

# The London Podiatry Centre Limited

## Quality Report

The London Podiatry Centre  
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Date of inspection visit: 11 September 2019  
Date of publication: 14/11/2019

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from 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 

### Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

# Summary of findings

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

# Summary of findings

## Letter from the Chief Inspector of Hospitals

The London Podiatry Centre is operated by The London Podiatry Centre Limited. The clinic provides specialist podiatric services to the population of London and surrounding regions. The centre focuses on foot conditions related to sports such as running and football.

The centre is in a converted two-story house in Lewisham, Southeast London. Clinical facilities comprise reception area, waiting room, two treatment rooms and one operating theatre. The theatre leads from one of the treatment rooms, which is also used for patient preparation prior to surgery and recovery afterwards.

Diagnostic imaging facilities consists of two ultrasound scanners, one located in each treatment room. Gait analysis and orthotics laboratories are also located on the ground floor, with office, stores and staff rest facilities all sited on the upper floor.

The gait analysis laboratory has equipment used to assess the way a person walks or moves on their feet and the orthotics laboratory is used to produce and modify devices (such as insoles) for supporting, immobilizing, or treating muscles and joints in the foot.

CQC regulated activities undertaken at the centre include foot surgery, carried out under local anaesthesia, and ultrasound imaging used to diagnose lower-limb or foot conditions. Surgical services are only offered to adults, while ultrasound imaging is offered to adults as well as children and young people.

Similarly to other podiatric practices, adults and children are seen for general podiatry, biomechanics and in-grown toe nails. These aspects of care are out of the scope of CQC registration and are not included in this inspection report.

We inspected this service using our comprehensive inspection methodology. We carried out a short-notice inspection on 11 September 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

The main service provided by this clinic was surgery. Where our findings on surgery – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the surgery service report.

### **Nigel Acheson**

Deputy Chief Inspector of Hospitals (London and South)

## Overall summary

We rated this service as **Good** overall.

The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and

managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed incidents well and learned lessons from them.

# Summary of findings

Staff provided good care and treatment. Managers made sure staff were competent. Staff worked well together for the benefit of patients and supported them to make decisions about their care and had access to good information.

Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients and their families.

The service took account of patients' individual needs and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait long for treatment.

Leaders ran services well using electronic information systems and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

Services for children and young people were a small proportion of the centre's activity and most of the treatments undertaken were out of the scope of this inspection. We have not rated this service.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
<b>Surgery</b>	<b>Good</b> ●	<p>Elective podiatric surgery was the main regulated activity performed at the centre. Cases consisted of sterile surgical forefoot procedures and soft tissue treatments, all of which were carried out under local anaesthesia.</p> <p>Soft tissue treatments were out of the scope of this inspection and all surgical procedures were only offered to adults.</p>
<b>Services for children &amp; young people</b>	<b>Not sufficient evidence to rate</b> ●	<p>Services for children and young people was a very small proportion of the centre's activity and the regulated activity comprises just 11 patients, who had diagnostic ultrasound investigations as part of their general podiatric treatments.</p> <p>We have included information about diagnostic imaging on children into this part of the report.</p> <p>As the main activity was surgery, we have reported our findings in the surgery section where we found the arrangements to be the same.</p>

# Summary of findings

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Good 

# The London Podiatry Centre

## Services we looked at

Surgery, Services for children & young people

# Summary of this inspection

## Background to The London Podiatry Centre Limited

The London Podiatry Centre Limited was based in Lewisham, Southeast London and specialised in elective foot surgery and the management of conditions relating to athletics and other sports.

It provided a range of diagnostic and screening services, surgical interventions under local anaesthetic, and non-surgical treatments. The practice claimed to offer the most advanced independent podiatric gait analysis facility in Europe.

Elective podiatric surgery was performed two days a week within the theatre room and cases consisted of sterile surgical forefoot procedures and soft tissue treatments. All procedures were carried out under local anaesthesia.

There was always one or two surgical assistants, depending on the complexity of the procedure. Procedures were carried out by a consultant podiatric surgeon and his assistants (podiatrists) who carried out scrub duties to assist with surgery.

Surgery was performed on adult patients only. Similarly to other podiatric practices, adults and children were seen for general podiatry, biomechanics and in-grown toe nails. These aspects were out of the scope of this inspection.

According to data provided by the centre, we saw that 11 children and young people received ultrasonic scans in the last year. While the podiatric aspects of their care was out of the scope of this inspection, we have included some information in the relevant section of our report.

The Nominated Individual was Mr Ron McCulloch, consultant podiatric surgeon.

## Our inspection team

The team that inspected the service comprised two CQC inspectors and a specialist advisor with expertise in podiatry.

The inspection team was overseen by Carolyn Jenkinson, Head of Hospital Inspection (London).

## How we carried out this inspection

During the inspection, we visited all areas of the centre. We spoke with six staff including the surgeon, manager, podiatrist and administrators. We spoke with four

patients. In addition, we looked at patient notes, policies and procedures, staff training and appraisal records along with meeting notes, audit reports, the environment and equipment used.

## Information about The London Podiatry Centre Limited

The centre had a registered manager in post since 2011. The London Podiatry Centre was an independent acute health service, registered with the CQC to provide the following regulated activities:

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

As podiatrists are regulated by the Health and Care Professions Council (HCPC), the majority of work undertaken at this centre falls out of the scope of our inspection. Podiatrists are also permitted by law to sell, supply and administer certain medicines relevant to their



# Summary of this inspection

professional practice. Accordingly, the main activities we reviewed were surgical procedures involving the bones of the feet and imaging used to achieve a diagnosis of feet or lower-limb conditions

There were no special reviews or investigations of the service by the CQC during the 12 months before this inspection.

This service has been inspected once before, in 2013, which found that the service was meeting all standards of quality and safety it was inspected against.

