Bijoux Medi-Spa

Inspection report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good **overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Bijoux Medi Spa as part of our inspection programme. We had previously inspected this service as part of our unrated programme of independent health inspections. At our last inspection undertaken on 18 July 2018 we found that the service was in breach of regulation 12 (safe care and treatment) and regulation 17 (good governance) and regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that inspection we found that the provider had not adequately mitigated risks associated with infection control, checking medical equipment, not all staff had completed the requisite training, and there was a lack of quality improvement activity. There was a lack of oversight in key areas of risk and safety and there was no system to oversee governance and risk management. There were no ongoing quality assurance activities in place to allow the practice to assure themselves that the standards of care and treatment for regulated activities delivered, were being consistently met in line with current legislation and guidance. The provider sent us their action plan in November 2018 telling us about their plans to address the concerns identified at our inspection in July 2018. At this inspection we found that all of these concerns had been addressed and resolved.

The service manager for the service 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.

Twenty-two patients provided wholly positive feedback to CQC about the service. Patients said that the treatment provided was excellent and met their needs.

Our key findings were:

- The provider had systems in place in relation to safeguarding.
- We found evidence of improvement in monitoring and mitigating risks relating to the safety of service users.
- The service reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines.
- Appropriate emergency equipment was available on site. Staff we spoke with knew what they would do if a patient presented with the symptoms of sepsis.
- There were systems in place to report and discuss significant events.
- Medicines were appropriately managed and there were systems in place to respond to safety alerts.
- Care and treatment provided was effective and met patient needs.
- Feedback from patients was positive about access to treatment and the care provided and there was a system for managing complaints.
- Staff felt involved and supported and worked well as a team.
- Governance arrangements had improved. The provider had effective systems in place to oversee risk.

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

- Consider ways to better accommodate patients with accessibility needs.

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

Our inspection team

Our inspection team was led by a CQC lead inspector**.**
The team included a specialist adviser.

Background to Bijoux Medi-Spa

Bijoux Medi-Spa is a private clinic that carries out aesthetic treatments and medical procedures for people over the age of eighteen. The clinic is registered to provide diagnosis and treatment of skin conditions and minor surgical procedures which includes small excisions and skin shaves for the removal of lesions on the face and body and Microsclerotherapy, which is a treatment for small veins on the legs. The clinic also provides non-surgical cosmetic treatments which are not within the scope of registration, so we did not inspect this area of the service. Three staff at the clinic are involved in CQC regulated activities, which includes the doctor.

The clinic is located in a converted residential and business use property with street level access into a reception and waiting area. The building is not fully accessible to wheelchair users and does not have accessible facilities. There are patient toilets and baby changing facilities available. The premises consist of a patient waiting room and reception area, two consultation rooms, a massage therapy room, kitchen space and storage area.

Services are available to any fee-paying patient. The service is open between 10am and 5.30pm on Monday and 10am and 6.30pm Tuesday to Friday. The service is open on Saturday between 10am and 2pm. Services are available to people on a pre-bookable appointment basis.

Medical procedures are provided by a sole medical doctor. The doctor is supported by a Service Manager and administrative support is provided by two reception staff members who work part time. The doctor is required to register with a professional body and was registered with a licence to practice.

How we inspected this service

We carried out an announced comprehensive inspection at Bijoux Medi-Spa on 19 September 2019. Our inspection team was led by a CQC Lead Inspector. The other member of the inspection team was a GP specialist advisor.

Before visiting, we reviewed the information we hold about the service. During our visit we:

- Spoke with the clinician and administrative staff.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed service policies, procedures and other relevant documentation.
- Inspected the premises and equipment used by the service.
- Reviewed comment cards where patients shared their views and experiences of 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:

At our last inspection, we identified that safety risks associated with fire and legionella were either not adequately assessed or addressed and the provider did not have oversight of these risks.

At this inspection, the service had systems to keep patients safe and safeguarded from abuse. The service had a business continuity plan and risks relating to infection prevention and control had been assessed and addressed.

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 systems to safeguard children and vulnerable adults from abuse.
- There was a chaperone policy in place but staff who acted as chaperones were not trained for their role. We spoke to the service about this and following our inspection the service manager sent us evidence of completed chaperone training. At the time of our inspection the service manager was the only member of staff acting as a chaperone and we saw they had received a Disclosure and Barring Service (DBS) check.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- 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. At our last inspection, the doctor's formal appraisal had identified that their safeguarding of vulnerable adults training required updating. At this inspection we saw the doctor had completed safeguarding adults and children training. All reception and administration staff had received safeguarding up to level 1.
- At the previous inspection we found the provider had not completed essential training required to carry out their duties. For example, the doctor had not completed training in infection prevention and control, information governance and fire safety. At this inspection, there was evidence that the provider had undertaken all essential training required.
- There were systems for safely managing healthcare waste and effective systems to manage all other aspects of infection prevention control.
- At our previous inspection, there was no record of a risk assessment process for Legionella with appropriate processes in place to prevent contamination. At this inspection we saw evidence of tests to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The service had control measures in place to monitor the water temperature. We saw evidence the service manager had completed a Legionella and Legionnaires disease Awareness course which included training to carry out a suitable risk assessment of their premises.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. At our last inspection medical equipment had not been calibrated to ensure it was safe to use. At this inspection we saw that checks and calibration of medical equipment had been completed. There was evidence that portable appliances had been tested for electrical safety.
- The clinic was clean when we inspected. There was a checklist of cleaning tasks which staff had to complete at the start and end of their shift. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

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

Good

Are services safe?

