Sk:n - Bournemouth

Inspection report

1070 Christchurch Road
Bournemouth
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Date of inspection visit: 18 May 2021
Date of publication: 21/06/2021

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good overall. This service was registered by the CQC on 16 April 2018 and this is the first time since then that it has been inspected and rated.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Sk:n – Bournemouth on 18 May 2021 as part of our inspection programme.

Sk:n - Bournemouth is registered under the Health and Social Care Act 2008 to provide the following regulated activities:

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

This service provides independent dermatology services, offering a mix of regulated skin treatments as well as other non-regulated aesthetic treatments. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in and of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We only inspected and reported on the services which are within the scope of registration with the CQC.

The clinic manager 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.

Due to the current pandemic we were unable to obtain comments from patients via our normal process of asking the provider to place comment cards within the service location. However, we saw from internal surveys and reviews on social media that patients were consistently positive about the service, describing staff as professional, kind, polite, non-judgemental and caring. Patients also commented on the clinic being well maintained and clean. We did not speak with patients on the day, as there were none attending for regulated activities.

Our key findings were:

- The service had safety systems and processes in place to keep people safe. There were systems to identify, monitor and manage risks and to learn from incidents.
- There were regular reviews of the effectiveness of treatments, services and procedures to ensure care and treatment was delivered in line with evidence-based guidelines.
- Staff treated patients with compassion, respect and kindness and involved them in decisions about their care.

Overall summary

- There was a clear strategy and vision for the service. The leadership and governance arrangements promoted good quality care.

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

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

Background to Sk:n - Bournemouth

Sk:n – Bournemouth is operated by Lasercare Clinics (Harrogate) Limited, 34 Harborne Road, Edgbaston, Birmingham, B15 3AA. The provider has over 50 clinics registered with the CQC in England. A link to the clinic's website is below:

https://www.sknclinics.co.uk/clinics/the-south/bournemouth-christchurch-road

This clinic first registered with the CQC in 2018 and is registered to treat patients aged 18 and over. The services offered include those that fall under registration, such as mole removal and medical acne treatment. Other procedures, that do not fall under scope of registration include non-surgical wart and verruca removal, lip fillers, skin peels, anti-ageing injectables, dermal fillers and laser hair removal.

The clinic is located in parade of retail outlets within a largely residential area on the outskirts of Bournemouth. There is limited free parking outside the location, patient parking at the rear and further on street parking nearby. It is open five days a week; Tuesday and Friday between 10am and 6pm, Wednesday and Thursday between 12pm and 8pm, and on Saturdays between 9am and 5pm. The provider's call centre operates seven days a week.

Facilities on the ground floor include the reception area, three treatment rooms (one of which is used for regulated activities), a staff kitchen area, and a toilet.

How we inspected this service

Before the inspection, we asked to provider to send us some information, which was reviewed prior to the inspection day. We also reviewed information held by CQC on our internal systems.

During the inspection we spoke with all the staff present including the registered manager, reception and clinical staff. We made observations of the facilities and service provision and reviewed documents, records and information held by the service.

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

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

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

Good

Are services safe?

We rated safe as Good because:
The service had established safety processes to keep staff and patients safe. This included safeguarding people from abuse, minimising the risks to patient safety and reporting incidents.

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, including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.
- The service had policies and systems to safeguard children and vulnerable adults from abuse. Policies were readily available with details of relevant local authority safeguarding teams and company contact details. All staff have received relevant safeguarding training in line with the role they carry out.
- 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.
- A staff member outlined learning from a safeguarding incident and were confident they would recognise signs of potential abuse.
- The service did not offer any services to persons under 18 and checked the identify of patients before offering treatment. They requested patients confirmed their age, date of birth and address, for example by showing their driving licence.
- Personnel records showed that 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. Any staff who might act as chaperones would be trained for the role and would have a DBS check.
- There was an effective system to manage infection prevention and control. All staff had completed infection control training within the past year. The provider had carried out an infection control audit on 20 April 2021 and this showed a high level of compliance with several explanatory comments but no actions to implement.
- The clinic manager was the infection control lead, and the provider had a regional infection control lead.
- The service was not performing surgical procedures or minor operations and so had no need for single use disposable items. There were sufficient stocks of personal protective equipment, including aprons and gloves.
- There were appropriate arrangements for the management of Legionella risk associated with hot and cold-water systems (Legionella is a specific bacterium found in water supplies, which if undetected can cause ill health or death). Regular checks were carried out on water quality and temperatures in line with current guidance.The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. This included having regular fire system checks, fire drills, alarm checks and equipment maintenance checks. Portable electrical appliances were routinely safety checked.
- There were appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them. There were arrangements to protect staff and patients from risks associated with the use of lasers.
- There were systems for safely managing healthcare waste.