## Activity (July 2018 to June 2019)

- 353 surgical procedures were undertaken in the reporting period, with 1103 'first attendances' making up 3765 patient attendances in total. All were privately funded.
- According to the provider, the case mix of specialities was Surgery (10%), Medical care (15%), Gait analysis (20%), Physiotherapy (15%) and General Podiatry (40%).
- The service employed two full-time podiatrists and two full-time administrators. Another administrator worked part-time hours and a podiatrist was contracted on a sessional basis.

## Track record on safety

- No Never events
- No Clinical incidents
- No serious injuries

No incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA),

No incidences of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA)

No incidences of hospital acquired Clostridium difficile (c.diff)

No incidences of hospital acquired E-Coli

One complaint to the College of Podiatrists (CoP - not upheld)

## Services accredited by a national body:

- Podiatrists are healthcare professionals (formerly known as a chiropodists) who diagnose and treat disorders, diseases and deformities of the feet. Podiatrists in England are regulated by the Health and Care Professions Council (HCPC), who set standards for education and practice, keep a register of practitioners who meet the standards and take action against those registrants who do not.
- The centre is also accredited by the College of Podiatrists (CoP), which is a national professional body previously known as 'The Society of Chiropodists and Podiatrists'. The college promotes guidelines and standards of practice that are evidence based, ensuring patient safety and clinical effectiveness with a focus on outcomes.
- College accreditation means that the practice has been assessed and complies with the standards published by the college as a condition of membership. We saw a copy of the most recent accreditation certificate (dated January 2019).

## Services provided at the centre under service level agreement:

- Sterilisation of theatre instruments
- Diagnostic imaging services beyond ultrasound
- Pathology and histology
- Maintenance of medical equipment
- Supply of medicines including medical gases and liquid nitrogen
- Supply of custom orthotics and braces
- Health and safety compliance, mandatory training and human resource services
- Safeguarding training and support
- Telephone interpreting services
- Clinical and non-clinical waste removal
- Secure removal and destruction of confidential waste
- Cleaning and grounds maintenance

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

Good



We rated safe as **Good** because:

- We found clearly defined and embedded systems, reliable processes and procedures to keep people safe and safeguarded from abuse. These were reviewed regularly, and safeguarding was well understood by all staff.
- Staff received effective training in safety systems, processes and practices and we saw records confirming that all employees had completed this training.
- The service kept clear electronic records using digital systems specially designed for use in healthcare.
- There were enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- We found that staff and managers were open, transparent and fully committed to reporting and learning from incidents and near misses.
- Infection risks were controlled, and the service worked hard to ensure the premises they used were suitable and supported the safe delivery of care. We saw that clinic rooms were well-equipped, air-conditioned when appropriate and had enough furnishings for their intended purpose.

### Are services effective?

Good



We rated effective as **Good** because:

- Although some aspects of this question were out of the scope of our inspection, we saw processes undertaken in line with guidance published by the National Institute of Care Excellence (NICE) and the World Health Organisation (WHO).
- Staff followed checklists and documentation was completed thoroughly. We also saw that the American Society of Anaesthesiologists Classification was used to grade patients for their suitability for day case surgery.
- In addition, we noted that antibiotic prophylaxis and venous thromboembolism (VTE) risk assessments were completed in the notes we reviewed.
- Policies and procedures were easily available to staff in electronic form.

### Are services caring?

Good



# Summary of this inspection

We rated it as **Good** because:

- We saw staff taking the time to interact with patients and their relatives in a respectful and considerate way.
- All the patients we interviewed told us that they were given excellent care, and that all staff were always kind and compassionate.
- Patients told us they were actively involved in all decisions made regarding their care. We heard how their referrals had been acted upon very quickly and they felt listened to and valued.

## Are services responsive?

We rated responsive as **Good** because:

- The centre had actively implemented technology to help improve the way services were delivered.
- The service was inclusive and took account of patients' individual needs and preferences.
- Staff made adjustments to help patients access services. They coordinated care with other services and providers.

**Good**



## Are services well-led?

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The centre effectively contracted with a variety of agencies and providers to assist with training, compliance and service management. This assisted practitioners balance the needs of the business with clinical caseloads.
- Staff told us they felt well-supported, valued and that their opinions counted.

**Good**








# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Services for children & young people	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Overall	Good	Good	Good	Good	Good	Good

# Surgery

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

## Are surgery services safe?

Good 

We rated safe as **good**.

### Mandatory training

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. The centre had contracted statutory and mandatory training to commercial training providers.
- One training company delivered ‘face to face’ topics to staff at the centre such as manual handling and basic life support. The rest of the mandatory training programme was delivered using a digital system provided by another company.
- The e-learning modules included fire awareness, infection prevention and control, consent, safeguarding, information governance and data protection as well as equality and diversity.
- According to the centre, mandatory training compliance was 88%, which exceeded the management target of 85%. The manager explained that one member of the team had been on extended leave and was “catching up”.
- Staff we spoke with were up to date with their mandatory training and said they had been given time at work to complete the topics. Staff said the training was “good” and one added that the manager and surgeon “will always explain” anything they were unsure about.
- We saw several computer stations in the clinic and observed staff using these for training and other purposes.

### Safeguarding

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Administrative staff were trained to level two in adult and children safeguarding and podiatrists were trained to level three.
- We noted that safeguarding training levels complied with the College of Podiatry accreditation standards.
- Patients we spoke with said they felt safe and were always treated respectfully by staff.
- The service had access to an independent safeguarding consultant and the Lewisham council multi-agency safeguarding hub with out of hours contact details available. Staff knew how to access the hub and trainer. The manager acted as the safeguarding lead at the centre.
- None of the staff we spoke with could recall the need to raise a safeguarding concern in the last year.
- Female genital mutilation and child sexual exploitation awareness was incorporated into safeguarding training which was delivered as part of the statutory and mandatory training programme as well as in induction courses for new staff.
- The centre had a well-defined recruitment pathway and procedures to help ensure that the relevant recruitment checks had been completed for all staff. This included a disclosure and barring service (DBS) check every two years, photo-ID, occupational health clearance, references and qualification and professional registration check.