- 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.
- At this inspection we saw all staff had received basic life support training. Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- There was suitable equipment to deal with medical emergencies and the service had a supply of had a supply of emergency medicines including adrenaline which were stored appropriately and checked regularly.
- At our last inspection there were limited systems for managing fire risk and there was no record of a fire risk assessment. At this inspection, there were systems for managing fire risk. Fire extinguishers were checked annually. We saw evidence of a fire risk assessment dated 6 February 2018 carried out by a suitably qualified person. There were fire alarms in the premises and there was a visible fire procedure telling people what to do in the event of a fire and staff had completed fire marshal training. The practice had a system in place to check the working status of the fire alarms and fire drills had been carried out.
- At our last inspection there was no evidence of fire safety training for the doctor. At this inspection we saw evidence of fire safety training for the doctor and all staff. There was a visible fire procedure in the areas of the premises used by patients.
- At our last inspection there was no documented business continuity plan for major incidents such as power failure, flood or building damage. At this inspection, the service had a documented business continuity plan for major incidents such as power failure, flood or building damage.
- 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

Information to deliver safe care and treatment

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

- Patient records were maintained electronically and were password protected. The computer server was located at the clinic; information was backed-up on an external cloud operating system.
- The patient records we saw showed that information needed to deliver safe care and treatment was recorded and stored in an accessible way for relevant staff.
- There was a system for checking patients' identity. Personal details were taken at registration and name and date of birth verbal checks were carried out by the receptionist when patients booked appointments.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The practice asked patients whether they consented to details of their treatment being shared with their registered NHS GP when they initially registered with the practice. There was a process in place to support decision making associated with patients consenting or declining consent for information to be shared with their GP.
- 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, including emergency medicines minimised risks. There was a record of risk assessment of emergency medicines stored at the service. The practice stocked adrenaline. Adrenaline is a medicine used in cases of anaphylaxis. Anaphylaxis is a serious allergic reaction that is rapid in onset and can be fatal if not responded to. We saw that the emergency medicine was checked to make sure it was available and within its expiry date, and the service kept records of these checks.
- The service did a small amount of prescribing. The doctor 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 staff kept accurate records of medicines administered.

Good

Are services safe?

- The service carried out regular reviews of clinical records to ensure prescribing was in line with best practice guidelines for safe prescribing.
- There were effective systems for managing medicines stocked in the refrigerator. The provider kept records of daily refrigerator temperature checks. All the medicines we checked were in date and stored securely.

Track record on safety and incidents

The service mainly had a clear safety record as most risks had been fully assessed and mitigated.

- At our last inspection the service had not monitored and reviewed activity to understand risks and where identified made necessary safety improvements. For example, there had been no infection control audit of the service. The provider sent us their action plan in November 2018 telling us about their plans to address the concerns identified at our inspection in July 2018. At this inspection, we saw evidence the service had carried out risk assessment regarding infection control.
- There were comprehensive risk assessments in relation to safety issues. At this inspection a fire risk assessment had been undertaken and there was a record of a Legionella risk assessment. Actions were identified and monitored.
- We saw information displayed next to sharps bins to instruct people on what to do if they sustained a needlestick injury.
- The service monitored and reviewed activity through a variety of meetings. Staff kept minutes from these meetings. This helped staff to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- The service displayed information on what patients should do in the event of a fire.
- The practice carried out fire drills every six months. A member of staff had received Fire Marshal training.

Lessons learned and improvements made

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 would support 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 took action to improve safety in the service although there had been no reported significant events in the past 12 months.
- 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.
- There was a process in place to receive and act on safety alerts.

Good

Are services effective?

We rated effective as Good because:

At our last inspection we found some essential safety training had not been undertaken by the provider. The doctor had not undertaken training in infection prevention and control, fire safety and information governance. Records we reviewed showed not all staff had completed essential training required to fulfil their role. At this inspection staff had the requisite skills and training for their roles.

At this inspection, the needs of patients were assessed, and treatment delivered in line with guidance, there was a system to review the quality of care and treatment provided and make improvements. Arrangements were in place to ensure consent to care and treatment was consistently sought.

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

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The practice had systems to keep the doctor up to date with current evidence-based practice. We saw that the doctor assessed needs and delivered care and treatment in line with current legislation, standards and guidance; we saw evidence of quality assurance activities in place to allow the practice to assure themselves that these standards were being consistently met.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service made improvements through the use of completed audits. We saw a record of clinical audit in relation to the regulated activities provided. For example, the doctor had completed a two-cycle audit of microsclerotherapy treatments and outcomes with emphasis on adverse reactions. Between November 17 and August 2019 no patients suffered any complications. The doctor showed us a record of an audit of dermoscopy results versus histological results in shave biopsies taken from patients and sent for histology. The outcome of tests showed the doctor made correct diagnosis in all cases.
- The doctor undertook a record review of clinical records in February 2019 to ensure that staff were following clinical guidance and best practice. The aim of the review was to assess the quality of information recorded. The review included a sample of ten patient records to monitor evidence of care planning and the decisions made and treatment delivered.
- The doctor reviewed patient outcomes on an individual patient basis at follow up appointments.
- Patient records were stored in lockable storage cabinets in a secure room.

