

Transform Hospital Group Leeds

Inspection report

414-418 Harrogate Road
Harrogate Road
Leeds

LS17 6DN

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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 to people's needs?

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 Transform Hospital Group Leeds on 20 May 2022. This was as part of our inspection programme; the service had not previously been inspected or rated.

The provider Transform Hospital Group Limited operates from eleven clinics, and two independent hospitals across England. Normally patients choose from one of the two hospitals where they would like to undergo any surgical procedure linked to their treatment. As part of this model of care the Transform Hospital Group Leeds clinic provides a range of services including pre- and post-operative care to cosmetic and bariatric surgery patients in an out-patient setting, as well as other weight management and aesthetic services.

This service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Transform Hospital Group Leeds provides a range of non-surgical cosmetic interventions, for example lip fillers and facial peels which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, considering the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

During our inspection we:

- Looked at the systems in place relating to safety and governance of the service.
- Viewed key policies and procedures.
- Reviewed clinical records.

Overall summary

- Interviewed the service manager both by telephone and face to face.
- Spoke with staff and received written questionnaires from them.
- Spoke with a patient who had used the service and reviewed patient feedback information.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well-led?

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

Our key findings were:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- There were systems in place to review and investigate events and incidents when things went wrong or did not meet the required standards. Lessons learned were shared and the provider identified themes and took action to improve quality and safety.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with respect and involved them in decisions about their care.
- The provider had adjusted how it delivered care and treatment to ensure that national guidance was adhered to during the COVID-19 pandemic.
- Patients were able to access care and treatment in a timely way.
- Quality checks and audits led to improvements in services and patient outcomes.
- Patient consent to care and treatment was obtained and recorded in line with national guidance and best practice.
- Management and governance systems in place promoted the delivery of high-quality, person-centre care. There were effective performance management and oversight processes in place, and we saw that action had been taken to improve performance and service standards when issues had been identified.
- Patient satisfaction with services provided was generally positive.
- The provider had put in place measures that ensured good staff communication. This included regular meetings and a weekly newsletter.

Whilst we found no breaches of regulations, the provider **should**:

- Provide safeguarding training at an appropriate level in line with national guidance for nursing staff.
- Review and improve the completion of post-operative assessment notes on a consistent basis.

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 and included a GP specialist adviser.

Background to Transform Hospital Group Leeds

Transform Hospital Group Leeds is an independent health clinic which is part of a group of services under the provider Transform Hospital Group Limited. The provider is located at 192 Altrincham Road, Manchester, Lancashire, M22 4RZ. Transform Hospital Group Limited has eleven regional clinics and two hospital locations in Manchester and Bromsgrove.

For this inspection we visited the clinic in Leeds at:

Transform Hospitals Group Leeds

414-418 Harrogate Road

Harrogate Road

Leeds

West Yorkshire

LS17 6DN

The Leeds clinic provides services for patients who are 18 years of age or older, with surgical procedures being delivered at their hospital locations. Transform Hospital Group Leeds provides a range of services including pre and post-operative care to cosmetic and bariatric surgery patients in an out-patient setting, in addition to weight management services and other aesthetic services. The service is registered with the Care Quality Commission for the Treatment of disease, disorder or injury. The provider also offers other non-surgical procedures including lip fillers, facial peels, Botox injections and laser hair removal which falls outside the scope of CQC registration.

Care provided in the clinic within the scope of registration with CQC includes pre-operative consultations with surgeons and clinic nurses, blood sampling, routine pre and post-operative swabs, post-operative reviews with surgeons and clinic nurses, wound care including removal of sutures, wound dressing, routine gastric band volume adjustments and weight management services. Initial discussions and assessments are completed remotely before a face-to-face appointment is arranged at the clinic with a consultant surgeon.

The clinic is located in a converted commercial property and is set out over two floors. There are full facilities on the ground floor which are able to meet the needs of those who may have mobility issues.

The Leeds clinic operates Monday to Saturday 9:30am to 5:30pm, although there is some flexibility in these hours, and when required the service can open until 7pm. In addition, all patients are provided with out of hours contact numbers, in the event they need to contact the service when the clinic is closed. This means patients can contact someone 24 hours a day seven days a week if needed.

The Leeds clinic is led by a clinic manager who also acts as group head of governance and compliance. In addition, they are the registered manager for the service. A registered manager is a person who is registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run.

Other staff who work in the Leeds clinic include a nurse, a clinic support manager, and a recently recruited additional clinic manager. Consultant surgeons who attend the clinic work across the provider's other clinics and hospitals on a sessional basis.

Are services safe?

We rated safe as Good because:

- There were systems in place to review and investigate events and incidents when things went wrong or did not meet the required standards.
- The service provided care in a way that kept patients safe and protected from avoidable harm.
- There was an effective system to manage infection prevention and control (IPC) risks.
- The service had access to relevant patient information and assessment notes so they could deliver safe and effective care and treatment.
- We identified two areas where the provider should improve:
 - Safeguarding training should be provided at the appropriate level to nursing staff in line with national guidance.
 - Post-operative assessment notes needed to be completed in a consistent manner.