### Cleanliness, infection control and hygiene

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- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- We observed hand hygiene technique posters displayed near sinks in clinical rooms. These were based on the on the World Health Organisation's 'Five moments for hand hygiene'. Antimicrobial hand-rub dispensers were mounted on the walls at strategic points in each clinical room as well as at the reception desk. These all contained gel and we saw staff using the product as they moved around the centre.
- Hand hygiene audits were done three times per year. The service told us they sought advice from their infection control nurse if there were any issues. We viewed the results of the November 2018, December 2018 and June 2019 audits, which showed that staff complied with the correct hand hygiene techniques.
- Handwashing sinks in the treatment rooms were compliant with department of health guidance (HBN 00-10 Part C 'sanitary assemblies' and Health Building Note 00-09 'infection control in the built environment').
- Staff adhered to good infection control practice, such as those published in the National Institute of Health and Care Excellence (NICE) clinical guideline (CG139) 'Healthcare-associated infections: prevention and control in primary and community care'. In addition, we noted that staff were dressed in short-sleeved uniforms, which meant that staff were 'bare below the elbows' in accordance with good practice standards and NICE clinical guideline 139. The surgeon and his assistants changed into theatre garments in preparation for the operation we observed.
- Seamless 'easy clean' floor covering was used in all clinical areas, waiting room and toilets, which complied with department of health 'Health Building Note 00-10 Part A - Flooring'.
- Rooms and store areas were tidy and free from clutter, and we saw that use had been made of laminated photographs showing how cupboards and shelves should be laid out. These 'visual standards' helped staff to understand and achieve consistently high levels of presentation and organisation.
- We saw use made of 'I am clean' stickers. These showed the date and time the article was cleaned along with the name of the person who cleaned it. We saw these details had been completed in all cases, which meant staff could quickly identify items that were ready for use.
- Chairs in waiting areas and treatment rooms were covered with easy-clean fabric, which complied with guidance on Health Building Note 00-09 'infection control in the built environment' (Section 3.133).
- The manager explained that a cleaner was employed to attend daily and we saw completed checklists indicating that rooms, reception and toilets had been cleaned. Reception and therapists shared responsibility for ensuring that each therapy room was clean and prepared for use. The daily checklists were collated by the administrator and audited by the manager.
- We saw ample supplies of personal protective equipment such as aprons and gloves in dispensers on walls and we saw these items being used. Gloves were readily available in the full range of sizes stocked. This meant staff had convenient access to correctly fitting gloves, which help reduce the chance of accidental tearing.
- Bins for the safe disposal of needles (called 'sharps') were managed in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 (the Sharps Regulations). We saw labelled and secure containers placed close to the areas where medical sharps were used.
- Waste in the centre was placed into different coloured bags to identify general and clinical waste. We saw that waste was correctly separated and kept in a locked and labelled bulk storage bin, kept in an enclosed area at the back of the centre until collected by a contractor. This complied with department of health 'Technical Memorandum (HTM) 07-01, control of substance hazardous to health and Health and Safety at Work regulations'.
- The service had an infection control policy from 2017 with no review date meaning that staff could not be assured they were following the most up to date policy. The manager explained that this document was currently being rewritten with input provided by the infection control consultant.
- This service did one infection control audit per year with their contracted infection control nurse. The next one was due in November 2019. The results from the November 2018 audit showed that staff were compliant

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in IPC arrangements such as training and accessing policies, the service passed the general environment requirements, hand hygiene, sharps safety, equipment, waste and PPE requirements.

## Environment and equipment

- The design, maintenance and use of facilities, premises and equipment kept people safe. The centre was a converted two-story house in Lewisham, Southeast London. All of the patient facilities were sited on the ground floor. These comprised reception area, a five-seat waiting room, two treatment rooms and one operating theatre. The theatre led from one of the treatment rooms, which was also used for patient preparation prior to surgery and recovery afterwards.
- The house was situated in a residential road a few minutes' walk from Lewisham High Street. On-street parking was available immediately outside the premises.
- The centre provided a ramp to assist wheelchair users and people with limited mobility reach the building. Rooms were spacious enough to accommodate people using wheelchairs, although doorways and the toilet was characteristic of the age of the house and had limited space.
- First aid and emergency medical equipment was located on the wall adjacent to the reception desk. There was clear signage showing who was trained and designated as the 'first aider'. We saw that the emergency equipment included a portable defibrillator and first aid kit along with adult and child resuscitation bags. These were checked weekly and recorded on log sheets, which were collected by the manager and audited.
- Each device we checked functioned correctly and each consumable item in the first aid box was 'in date', which was consistent with the logs maintained by centre staff. This indicated that staff had an active focus on ensuring these items were ready for immediate use should an emergency occur.
- The theatre room lights, tables and trolleys were in good conditions with clean tags to indicate when they had last been cleaned. All theatre equipment were sterilised externally and theatre equipment, instrumentation, drapes, swabs and dressings were in sterilised packs good condition and 'in date'.
- We saw that clinic rooms were well-equipped, air conditioned when appropriate and had enough furnishings for their intended purpose
- Storage areas we checked appeared visibly clean and well-organised. We saw examples of non-public areas (such as store cupboards) secured by keypad locks to control access.
- Fire safety equipment and safety evacuation signs were present throughout and we saw that external contractors had completed fire equipment safety checks.
- In addition, we noted a Health & Safety Executive (HSE) approved law poster on display in the main reception area as well as fire evacuation aids situated on the upper floor.
- According to the Health & Safety Executive 'maintaining portable electrical equipment HSG107' (3rd edn 2013), employers must maintain equipment if it can cause danger. However, the law does not say how this must be done or how often. It is left to organisations to decide the level of maintenance needed according to the risk of an item becoming faulty, and how the equipment is constructed.
- The Medicines and Healthcare Products Regulatory Agency's 'Managing Medical Devices' (April 2015) is more prescriptive and states that healthcare organisations must have procedures to comply with the legislation and should implement electrical safety schedules. Risk assessments should be done to ensure that the tests carried out are appropriate or reasonably practical. These include pre-use testing of new devices in addition to subsequent maintenance tests.
- We checked a selection of electrical devices and saw they were labelled with the dates of the most recent test which provided a visual check that they had been examined to ensure they were safe to use. We were shown records that evidenced the centre had a contract for annual equipment testing.
- While some items of equipment such as couches did not have service labels, we saw equipment records that showed all the items had been tested and serviced in line with manufacturers' specifications.