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.

Good

Are services safe?

- There was an effective induction system for agency staff tailored to their role. This was monitored to ensure all staff completed training, were observed during their induction period and signed off as competent. Information was available on what activities staff could undertake so that patients were booked in appropriately for their appointments.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. All staff were up to date with basic life support training and use of emergency equipment Staff had completed specific training on eye and sharps injury and how to support a patient in an anaphylactic reaction. (An anaphylactic reaction is a severe reaction to something a patient is allergic to, such as a medicine. A reaction is potentially life threatening).
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.
- There was an established process for sending samples for histology (analysis) and receiving results for review. Samples in the histology log and the minor operations book, and tracked when dispatched. Results were accessed via the services' computer system and reviewed by a clinician. Patients were contacted if there was a cause for concern and appropriate referrals to other services were made when needed. If there were no concerns, patients were contacted and sent a copy of the test result.
- The service gave patients information and guidance documents relating to their treatment and after-care. They included advice on possible side effects and what to do. These were created by the provider's medical standards committee.
- There were appropriate indemnity arrangements in place.
- Patients were requested not to bring children with them to their appointments, unless they also brought someone to look after them, as it was not safe to have children in the treatment rooms or left in the reception area.

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 service used a clinical notes booklet to record all patient information, including their medical history, patient expectation of treatment outcomes and clinical notes. The notes booklet showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Patients were asked to consent for the service to send treatment details to their GP and any other relevant healthcare professionals. We saw examples of letters sent to patient GPs.
- 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.

- Processes were in place for checking medicines, including emergency medicines, to ensure they were in date.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and maintaining accurate records.
- There was a safe system for managing prescriptions. The numbers of the prescriptions were logged when issued to a clinician and when used for a patient. Prescriptions were stored securely. The clinic kept a copy of each prescription in the patient file, for reference if required.

Good

Are services safe?

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. The risk assessments for premises and equipment covered topics such as fire, control of substances hazardous to health, security and staff welfare.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made 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. We were told of an incident where a patient had an adverse reaction to a treatment involving skin peels and where they suffered an adverse reaction to the treatment. The incident was investigated with the patient being kept involved with all stages of the investigation. Since then the service has ceased using this particular brand of skin peel and staff have received training on how to recognise adverse reactions Staff understood when to report incidents and how to use the electronic reporting system. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. All incidents relating to treatment were reviewed by the provider's medical standards team. The service wrote and apologised to patients and gave explanations and information relating to the event.
- The service learned and shared lessons, checked for themes and took action to improve safety in the service.
- The provider was aware of and complied with the requirements of the Duty of Candour and, where necessary, the service would write to a patient, provide an apology, explain what had happened, and ensure that the patient was satisfied with the response.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Good

Are services effective?

We rated effective as Good because:
The provider reviewed and monitored care and treatment to ensure it provided effective services. They carried out audits to assess and improve quality, including those on consent and infection rates. Staff received training appropriate to their roles.

Effective needs assessment, care and treatment

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

- Almost all patients self-referred to this service. The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed, as well as their expectations of treatment carried out. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients of any side effects and risks, including pain, and understood how to assess patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. It had audited clinical records and had also carried out an infection control audit in April 2021. We saw this audit and were reassured that where items had been marked with comments, or requiring action, that the appropriate steps had been taken to mitigate risk.
- Action had been taken to resolve concerns and improve quality. Improvements identified included the addition of extra orange waste bags to store clinical waste in prior to collection.