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. They outlined clearly who to go to for further guidance.
- Staff received safety information as part of their induction and their ongoing refresher training. The provider had systems in place to safeguard children and vulnerable adults from abuse.
- 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. We heard how in the past the service had raised a safeguarding concern for a patient.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. This was confirmed on the inspection when we reviewed staff personnel files. 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 safeguarding and safety training. They knew how to identify and report concerns. However, it was noted that the clinic's nurse had only been trained to level two in safeguarding children and adults. This was contrary to current intercollegiate guidance which stated that level three should be attained for such a role. When we raised this with the provider, they told us that they had assessed this at a corporate level and decided that they felt that level two training was satisfactory.
- 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 (IPC). There were IPC policies and procedures in place, and the provider had carried out regular IPC audits, the last of which had been undertaken on 29 April 2022. This showed an 84% compliance rate against expected standards. We saw that issues identified by this audit had been actioned by the provider. For example, the cleaners cupboard had been tidied, and the staff kitchen sink had been cleaned. Staff received IPC training on induction and then on an ongoing basis. We saw that IPC meetings were held, led by the organisation's IPC lead, and that IPC information was discussed in an organisational-wide newsletter. This newsletter included topical IPC articles of interest.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. For example, we saw that portable electrical equipment had been tested at the required frequency, and that equipment had been calibrated to ensure accuracy.
- There were contracts and systems in place for safely managing healthcare waste, and for cleaning the premises.
- 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. This included fire safety risk assessments. The last assessment of which had been undertaken on 24 March 2021, and the next had been booked to be undertaken on 20

Are services safe?

June 2022. We saw that issues identified at the last fire risk assessment had been actioned. For example, an upper store area had been tidied and excessive paper records stored with it had been sent for long-term storage. At the time of inspection the provider was in the process of moving to computerised patient records rather than paper-based records. Staff had received fire warden training.

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. The service had recently recruited an additional staff member for the Leeds clinic.
- There was an effective induction system for new staff tailored to their role.
- 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 who may present at the service with severe infections, for example sepsis.
- When there were changes to services or staff the provider assessed and monitored the impact on safety.
- Staff directly employed at the Leeds service had appropriate company indemnity arrangements in place. Surgeons needed to demonstrate to the provider that they had valid indemnity in place as part of their practicing privileges.
- The service had selection criteria in place which was used to decide if a treatment was suitable for the needs of the patient. During the pre-procedural assessment, the provider gathered a detailed medical history from the patient, and with the patient's consent contacted the patient's own GP for any additional information if this was required. If during a pre-procedural assessment, a treatment was deemed to be unsuitable for that patient, then the patient would be informed of the reasons why treatment would not be suitable for them.
- The provider had put measures in place to reduce and control infection risks to staff, patients and others during the COVID-19 pandemic. These measures had been regularly updated and refreshed.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. Staff had received basic life support and first aid training.

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 the information needed to deliver safe care and treatment was available to relevant staff in an accessible way. However, there was a lack of consistency regarding the completion of post-operative assessment notes, as within these checklists were not being regularly completed in all cases.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, with the consent of the patient the provider would share information with the patient's 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 ceased trading.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The provider had systems and arrangements for managing medicines, including emergency medicines which minimised risks.
- Medicines audits had been undertaken as part of their annual audit programme.

Are services safe?

- Clinicians prescribed and gave advice on medicines in line with legal requirements and current national guidance. The majority of prescribing was undertaken for patients on discharge by the hospital where the surgical procedure had been delivered. This prescribing was mainly for post-operative pain relief. If patients needed medicines post-operatively, such as to treat a suspected infection, the nurse would take swabs for analysis, and contact and liaise with the relevant surgeon or clinician at the hospital for them to prescribe the necessary medicine.
- There were protocols and procedures in place for verifying the identity of patients and age of patients who attended the service. The Leeds clinic did not provide services for persons under the age of 18 years.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to the management of safety. We saw that these risk assessments had been regularly reviewed.
- The service monitored and reviewed adverse incidents and accidents. 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 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. Managers supported them when they did so. The organisation used a quality and compliance focused software package which allowed them to manage incidents, audit findings and identified risks.
- The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, the provider had experienced several rejections of submitted blood samples as the coding on the sample bottle wasn't the same as the accompanying form. In response to this they had implemented a sample tracker which also included additional checks to ensure the accuracy of submitted forms.
- The provider was aware of, and complied with, the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The service acted on patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all required staff.

Are services effective?

We rated effective as Good because:

- Patients received effective care and treatment that met their needs in line with current evidence-based guidance.
- Staff had the appropriate skills and knowledge to deliver effective care and treatment.
- Procedures were in place which ensured effective consent to treatment.