## Assessing and responding to patient risk

- Staff told us that the centre specialised in podiatry for ambulant patients related to sports injuries and conditions. Patients were assessed at the first appointment and any presenting with more

# Surgery

complicated diseases or conditions were referred back to their GP or into the NHS. The work accepted was low risk from a clinical perspective. For example, managers described how the centre had contracted with a London-based football club to provide podiatric assessments and advice. This was consistent with our observation during the inspection, when we met two professional athletes undergoing gait analysis.

- In another example, we saw evidence of a pre-surgical assessment where the patient's international normalised ratio (INR) parameters were not met. This was a blood test that measured the ability of the body to form blood clots. The surgery was cancelled and the patient referred to their GP for further investigations and treatment.
- The podiatric surgeon carried out procedures at another private hospital where he had practicing rights and this was used for higher risk patients or those who required general anaesthesia.
- Patients were informed of risks and benefits of the procedures performed and these were documented in the patients' notes. We observed the surgeon giving post-operative instructions to a patient using a patient advice leaflet produced by the centre.
- The centre had contracts with a local hospital for histopathology testing and diagnostic imaging services. These services facilitated initial diagnosis and ongoing assessment of risk to any patients undergoing extended treatments.
- All surgical procedures were elective and the surgeon carried a mobile phone which patients were invited to call if they had any concerns at any stage.
- During opening hours, arrangements were made to have a podiatrist always 'on site'. Staff told us that they had access to each practitioner's mobile phone number, should a question or problem arise while the podiatrist was absent.
- According to records provided by the centre, there were no unplanned returns to theatre or transfers to hospital during the reporting period.
- We saw evidence of the resuscitation policy which stated what to do if a responsive or unresponsive patient deteriorated in the service. Staff were aware of this policy and how to access it and would dial '999' for an ambulance. We saw that staff had received first aid training and podiatrists were trained to a more advanced level of intermediate life support.

## Practitioner and administrator staffing

- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Open Monday to Friday and Saturday mornings, the service employed two full-time podiatrists and two full-time administrators. Another administrator worked part-time hours and a podiatrist was contracted on a sessional basis.
- Managers regularly reviewed and adjusted staffing levels and skill mix to match patient caseloads. Administrators utilised the centre's electronic patient record system and clinic appointment software to review the monthly diary in advance to ensure that staffing levels matched appointments and procedures.
- There was no provision for bank or agency staff. The centre covered planned absences using team colleagues and contract practitioners. Unplanned absences were covered by the manager or by cancelling and then re-booking appointments.
- We spoke with staff who had worked at the centre for a number of years. The manager stated that staff turnover had increased in the last year, with the business manager and an administrator leaving. These roles had since been filled.

## Records

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The centre utilised a commercially available patient record system, which was automatically backed up to a secure off-site file server. This meant the practice could continue to see and manage patients should an event occur which prevented access to the premises.
- The manager stated that due to lack of space, the decision had been taken not to install a computer terminal in the theatre room. A paper version of the peri-operative notes was used by the surgeon in theatre, which administrators then scanned into the computer system.
- Similarly, pathology reports were scanned in and added to the patient's file. Staff told us that this system worked well and none could recall any errors occurring.



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- We saw that consent, history and treatment forms were provided should the electronic system fail for any reason.
- Medical records were not taken off-site. If a report or letter was sent, it was done using a secure email system which complied with the centre's general data protection regulation (GDPR) policy.
- We observed records containing clear information ranging from GP correspondence, consent forms, summary sheets containing treatment plans and relevant patient histories, surgery safety checklists, and completed Manchester oxford foot questionnaires (MOXFQ). The MOXFQ forms were used as a patient reported outcome measure developed and validated for use in studies assessing outcome following foot or ankle corrective surgery.

## Medicines

- The service used systems and processes to safely prescribe, administer, record and store medicines.
- Podiatrists are permitted by law to sell, supply and administer certain medicines relevant to their professional practice. We checked the record for all three podiatrists on duty and we saw that all had current registration and each was permitted to administer medicines. The podiatric surgeon and podiatrist manager were also permitted to sell and supply medicines.
- Medicine supply and disposal was contracted to a local pharmacy. There were no local pharmacy audits undertaken.
- We saw that all medicines and lotions were kept in locked cupboards. The service did not store or prescribe controlled drugs. Any used medicines such as local anaesthetics were returned to the pharmacy for destruction. The medicine cupboard contained shelves and drawers labelled clearly for each type of medicine stored.
- The service checked the expiry dates of medicines on a monthly basis however, they could not provide evidence of these checks. The medicines we checked at the time of the inspection were in date.
- Treatment plans were clearly explained to patients and the discharge plans contained information on discharge medicines for the patient and GP to ensure continuity of care.
- The centre stored medical gases safely. We saw 'in date' cylinders of oxygen securely stored in a holder in the theatre room. In an enclosed area behind the clinic, we saw bulk cylinders of oxygen and a container of liquid nitrogen stored in a purpose-built shed. The shed was locked and appropriately signed to alert staff or visitors to the contents. We saw that the regulators and valves had plastic covers applied and appeared to be dust and oil free. The storage room was compliant with department of health 'Technical Memorandum 02-0' and the centre correctly followed 'the code of practice 44: the storage of gas cylinders (2016)' and 'Technical information sheet 36 (2017)' from the British Compressed Gases Association.