Effective staffing

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

- The doctor was supported by a team of two reception staff and a service manager. Their role was non-clinical and consisted of reception duties and administration.
- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- At our last inspection, one of the reception staff whose file we reviewed, and who was on long term sick leave, had not completed all essential training including safeguarding, fire safety, information governance and basic life support training. At this inspection records we reviewed showed all staff had completed all essential training required to fulfil their role.
- At our last inspection there was no evidence of training in the Mental Capacity Act (MCA). At this inspection we saw the provider had completed training in the Mental Capacity Act.
- At our previous inspection there was no role specific induction training which ensured staff were competent for the role to which they had been appointed. At this inspection we saw there was an induction policy.

Good

Are services effective?

- Relevant professionals were registered with the General Medical Council (GMC) 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.
- At our last inspection, there was no formal appraisal system in use to ensure competency was demonstrated and reviewed. At this inspection there was evidence of appraisals for the staff involved with CQC regulated activities other than the doctor who received an external appraisal as part of their continuing professional development.

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. The clinic shared reports of consultations, test results and treatments with patients. If the service identified that patients needed to be referred to another service, they would tell the patient to contact their GP.
- 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.
- 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.
- Costs and consultation fees were displayed on the service's website
- The provider had an effective third-party arrangement with a private consultant for histology tests on shave excisions. Results were received electronically which staff entered onto the electronic patient record system.

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.
- The service supported initiatives to improve people's health, for example, stopping smoking and tackling obesity.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- 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 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. Patient consent forms were completed fully and signed appropriately in all the records we reviewed.

Good

Are services caring?

We rated caring as Good because:

Feedback from patients and the observations of staff interacting with patients indicated that patients were treated with kindness compassions and respect, there were systems in place to ensure that patients were involved and fully understood the treatment provided and the setup of the service ensured that privacy and dignity were maintained.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people
- 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.

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. Patients were also told about multi-lingual staff who might be able to support them.
- 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.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. We observed the clinical room to be clean and private. Conversations being held in the consultation room could not be heard by those outside.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.
- Patients' electronic care records were securely stored and accessed electronically.
- The practice complied with the Data Protection Act 1998. There was a record of confidentiality training for staff; there was a confidentiality agreement for individuals to sign who carried out administrative duties.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

The service delivered care and treatment which met the needs of their patients, the service was easy to access and there were systems in place to listen and respond to complaints. The service had good facilities and was well equipped to treat patients and meet their needs. However, the premises were not suited to patients with mobility difficulties as the premises had no accessible toilets.

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. Appointments were often available the same day including by walk in.
- The doctor provided an on-call service 24/7.
- The facilities and premises were appropriate for the services delivered.
- The premises were not suitable for patients with mobility difficulties. The clinic was accessible by steps and there were no disabled toilets on site. In the event of a person with mobility difficulties requesting care the person would be offered assistance on arrival at the service or staff would give patients the address of a nearby clinic that had suitable access and facilities.
- The clinic's website contained a range of patient information relating to procedures and answers to general questions.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use. Patient feedback showed that patients were satisfied with how they could access care and treatment. Patients provided feedback to the service using a comments book in reception. The patient comments were discussed at service meetings held every month.

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 Manager was responsible for dealing with complaints and the service had a complaints policy providing guidance for staff on how to handle a complaint. The complaint policy and procedures were in line with recognised guidance. The provider told us there were no complaints received in the last 12 months.

Good

Are services well-led?

At our last inspection, there was insufficient oversight of health and safety and risks. There was a lack of assessment and regular review to manage the health and safety risks and risks related to the premises.

At this inspection, the provider had a vision to provide a high-quality service. Staff felt supported and there was a governance framework which covered most areas of operation.

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. There was evidence of improvements to address all risks associated with the delivery of the service.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- The provider showed integrity and openness when safety concerns were raised during the last inspection and demonstrated a willingness to act and address concerns.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- 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.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed. There were meetings between all staff working at the service every month.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

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 in most areas. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities and an employee handbook on site-specific protocol was available for staff.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

At our last inspection there was some governance arrangements at the service that were ineffective. There

Good

Are services well-led?

was a lack of systems to ensure effective oversight and management of key areas of risk and safety. At this inspection the service had systems in place for 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.
- 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.

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 service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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 involved patients and external colleagues to improve the service delivered.
- The provider gathered feedback from patients and external peers as part of their annual appraisal.
- The service collected patient satisfaction information from their website and used this to inform their plans for developing the service.

Continuous improvement and innovation

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

- The clinic supported staff learning through staff identifying training opportunities.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The doctor met informally with a local consultant from St Bartholomew's hospital to share ideas and learning.