

# Ingoldsby Limited

# Health Counts

## Inspection report

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Website: [www.healthcounts-ipswich.co.uk](http://www.healthcounts-ipswich.co.uk)

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## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

## Overall summary

**This service is rated as Good overall.** (Previous inspection July 2018- rated as not meeting the requirements for safe, effective and well-led).

At the last inspection in July 2018, we found there were breaches of regulations 12 (safe care and treatment) and 17 (good governance). CQC inspected the service in July 2018 and asked the provider to make improvements regarding safe care and treatment and good governance. We checked these areas as part of this comprehensive inspection and found the issues identified had been resolved.

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

# Summary of findings

We carried out an announced comprehensive inspection at Health Counts on 30 April 2019. This inspection was to follow up on the breaches of regulation identified at the last inspection, and to rate the service.

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

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment of clients suffering with migraines or Bell's Palsy with the use of Botulinum Toxin and for the treatment of Hyperhidrosis. The treatment of clients with Botulinum Toxin was undertaken solely by a registered nurse prescriber, which included the prescribing of medicines. At Health Counts the aesthetic cosmetic treatments, including the use of laser treatments, that are also provided, are exempt by law from CQC regulation and were therefore not inspected.

The service is registered with the CQC under the Health and Social Care Act 2008 to provide the following regulated activities:

- Surgical procedures
- Treatment of disease, disorder or injury.

The Managing Director 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.

As part of our inspection we asked for CQC comment cards to be completed by clients prior to our inspection visit. We received 37 comment cards, 36 of which were

wholly positive about the service and one was negative. The cards reflected the kind and caring nature of staff, how informative staff were, the pleasant environment and the positive effects of the treatment received. Other forms of feedback, including patient surveys and social media feedback was consistently positive.

## Our key findings were:

- We saw there was leadership within the service and the team worked together in a cohesive, supported, and open manner.
- There was an effective system in place for reporting and recording significant events.
- Information about services and how to complain was available and easy to understand.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- Risks to patients were assessed and monitored.
- The service held a range of policies and procedures which were in place to govern activity; staff were able to access these policies easily and staff had signed each one.
- To ensure and monitor the quality of the service and their record keeping, the service undertook regular audits of patient records.
- Staff assessed patients' needs and delivered care in line with current evidence-based guidance.
- Staff had the skills, knowledge, and experience to deliver effective care and treatment.
- All patients said they were treated with compassion, dignity, and respect and they were involved in their care and decisions about their treatment.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The service proactively sought feedback from staff and patients, which it acted on. Regular surveys were undertaken, and reports collated from the findings and action taken where required.

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

- Embed the system for the monitoring of fridge temperatures to ensure this is consistently managed.

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

# Health Counts

## Detailed findings

### Background to this inspection

- The provider of this service is Ingoldsby Limited.
- Health Counts are located at 14 Arcade Street, Ipswich, Suffolk, IP1 1EJ, which is the only location where they provide regulated activity.
- The website address is:  
[www.healthcounts-ipswich.co.uk](http://www.healthcounts-ipswich.co.uk)
- Health Counts is a medical skin laser and aesthetic clinic. They offer laser hair, thread vein and tattoo removal, dermal fillers and Botulinum Toxin (Botox) treatments for migraine pain, Bell's Palsy and excessive sweating. The service provides a private service to children and adults. Additionally, the service carries out treatments via referral from the clients own GP or clinical NHS consultant. They provide a number of aesthetic cosmetic treatments, which we did not inspect as they are out of the scope of CQC regulation.
- Health Counts opened in 1988 and reports to be the longest established laser and aesthetic clinic in East Anglia. The service has three directors, a medical director, a managing director and a financial director. There is a clinic manager, assistant manager, nurse prescriber and three Laser therapists. The service consists of a main waiting room, a toilet which is suitable for disabled access, a reception, two laser rooms, a consulting room and an aesthetic waiting room. Appointments are offered on a mainly pre-bookable basis. There is no on-site car parking but there is a pay and display car park close by.

- Hours of opening are: Monday phones are manned between 10am and 5pm, Tuesday 10am to 8pm, Wednesday 12pm to 8pm, Thursday 10am to 8pm, Friday and Saturday 10am to 4pm and closed on Sundays.

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

During our visit we:

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

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

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

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

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor.

# Are services safe?

## Our findings

### **At the last inspection, we found the service was not providing safe services because:**

- The service did not have an awareness or adequate training for infection prevention and control and had not completed any audits.
- Risk management processes were not in place, or were not effective in relation to infection prevention and control, Legionella and fire safety.
- The service carried out fire drills and the fire equipment checks were up to date however they did not have a current fire risk assessment available to us on the day of the inspection or formal fire awareness training.
- Appropriate arrangements were not in place for the safeguarding of children.
- Suitable safety arrangements were not in place for staff who acted as chaperones.
- The service did not have appropriate arrangements in place to respond to emergency situations.
- Although the service had some recruitment processes in place, these were not effective. The service did not carry out appropriate recruitment checks on newly appointed staff, including DBS checks where relevant, references, eligibility to work within the UK and photographic identification.
- There was not an effective system in place for the checking and rotation of consumable items and ensuring that medicines were kept at the appropriate temperature.