## Incidents

- The service had systems in place to manage patient safety incidents well. Staff recognised the differences between incidents and near misses. Any incidents were investigated and lessons learned shared with the team. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Centre staff reported no serious clinical incidents or never events.
- The occurrence of never events or serious incidents can highlight potential weaknesses in how an organisation manages fundamental safety processes. Never events are serious, preventable patient safety incidents that should not occur if healthcare providers implemented existing national guidance or safety recommendations.
- Providers are obliged to report never events for any patient receiving NHS-funded care. Similarly, providers of services to self-funded patients must report, investigate and respond to serious incidents as a condition of their CQC registration. Examples of serious incidents include unexpected or avoidable death, injury resulting in serious harm and incidents that threaten an organisation's ability to continue to deliver an acceptable quality of healthcare services.
- Two non-clinical incidents occurred in the last year, one of which was a 'near-miss'. These demonstrated how lessons learned were shared and solutions implemented. In the first case, a clinical waste operative reported a needlestick injury. We saw evidence that the incident had been investigated in consultation with the contract management, which revealed the needle and syringe had not originated from the clinic; the waste bin (supplied by the contractor) allowed a small gap between the lid even when locked and process had not

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been correctly followed by the operative. As part of the actions taken to mitigate further risk, the container was fitted with a secondary lock and moved further away from view or access by other residents.

- In the near-miss case, an administrator stumbled on a box of papers left on the stairs leading to the upper floor. On investigation and discussion with the team, the risk of the stairs door opening into the corridor was also recognised. The centre purchased and installed a video monitor to assist staff when opening the door and provided a small shelf so papers and parcels were not left on the stairs.
- Managers ensured that actions from patient or equipment safety alerts were implemented and monitored.
- The senior management team understood their obligations under Duty of Candour (DoC). This statutory duty, under the Health and Social Care Act (Regulated Activities Regulations 2014) requires providers of health and social care services to notify patients (or other relevant persons) of certain safety incidents and provide them with reasonable support.

- We observed a surgical procedure that was within the scope of our regulations and saw processes undertaken in line with guidance published by the National Institute of Care Excellence (NICE) 'Surgical site infections: prevention and treatment' (NG125).
- We saw evidence of the World Health Organisation (WHO) surgical safety checklist being followed. Staff followed the checklist and documentation was completed thoroughly.
- We also saw that the American Society of Anaesthesiologists Classification was used to grade patients for their suitability for day case surgery. In addition, we noted that antibiotic prophylaxis and venous thromboembolism (VTE) risk assessments were completed in the notes we reviewed.
- Policies and procedures were available to staff in electronic form. We viewed a selection of policy documents held on computer file with managers.

## Are surgery services effective?

Good 

We rated effective as **good**

### Evidence-based care and treatment

- In reaching our judgement, we acknowledge that aspects of this question are out of the scope of our inspection. This is because podiatrists and podiatric surgeons are regulated by the Health and Care Professions Council (HCPC) and the centre itself was accredited by the College of Podiatrists (CoP), a national professional body that promotes evidenced-based guidelines and standards.
- College accreditation means that the practice had been assessed as compliant with standards published by the society as a condition of membership. We saw a copy of the most recent accreditation certificate, dated January 2019.

### Nutrition and hydration

- The service did not routinely offer food or drink to patients attending for day surgery. The registered manager told us they kept bottles of water behind the reception desk if patients requested water to drink.

### Pain relief

- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The podiatrists used a pain visual analogue scale (VAS) to assess pain levels. The VAS scale is a measure of pain intensity commonly used in adults including those with rheumatic diseases. Using a scale from zero to 10, patients are asked to report current pain intensity or pain intensity over the last 24 hours. A higher score indicates greater pain intensity. We observed evidence from the podiatric and surgical clinical outcome measurement (PASCOM) system that the VAS scale was used pre and post procedure to assess patients' pain.
- We observed post surgery telephone monitoring forms in the patients' records which assessed the patients current pain level and the podiatric surgeon was available out of hours for any questions relating to pain.

### Patient outcomes

# Surgery

- The service submitted data to a national reporting tool, the Podiatric and Surgical Clinical Outcome Measurement (PASCOM) system.
- PASCOM was used as their evidence of surgical competence and to embed audit and outcomes in practice. The aim of this tool was to ensure the tool enabled all aspects of podiatric practice to be captured and reported on.
- Although the service submitted data to PASCOM, the response rate from patients was very low, making it difficult to benchmark this data nationally. In the last year, 26 procedures were carried out, six of which had responses from patients. We saw evidence of further correspondence to patients, requesting them to complete their PASCOM evaluation.
- We observed evidence within patient records of excellent interaction with patients, advising them of each step of the process and addressing the concerns or questions raised by the patients.

## Competent staff

- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Staff received annual appraisals and monthly 'check ins', utilising commercially available computer software that facilitated objective setting, reviews and appraisals.
- Staff we spoke with felt that their appraisals were effective with a clear set of objectives and they received support from their manager with any additional training and with career progression.

