the three incidents recorded by the practice within 2019. The service had learned and shared lessons and had taken action to improve safety in the service in response to those incidents.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of monitoring of actions required to change services to improve quality. For example, the practice had undertaken audits of infection rates associated with minor surgical procedures and of skin cancer excisions in order to identify those requiring re-excision.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- Practice meetings were held regularly where quality, sustainability and risks were discussed. Outcomes and learning from the meetings were cascaded to staff.
- The service 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. The practice implemented paper-light patient information management system. Practice processes ensured that all confidential electronic information was stored securely on computers. All patient information kept as hard copies was stored in locked cupboards. Staff demonstrated a good understanding of information governance processes.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. The service sought feedback on the quality of care patients received via a patient survey. We saw that 28 patients had responded to the most recent survey and, for example, 27 out of 28 patients felt that they had received clear information about the treatment they received.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff which included regular team meetings, one-to-one review meetings and direct feedback within the team, for example via daily 'catch up' sessions.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a strong focus upon continuous learning and improvement which was shared by the whole staff team.
- There were systems to support improvement and innovation work. Clinicians reviewed literature and research on innovation in the field of dermatology and wound management. This ensured use of the latest international guidelines and research evidence in the treatment of patients.
- The medical director was widely quoted in the field of aesthetic dermatology and currently sat on the Skin

Are services well-led?

Cancer National Advisory Group Board for the British Association of Dermatologists. They held a lead role in providing education and training in facial skin cancer surgery within the locality.

- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.