Effective staffing

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

- The service's medical director was a registered consultant on the specialist register for dermatology. They shared evidence of their NHS appraisal with the registered manager.
- The provider offered medical on-call support if staff had any medical queries at times when the clinic's medical director was not available.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Records showed the staff were compliant with their required training, and this was monitored weekly. The clinic manager reminded staff to complete required training before its expiry date. The clinic had an up to date records of skills, qualifications and training which meant that staff could demonstrate their skills, for example if they worked in other Sk:n clinics.
- Staff were encouraged and given opportunities to develop as openings arose within the service. We saw this from details given to us by the clinic manager as to their progression within the organisation.

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. This included the patient's own GP.

Good

Are services effective?

- Before providing treatment, clinicians at the service ensured they had adequate knowledge of the patient's health, any relevant tests they may have had, and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, the service had an NHS contract to provide transgender patients with hair removal 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. There were clear and effective arrangements for following up on people who had been referred to other services.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people written and verbal advice to help with their post treatment recovery, for example, wound care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, for those prescribed Roaccutane (a treatment for acne), where there are known risks associated with mental health, pregnancy and exposure to sunlight.
- 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. Staff had completed training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The clinic manager explained if they had concerns relating to a patient's capacity to make decisions about their care they would refer the patient to the medical director.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Good

Are services caring?

We rated caring as Good because:
Staff treated patients with kindness and compassion and involved them in decisions about their care. The service asked all patients for feedback and their responses were positive. Staff protected patients' privacy and dignity.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received from three different on-line feedback resources. One method was a rating system based on patient's willingness to recommend the service they had received from a particular member of staff.
- Feedback from patients was positive about the way staff treat people. Although we were unable to place comment cards within the service due to COVID-19 restrictions, we did see other patient feedback provided by the provider. This showed that patients were consistently positive about the welcome and kindness they received from staff.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. Staff had completed training in equality and diversity, and those that spoke with us confirmed they placed a high importance on making all patients feel comfortable and at ease with their treatments.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- 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.
- Feedback from patients indicated that they felt listened to, and supported by staff, and that they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Staff were professional and explained options, benefits, risks and outcomes from treatments
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.

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.
- Clinic doors were locked from the inside when staff were with patients. Other staff knocked on the door and waited before entering, to maintain patients' privacy and dignity.

Good

Are services responsive to people's needs?

We rated responsive as Good because:
The service organised and delivered services to meet patients' needs. There were short waiting times for appointments, patients were advised of treatment prices in advance and staff made patients aware of their complaints policy.

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, had improved services in response to those needs so that patients could access services on days and times that were convenient to them.
- The facilities and premises were appropriate for the services delivered. Access to the premises and treatment rooms was suitable for patients with restricted mobility.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The clinic had treated patients with a learning disability and had made provision for their carer/guardian to be present.
- Prices for different treatments were displayed in reception and on the clinic's website. They were discussed in advance of any treatment programme.

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.
- The provider had a central contact centre which operated from 8am to 8pm Monday to Friday, from 9am to 5.30pm on Saturdays, and 9am to 4.30pm on Sundays, so that patients could book appointments and make enquiries outside the clinic's normal opening times. The provider also offered medical on-call support.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Feedback from patients indicated that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. For example, when test results indicated cancerous tissue, the patient was immediately referred to their GP for treatment.

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.

- The service had a complaints policy in place and information about how to make a complaint or raise concerns was available for patients to read in the reception area and on the provider's website.
- The registered manager was the clinic lead for complaints, with support from the regional manager. Due to the current COVID-19 pandemic and the closure of the clinic, there had been no complaints in the past year. We were satisfied, however, that the procedures in place, and staff knowledge on how to deal with complaints, were robust and that the appropriate action would be taken.
- Feedback, including comments of concern or complaints were encouraged. The service had created a 'How did we do?' notice they attached to appointment cards that advised patients to contact the clinic manager directly if there were areas where the service did not meet expectations. Some patients had commented that clinicians were running late and so consutations appointment times were extended.
- 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.

Good

Are services well-led?

We rated well-led as Good because:
Leaders and managers understood the needs of the service and patients using the service. They created positive relationships in line with the provider's values and supported staff with their career development. There was a clear governance framework and risks were identified and managed. These included risks relating to information management. There was a strong emphasis on patient experience and service improvement.