## Multidisciplinary working

- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- We observed evidence of treatment plan correspondence with GPs and one of the patients lived abroad and the podiatric surgeon had arranged for the aftercare to be facilitated abroad and ensured the post-operative regimen was shared with doctor looking after the patient.
- The service worked with physiotherapists, podiatrists, GPs, consultants, administrative staff and the podiatric surgeon to ensure optimal care and follow up for patients. The podiatric surgeon told us that they

referred patients to a psychiatrist where appropriate for patients with psychiatric problems about their condition which usually involved pain and this helped with their pain coping mechanisms.

## Seven-day services

- The podiatric centre was open from Monday to Saturday from 9 a.m. to 5 p.m. However, Fridays were opened to catch up with administrative work and occasional emergency appointments. They were open until 6 p.m. on Wednesdays and Thursdays as surgeries were performed on these days. The podiatric surgeon was on call 24 hours a day, seven days a week.

## Health promotion

- Staff gave patients practical support and advice to lead healthier lives.
- We saw a display of recommended footwear in the reception desk, along with advice leaflets and price lists. Items on display included orthotic footwear and sports shoes. Staff explained that podiatrists spent time with each patient providing education on selecting footwear as part of treatment sessions and gait analysis. A range of shoes were sold by the centre. This indicated that the provider actively encouraged patients to make better informed decisions when choosing footwear and offered the convenience of a range in stock ready for sale.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards.

- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- We observed consent forms in patients' records filled in appropriately in accordance with the consent policy. We saw consent processes being followed prior to surgical procedures and staff made sure patients consented to treatment based on all the information available.
- The service did not have access to a mental health liaison officer, however, staff told us if they needed to escalate their concerns about a mental health patient who lacked capacity, they would contact the independent safeguarding consultant or the patient's GP.

# Surgery

- We saw that written and verbal consent was sought from patients prior to carrying out any physical assessment or treatment.
- Likewise, we saw that verbal consent from patients was obtained before the inspection team were permitted to observe.

## Are surgery services caring?

Good 

Our rating of caring was **good**.

### Compassionate care

- Without exception, we saw staff taking the time to interact with patients and their relatives or relatives in a respectful and considerate way. Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Patients we interviewed told us that they were given excellent care, and that all staff were always kind and compassionate. One patient volunteered particularly high praise for the centre and said they lived abroad and travelled to London over a number of years to see the surgeon.
- At consultations we observed, staff introduced themselves, and the inspection team to patients.
- We observed feedback forms displayed in the patient waiting areas. These forms asked patients how their experience was, ranging from excellent to very poor and a space for comments. Responses were collated by the administrator daily and discussed at team meetings.

### Emotional support

- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Patients told us that staff and therapists were approachable and "took the time to explain everything". One patient contrasted this with other providers or practitioners and said the surgeon was "my hero". Patients told us that information such as side effects of medicine were also made clear.

- We saw relatives being invited to accompany patients into treatment rooms, which indicated that the centre facilitated a friend or partner to assist in providing emotional support.

### Understanding and involvement of patients and those close to them

- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment
- In the waiting area we saw a folder advising patients about the fees charged and who to ask for further information. The information was presented in a clear format detailing common procedures, treatments and item costs such as orthotic insoles.

## Are surgery services responsive?

Good 

Our rating of responsive was **good**.

### Service delivery to meet the needs of local people

- The centre specialised in sports podiatry and offered elective surgical care and podiatric treatments to lower risk ambulant patients. We saw evidence in the notes that patients were assessed for suitability and managers described instances where those people with complex problems were referred on to more suitable providers.
- The service used a telephone interpretation service if patients required interpretation or translation support. The leaflets and guides we saw at the centre were in English.
- The centre did not hold support leaflets or contact details for patients with special needs such as those people living with dementia, but managers and staff told us they did not see these patients routinely. All staff were clear about the circumstances when they would contact their safeguarding consultancy should they have any concerns or need further advice.

### Meeting people's individual needs

- The centre operated Saturday clinics, which afforded additional choice and convenience to patients who worked or had childcare commitments during the week.

# Surgery

- All clinical facilities were located on the ground floor to improve access. The service had a wheelchair ramp for disabled access, however the toilet was not wheelchair friendly.
- We saw signs in the waiting room and each treatment room advising patients that a chaperone was available on request. Staff told us that a female podiatrist and administrator had attended a chaperone course. Staffing rosters were managed so one of the trained individuals was always available if needed.
- Staff gave us past examples of the service making changes to meet cultural and religious needs of specific patients, such as those with preferences about the gender of the practitioner. In another example, staff related how they modified the layout of the centre and assisted a relative of a patient, who had limited mobility and used a wheelchair.
- We observed magazines and children's books available in the reception waiting area and a small box for patients to post their feedback cards.
- We saw that the patient feedback cards utilised large-format pictograms of 'smiley faces', which meant the forms could be more easily completed by people with different language or comprehension needs.

## Access and flow

- People could access the service when they needed it and received the right care promptly. The centre accepted self-referrals and offered appointments directly to the patient. Referrals were also accepted from other practitioners and therapists.
- The service did not routinely request evidence of their patient tracking list and did not audit patient waiting times. Although the service did not monitor a patient tracking list, the registered manager told us that they monitored patient waiting times through their diaries regularly and they had a colour coded system which showed green when a patient arrived, amber when they entered the appointment or surgery and green when the patient left. If any patients had waited longer than two weeks, this was discussed at the morning meetings on Wednesdays and Thursdays. We did not see evidence of these discussions.
- We requested evidence of patient waiting times and the registered manager told us that from the last year, the average wait time was approximately eight weeks. However, when looking at this list case by case, there were credible reasons for the length of time from referral

to treatment which were mainly driven by the patient as to when they wanted to have the surgery. The themes were based on patient choice, annual leave or rescheduling surgery due to patient risk factors being taken into account. There were no complaints about waiting times for surgery from any of their surgery patients.