### **We rated the provider as Good for providing safe services on this inspection and found the service had addressed the issues from the previous inspection.**

#### **Safety systems and processes**

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. Staff had also signed to say they had read and understood policies. They outlined clearly who to go to for further guidance and were specific to the clinic. Staff received safety information from the service as part of their induction training. The service had systems to safeguard children and vulnerable adults from abuse.

- The service had systems in place to assure that an adult accompanying a child had parental authority. This included checking identification and reviewing this if another adult accompanied a child on a follow up appointment.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. There were sharps bins and protective equipment available, including protective eyewear for laser treatments. A risk assessment for infection prevention and control had been completed in November 2018.
- The provider ensured facilities and equipment were safe and equipment was maintained according to manufacturers' instructions, this included laser equipment. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them. These risk assessments included fire and health and safety.
- There was a system in place to monitor fridge temperatures, however we noted there were some days when this had not been completed. The clinic immediately rectified this and put fridge temperature monitoring on the daily diary. After the inspection, the clinic sent us an updated policy for the management

## Are services safe?

and monitoring of fridge temperatures. We noted the fridge had not gone out of the recommended range and staff were knowledgeable of what they would do if temperatures went above or below this range.

### Risks to patients

#### There were systems 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 agency staff tailored to their role. This included the general maintenance of the building, policies and the history of the clinic. Inductions were signed by the employer and employee on completion.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- The practice had risk assessed the need for emergency medicines. They did not have a defibrillator or oxygen on site, however staff were aware of the nearest source and had reviewed this in their risk assessment. The practice did store medicines for an allergic reaction and Hyalas (which helps the breakdown of dermal fillers). The practice had not had a medical emergency on the premises since the clinic first opened. Medicines we reviewed were in date and stored safely. Staff had completed a first aid course, which covered basic life support.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities. Staff were knowledgeable about which treatments were covered by their insurance and would refer patients back to their GP if they could not provide treatment.

### 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. Care records also had a separate audit

sheet in which reviewed the previous consultation, any side effects, the treatment dose and patient satisfaction. These were reviewed by any clinician treating the patient.

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, the clinic recorded the patient's GP details and requested consent for information sharing purposes when required.
- 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.

### 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 and equipment minimised risks.
- Staff prescribed a limited number of medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were clear protocols in place, and staff were trained appropriately, to use the laser equipment in the clinic.
- There were effective protocols for verifying the identity of patients including children.

### Track record on safety and incidents

#### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. These had been embedded since the last inspection to ensure the clinic was safe.
- 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. This included audits on every treatment the clinic carried out, as well as informal peer review.

### Lessons learned and improvements made

## Are services safe?

### **The service learned and 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.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and acted to improve safety in the service. For example, the clinic had examples where the treatment provided had caused a reaction on the skin. The clinic reviewed this and noted it was due to a change in skin tone (due to tanning). There was clear information relating to this on the patient form and patients had signed to say their skin tone had not recently changed. The clinic had reviewed how they could make this information clearer and also asked patients at the time of treatment.
- 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 gave affected people reasonable support, truthful information and a verbal and written apology where there were unexpected or unintended safety incidents.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts.



# Are services effective?

(for example, treatment is effective)

## Our findings

### **At the last inspection, we found the service was not providing effective services because:**

- The service did not document any clinical or non-clinical audits or quality monitoring as part of an improvement programme, there were no audits in relation to the efficacy of treatments.
- Consent to treatment was obtained prior to treatment being given however checks were not carried out on adults accompanying children to confirm identity prior to providing consent to treatment for the child; for example, for acne treatments.

### **We rated the provider as Good on this inspection for providing effective services and found the service had addressed the issues from the previous inspection.**

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

#### **The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)**

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards. Staff attended updates for training with lasers and were knowledgeable about the requirements and safety standards for using lasers.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The clinic would refer patients back to their GP or to a dermatologist to confirm a diagnosis before treatment was commenced. The clinic also completed patch tests before commencing any treatment to ensure patients could withstand the full treatment and reduce the potential for side effects.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. For example, the clinic regularly saw the same patients over several treatment sessions. The clinic assessed the needs of each patient thoroughly and would refuse treatment or refer patients to other services if they felt it was necessary.

- Staff assessed and managed patients' pain where appropriate. The clinic were able to give examples of where patients attended for laser treatments who were hard of hearing or deaf. Due to the requirement for protective eyewear for laser treatment, the clinic had devised a series of hand squeeze prompts for patients to use to express discomfort, comfort or pain.

#### **Monitoring care and treatment**

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

- The service used information about care and treatment to make improvements. For example, patients were not always seen by the same clinician, though they could request this. This gave clinicians the opportunity to complete informal peer reviews of each other's work. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- Care records had a separate audit sheet in which reviewed the previous consultation, any side effects, the treatment dose and patient satisfaction. These were reviewed by any clinician treating the patient.
- The clinic were in the process of setting up a formal peer review process which would include observation and a formal feedback process.