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 clinic manager was the registered manager for the service, and they were supported in this role by a regional manager, the regional audit lead and the lead nurse trainer.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. The provider supported potential leaders by offering a clinic manager programme for career development and this had been utilised by the clinic manager we spoke to.

Vision and strategy

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

- There was a clear vision and set of values. The provider had a clear brand value which was to be accessible, approachable, expert and responsible. Sk:n's values were client focused, so as to promote positive client experiences and to support its own staff. Its clinical strategy was to embed a culture of excellence, utilise clinical and technical innovations, improve risk management, and improve clinical governance.
- The service had a realistic strategy and supporting business plans to achieve priorities.
- 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. The clinic manager acted as the CQC compliance officer for the organisation and had conducted a 'mock CQC' audit in May 2021 to assess quality of care against the CQC key lines of enquiry.

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.
- Staff said that the service focused on the needs of patients and supported them with their expectations and preferences for treatment.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. There had been no serious incidents in the past 12 months relating to regulatory activities carried out by the service. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff felt able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff had received regular annual appraisals in the last year and had meetings with their manager at regular intervals. These were used to discuss any shortfalls, patient feedback and also any development or career plans.
- The provider received copies of NHS trust annual appraisals for medical staff working under practicing privileges at the service.

Good

Are services well-led?

- There was a strong emphasis on the safety and well-being of all staff. There was no lone working at the service and all staff were trained and competency checked before they worked in areas of risk.
- The service actively promoted equality and diversity. Staff had received equality and diversity training and said they felt they were well treated and they themselves treated all patients equally and with kindness.
- There was a culture of promoting positive relationships between staff.

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. For example, the medical standards committee issued update bulletins on topics such as policy changes, audits, governance. Managers participated in regular conference calls, which covered risks, updates and sometimes involved guest speakers. The clinic manager had regular update meetings with the medical director, to highlight any changes and to discuss patients' specific needs.
- Staff were clear on their roles and accountabilities. They knew where to find clinic policies, including those relating to safeguarding and reporting incidents. They signed to show that they had received, and read, updated policies. They also signed to show they had read and understood the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Policies and procedures were regularly reviewed and updated, with clear version control.

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. For example, the provider ensured safety alerts were responded to and gave patients written after-care advice.
- The service ensured there was co-ordinated person-centred care and that consent was obtained to both treatment and to providing treatment details to patients' GPs.
- There was an effective staff meeting structure and systems for cascading information within the organisation.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents. The clinic held an emergency 'grab' box, which contained a wide range of items which might be needed in an emergency situation.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance, and the delivery of quality care, was monitored and used to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required. For example, it had submitted notifications to the CQC when appropriate.

Good

Are services well-led?

- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. All patients were allocated a unique identifier code and this was used on any paperwork that was at risk of being seen, such as treatment lists. It was also used for any discussions with call centre staff, to minimise the risk of patient details being overheard. Clinical notes were kept in locked cabinets when not in use.
- Letters sent from the service were emailed though an encryption service to ensure confidentiality. Similarly, if patients attended one of the provider's other clinics, their notes were scanned and sent via the encryption service.
- There was a notice in reception that explained how the service used patient information and how it maintained confidentiality.
- The provider ensured document management protocols were followed, which included version control, author and review dates.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. All patients were asked to provide on-line feedback following their treatment at the clinic. The provider demonstrated that any concerns raised were acknowledged within three days.
- Staff said they had regular meetings with the clinic manager, and they could use these to make suggestions or raise concerns.
- The service was transparent, collaborative and open with stakeholders about performance.
- Staff were aware of the provider's whistleblowing policy.
- The service had developed a 'How did we do' feedback prompt which clinic staff attached to appointment cards. This prompt explained how the feedback process worked and included the clinic manager's contact details should the patient feel their expectations had not been met, or they wanted answers to specific questions.
- The provider conducted an annual CQC compliance audit of the clinic, which gave them their own rating against the CQC key lines of enquiry. This audit had rated the service as 'good' overall with no major action points to be completed.

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