- The registered manager told us that they had spare capacity on Mondays, Tuesday afternoons or Friday afternoons to open up clinics for patients waiting longer than two weeks as these were administration times. A podiatrist was available Mondays, Tuesdays, Fridays and ad-hoc when required and the podiatric surgeon was also available to do extra days when necessary.

## Learning from complaints and concerns

- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.
- The service had received one formal complaint in the last year which, after investigation was not upheld. The service so far had not needed to refer patients to the Independent Healthcare Advisory Service.
- Staff explained that any complaints received were dealt with informally 'on the spot' before going down the formal route. Patients were given leaflets on how to complain and there was also a feedback form they could fill in.
- The service had a complaints policy and provided complaints leaflets to patients. The registered manager told us that they would respond to the complaint within 72 hours and also provide a written response within seven days. If the patient was unhappy with the response of the complaint they were signposted to the Independent Healthcare Advisory Service. This was in line with their complaints policy.

## Are surgery services well-led?

Good 

Our rating of well-led was **good**.

## Leadership

# Surgery

- The podiatric surgeon was the clinical and surgical lead of the service and the registered manager was the operational lead. Both were responsible for clinical governance and the registered manager was responsible for the day to day running of the service.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Staff and a podiatrist gave us examples of courses they had attended to improve their skills and knowledge. The podiatrist said they had been supported to complete a diagnostic imaging course which would contribute to classification as an advanced practitioner.
- Staff told us they felt well-supported, valued and that their opinions counted.

## Vision and strategy

- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. Some staff we spoke with were not fully aware of the vision and strategy and how it was applied to the service.
- The service had a vision statement about providing patients with advanced, effective, evidence-based and safe treatments for the management of foot and foot related conditions.
- The centre leadership described strategic goals related to sustaining and expanding the business, such as offering more cryosurgery treatments. Cryosurgery is the use of extreme cold produced by liquid nitrogen to destroy abnormal tissue, such as warts or oversensitive nerve endings in the feet (these aspects of podiatric work is out of the scope of this inspection).
- Despite much of the work undertaken that was out of the scope of CQC registration, the managers explained that ongoing registration was seen to have advantages when seeking insurance or NHS referrals, which was also area of interest to the business.

## Culture

- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

- Staff we spoke with enjoyed working at the centre and felt well supported by the leadership team. One told us she “can’t think of any real negative about working here”.

## Governance

- Leaders operated effective governance processes throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- The service held monthly administration meetings and we saw notes that showed Health and safety, staff sickness, mandatory training, stock orders and IT issues were discussed at the meetings.
- Although staff told us about learning from incidents, we did not see evidence of this in meeting notes or audit data being discussed. There was a section for podiatric and surgical clinical outcome measurement (PASCOM), however it was related to ensuring that all information was completed on the spreadsheet.
- The service held monthly governance meetings which discussed similar themes as the monthly administration meetings. Administration, training, complaints, and any clinical issues were discussed. The structure of the meetings varied as we noted in June 2019, there was a section for complaints, however, in August and July 2019, this section was missing. There was also no section with learning from incidents or evidence of discussion of the PASCOM outcomes.
- The centre also contracted with a variety of agencies and providers to assist with training, compliance and service management. The manager stated that this helped her and the surgeon to balance the needs of the business with their ongoing clinical caseloads.

## Managing risks, issues and performance

- Leaders used systems to manage performance effectively. They identified relevant risks and issues and identified actions to reduce their impact.
- They had plans to cope with unexpected events, such as data system failure, although in discussions we found management team were less certain about sustainability should the surgeon or manager become absent for any reason. The consultant later informed us that a surgical colleague had agreed to provide cover, should the need arise.

# Surgery

- Senior staff we spoke with were aware of the risks on the risk register. We reviewed the risk register which reflected the risks identified on the inspection.
- The register contained ratings of the risks, dates that they were opened, and actions taken. However, it was unclear when risks were open, what the review date was to mitigate the risk. For example, a risk that was on the risk register was about reviewing and completing certain policies, however, there was no stated timeline to complete this.
- We saw minutes from the last three monthly governance meetings which showed that risks and actions were actively discussed and monitored.
- Leaders and staff actively and openly engaged with patients, staff, and sports organisations to plan and manage services. They collaborated with contract organisations to help improve services for patients.
- Staff we spoke with felt actively and openly engaged with their leaders and felt involved with service provision and improvement. The service had an online blog where the podiatric surgeon communicated commonly asked questions to patients. There was also a testimonial section on the website where patients posted their feedback about the podiatric surgeons.

## Managing information

- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- There were locked cabinets for patient files stored in a locked room and passwords used for electronic access to the computers.

## Engagement

### Learning, continuous improvement and innovation

- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.
- The podiatric surgeon was involved in teaching of ultrasound diagnostics and lower limb anatomy to post graduate students at a university based in the South Coast twice yearly.
- The registered manager had submitted a research paper about a qualitative study investigating conservative treatment for patients with posterior tibial tendon dysfunction, which was accepted by the Journal of Foot and Ankle Research and was in the process of being reviewed.

# Services for children & young people

Safe	Not sufficient evidence to rate ●
Effective	Not sufficient evidence to rate ●
Caring	Not sufficient evidence to rate ●
Responsive	Not sufficient evidence to rate ●
Well-led	Not sufficient evidence to rate ●

## Information about the service

We did not have sufficient evidence to rate this service.

Services for children and young people made up a small number of the centre’s activity and additionally was out of the scope of this inspection.

Children were not accepted for surgery. The manager and surgeon explained if a child required surgery they would be referred back to their GP or on to one of the specialist facilities which offered paediatric surgery.

According to data provided by the centre, four children under the age of two years old were seen in the last year; 178 children aged between three and seven years old and 37 young people aged between 16 and 17 years. All attended for general podiatry or biomechanics diagnosis and treatment, which was out of the scope of registration.