#### **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.
- Relevant professionals were registered with the Nursing and Midwifery Council and were up to date with revalidation.
- 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. For example, one administration staff member told us the clinic had offered to help them complete their laser training.

# Are services effective?

(for example, treatment is effective)

- There was an appraisal system in place which was in the process of being updated at the time of our inspection. The manager told us this was so the process was more of a two-way appraisal conversation. Two staff members were due an appraisal and these had been booked in.

## **Coordinating patient care and information sharing**

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, the clinic referred to GPs and dermatologists where required.
- 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. This was evident on the new patient form and during the first consultation with a clinician. 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. For example, the clinic had referred a suspected skin melanoma back to a GP and the patient was treated appropriately.
- All patients were asked for consent to share details of their consultation when required.
- The provider had risk assessed the treatments they offered. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.

- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

## **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. For example, the clinic advised on appropriate creams and post treatment advice.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, recent skin tone changes were always considered prior to any laser treatment.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## **Consent to care and treatment**

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- There was a separate note filing system for patients aged under 18. There was a system whereby for patients aged under 18, parental and patient signatures were required.
- Staff supported patients to make decisions.



# Are services caring?

## Our findings

### Kindness, respect and compassion

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

- Feedback from patients was positive about the way staff treat people. Several of the comment cards we received were positive about the kindness and helpfulness of staff.
- 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.
- The practice completed audits of patient satisfaction for every treatment offered. These surveys were completed at different intervals, depending on which service the patient used. For example, a quarterly audit for hair removal had been completed between January and April 2019, 52 patients had completed the survey. Results showed there had only been one negative comment relating to price changes. All other comments were wholly positive; 100% of patients were satisfied with available written information, laser operator satisfaction and 98% would refer Health Counts to a friend.

### Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards, 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. Several cards commented positively on the level of information given and reported they felt involved in their treatment.
- Staff communicated with people in a way they could understand; for example, communication aids and easy read materials were available. The clinic had also devised a series of hand squeeze prompts for patients to use to express discomfort, comfort or pain when protective eyewear was used.

#### Privacy and Dignity

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

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### 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. For example, the clinic had leaflets in other languages after a surge in patients from European countries.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so people in vulnerable circumstances could access and use services on an equal basis to others. For example, the clinic supported a group of local non-English speaking patients for hair removal and had translation services available for them.

### 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 reported that the appointment system was easy to use. We received several comment cards which reported positively on how easy it was to access the service. The clinic also sent text message reminders to patients for appointments which patients had commented positively on.
- Referrals and transfers to other services were undertaken in a timely way. For example, we saw evidence of when the clinic had immediately referred patients back to their GP with suspected skin melanoma.

### Listening and learning from concerns and complaints

#### **The service took complaints and concerns seriously and responded 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 learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care. For example, the service had moved the feedback box to a private area of the waiting room following a comment from a patient.

# Are services well-led?

Good 

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

## Our findings

**At the last inspection, we found the service was not providing well-led services because:**

- There was not an overarching governance framework which supported the delivery of good quality care. There were limited arrangements to monitor and improve quality and identify risk.
- Effective policies and procedures were not routinely in place.

**We rated the provider as Good on this inspection for providing well-led services and found the service had addressed the issues from the previous inspection.**

### **Leadership capacity and capability;**

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The provider had responded positively to the previous inspection and had made the changes required to meet the required regulations.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff commented positively on the leadership within the clinic and felt their concerns would be acted on.
- 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.**

- The service told us they had a clear vision and ethos to provide safe, effective, confidential and empathic medical treatments for disease, disorder and post-injury/illness conditions.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

- 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.
- The service focused on the needs of patients who wished to access their services.
- The provider acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents. 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 need. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary. An administration staff member had been offered the opportunity to complete training in the use of lasers for hair removal and tattoo removal.
- The service actively promoted equality and diversity.

### **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 clinic held monthly meetings to discuss a range of topics relating to clinical care, updates and significant events.
- The provider had established policies, procedures and activities. They were specific to the clinic and available for all staff.

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

# Are services well-led?

Good 

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

## **There were 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. This had improved since the last inspection and the process for managing risk was more effective.
- The clinic had a monthly calendar which displayed staff responsibilities and jobs which required action.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through informal peer review of their consultations.

## **Appropriate and accurate information**

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

- There was evidence of regular meetings. There was a set agenda which included significant events. The clinic had a message book for daily communication which staff were required to sign. The clinic also put a sign on the kitchen cupboard doors which reminded staff to check the book.
- The clinic used performance information to monitor and manage staff.
- The clinic had some information technology systems. All clinical records were now being completed on the computer and hand-written notes kept in paper form were stored in line with recognised guidance.

## **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.**

- Patients, staff and external partners' views and concerns were heard and acted on. For example, there was a feedback box in reception for patients to leave comments. The manager also attended external conferences and brought lessons from these back to the clinic for implementation. The provider engaged with local community members.

## **Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement within the clinic. For example, administration staff had been offered the opportunity to further their development. Staff we spoke with were positive about the training offered by the clinic.
- We spoke with the manager about plans for future development. The clinic did not plan to set up additional sites but were considering offering more treatments and furthering staff development.