During our inspection, we observed two young people attending podiatry appointments with adult relatives. Again, as their treatments were out of the scope of our registration, we did not inspect this aspect further.

The centre operated two ultrasound scanners used for diagnostic imaging. Adults and children were scanned as part of their general podiatry or biomechanics diagnosis and treatment.

Out of 219 children and young people attending the centre in the last year, 11 had been scanned as part of their differential diagnoses. While the imaging was a registered activity, the podiatric treatments they received were out of the scope of registration.

The centre manager explained that any patients requiring more complex imaging (such as x-rays of bone) were sent to a nearby hospital under a contract arrangement. At the time of our inspection, no patients were scanned

### Are services for children & young people safe?

Not sufficient evidence to rate ●

#### Mandatory training

- See information under this sub-heading in the surgery section.

#### Safeguarding

- All clinical staff were trained to level three for children. Safeguarding roles and training were aligned with national guidance contained in the ‘Safeguarding Children and young people: roles and competencies for healthcare staff, published by the Royal College of Paediatrics and Child Health in 2014.
- See further information under this sub-heading in the surgery section.

#### Cleanliness, infection control and hygiene

- Both scanners had ‘I am clean’ stickers attached. These showed the date and time the scanner was cleaned along with the name of the person who cleaned it.
- We saw these details had been completed in all cases, which meant staff could quickly identify items that were ready for use.
- See further information under this sub-heading in the surgery section.



# Services for children & young people

## Environment and equipment

- We saw a child resuscitation bag mounted on the wall in reception. There was clear signage showing who was trained and designated as the 'first aider'.
- The emergency equipment was checked weekly and recorded on log sheets, which were collected by the manager and audited.
- The centre owned two ultrasound machines. The first device was a stationary scanner located in the consultation and treatment room primarily used by the surgeon. The second scanner was a mobile unit located in the treatment room adjoining theatre.
- We checked the records for both devices and saw they had been tested (calibrated) and serviced in line with manufacturers' specifications. We saw that the centre had maintenance contracts in place for both items with a medical equipment company.
- See further information under this sub-heading in the surgery section.

## Assessing and responding to patient risk

- See information under this sub-heading in the surgery section.

## Staffing

- See information under this sub-heading in the surgery section.

## Records

- We reviewed the ultrasound equipment files held by the provider and found operation manuals as well as calibration and servicing records. Folder dividers were used to help staff identify each item of equipment and the files were organised and presented to a high standard.
- See further information under this sub-heading in the surgery section.

## Medicines

- For our detailed findings on medicines please see the Safe section in the surgery report.

## Incidents

- See information under this sub-heading in the surgery section.

## Safety Thermometer (or equivalent)

- See information under this sub-heading in the surgery section.

## Are services for children & young people effective?

Not sufficient evidence to rate

We did not have sufficient evidence to rate this service.

## Evidence-based care and treatment

- See information under this sub-heading in the surgery section.

## Nutrition and hydration

- See information under this sub-heading in the surgery section.

## Pain relief

- See information under this sub-heading in the surgery section.

## Patient outcomes

- See information under this sub-heading in the surgery section.

## Competent staff

- See information under this sub-heading in the surgery section.

## Multidisciplinary working

- See information under this sub-heading in the surgery section.

## Seven-day services

- See information under this sub-heading in the surgery section.

## Health promotion

- See information under this sub-heading in the surgery section.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- See information under this sub-heading in the surgery section.

# Services for children & young people

## Are services for children & young people caring?

Not sufficient evidence to rate

We did not have sufficient evidence to rate this service.

### Compassionate care

- We observed two secondary school students, in uniform, leaving the centre after attending general podiatry appointments with an adult relative.
- We saw that staff interacted positively and respectfully with the patient and their relatives, who appeared satisfied with their experience.
- See further information under this sub-heading in the surgery section.

### Emotional support

- See information under this sub-heading in the surgery section.

### Understanding and involvement of patients and those close to them

- See information under this sub-heading in the surgery section.

## Are services for children & young people responsive?

Not sufficient evidence to rate

We did not have sufficient evidence to rate this service.

### Service delivery to meet the needs of local people

- See information under this sub-heading in the surgery section.

### Meeting people's individual needs

- We noted a small range of books in the reception area that children could access while waiting for their appointment.
- There were no toys provided. The manager explained that the decision had been made based on the absence of waiting times at the centre. Appointments were

scheduled so all patients could be seen 'on time'. This was consistent with our observations, as we saw six patients arrive at the centre and be shown straight into their podiatrist.

- See further information under this sub-heading in the surgery section.

### Access and flow

- See information under this sub-heading in the surgery section.

### Learning from complaints and concerns

- See information under this sub-heading in the surgery section.

## Are services for children & young people well-led?

Not sufficient evidence to rate

We did not have sufficient evidence to rate this service.

### Leadership

- See information under this sub-heading in the surgery section.

### Vision and strategy

- The surgeon and manager expressed the desire to continue with the CQC registration, despite the small proportion of children and young people coming within the scope of the regulations. In their view, registration had held advantages when seeking insurance or NHS referrals, which was an area of interest to the business.
- See further information under this sub-heading in the surgery section.

### Culture

- See information under this sub-heading in the surgery section.

### Governance

- We saw up to date policies on safeguarding (children) and on other aspects of services for children and young people. We also saw an 'in date policy on imaging, which had been produced by the centre.
- See further information under this sub-heading in the surgery section.

# Services for children & young people

## **Managing risks, issues and performance**

- See information under this sub-heading in the surgery section.

## **Managing information**

- See information under this sub-heading in the surgery section.

## **Engagement**

- See information under this sub-heading in the surgery section.

## **Learning, continuous improvement and innovation**

- See information under this sub-heading in the surgery section.