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)

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. For example, the provider ensured that as part of the initial assessment processes the mental health and overall wellbeing of the patient was fully considered prior to agreeing to deliver services.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate. Patients had post-operative assessments and support, and were able to discuss any issues or concerns they had experienced following treatment or surgery including pain. The clinic contacted and liaised with the clinical team in the hospital which had undertaken the surgery if further support or advice was required.
- There was organisational oversight of compliance with evidence-based practice via audits and investigations of incidents by the internal safety, quality and risk committee which met on a six-weekly basis.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The provider had in place a programme of clinical and non-clinical audits and other checks which they used to monitor performance and patient outcomes, and to drive improvement. This included:
 - Clinical documentation and consultation audits.
 - Nurse/Healthcare Assistant/Aesthetician clinical process compliance checks.
 - Infection prevention and control (IPC) audits.
 - Medicines management audits.
 - Annual safety audit.

Findings of audits were shared with staff to promote learning. We saw that when concerns had been highlighted by an audit or monitoring check that action had been taken to improve. For example, an IPC audit had identified management oversight issues, and this had led to new roles being allocated to specific staff.

The provider also undertook audits based on patient feedback gathered at a number of points along the patient pathway, and by the analysis of their incident reporting system.

Effective staffing

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

Are services effective?

- All staff were suitably qualified. We saw that for a service which was primarily built around cosmetic and aesthetic activity that training was appropriate. For example, future training was planned for body dysmorphia (a mental health condition where an individual spends a lot of time worrying about their appearance).
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) / Nursing and Midwifery Council (NMC), 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. Training needs were discussed formally during annual appraisals, and the manager was able to be approached at other times to discuss other specific training and support needs.
- New staff received a comprehensive induction and competency assessments during their probationary period. Probationary meetings were held at two weeks, one month, three months and six months. Staff then moved to receive annual appraisals in addition to ongoing one-to-one sessions with the clinic manager when they could discuss their performance, learning and support needs.

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, we heard that nurses in the clinic worked closely with clinical staff in the hospital where the patient had undergone a surgical procedure if there was a suspected post-operative infection. This included taking swabs, sharing results and managing medication.
- Before providing treatment, clinicians at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medical and medicines history.
- Patients were asked for consent to share details of their consultation, procedures undertaken, and any medicines prescribed with their registered GP. Where patients agreed to share their information, correspondence was sent to their registered GP in line with GMC guidance.
- The provider had risk assessed the treatments they offered.
- Patient information was shared appropriately (this included when patients moved to other services within the organisation), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- Prospective patients were provided with a range of information pre-treatment and this helped them decide if services were appropriate for them. In addition, once patients had booked there was a 14-day cooling off period which enable patients to reconsider their decision to seek treatment.

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 patients advice so they could continue to maximise health outcomes once they had completed their treatment. Patients who had accessed weight loss procedures received dietary support from the organisations own dietetics team.
- Risk factors were identified and highlighted to patients. For example, the service signposted surgical patients to smoking cessation services prior to their procedure.

Consent to care and treatment

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

Are services effective?

- 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 and ability to make a decision. We saw that staff had received mental capacity training.
- We were told that if there were doubts in relation to the suitability of a patient due to mental health and wellbeing concerns, the provider would seek the consent of the patient to clarify this with the patient's own GP. The provider was also able to utilise the services of an independent clinical psychologist who would undertake an assessment of each case. If concerns remained regarding the patient, then the provider would not proceed with the treatment requested.
- Consent was monitored and audited to ensure compliance with operating standards.

Are services caring?

We rated caring as Good because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Information for patients about their treatment and care was accessible and was available in a number of formats. Advice was available verbally, in hard copy format and on the website.
- Patient feedback was generally positive regarding how they had been treated by the provider.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. The feedback we saw was generally positive with regard how they had been treated by the provider. As part of the inspection we also spoke with a patient who informed us that their care had been good. We also reviewed some online reviews posted by patients. Whilst these covered a number of services and locations, we saw that there were some positive comments regarding the Leeds clinic. Negative comments included issues of poor communication and the coordination and delivery of aftercare.
- 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 and translation 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. The provider also had available services and equipment which supported patients with a hearing or sight impairment. This included British Sign Language interpretation support, installation of a clinic hearing loop, and the ability to have materials translated into Braille.
- We spoke with a patient who told us that they felt listened to and supported by staff, and that they felt they had enough time during consultations to make an informed decision about the choice of treatment available to them. This was supported by the patient survey which showed that most patients felt that communication and involvement was satisfactory.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. For example, treatment room doors were lockable, and the staff knocked on doors prior to entry.
- Staff spent time with patients during pre and post-operative consultations and assessments, and were able to answer patient questions about their care and treatment.
- The provider had staff confidentiality agreements in place which were completed by staff on recruitment. Staff training included modules concerning confidentiality and the *General Data Protection Regulation (GDPR)*.
- Photographic images for cosmetic treatments were taken of the patient with their consent. Such photographs were stored securely and disposed of when no longer required. If a patient sent in their own photographs or images these were dealt with in a similar manner.

Are services caring?

- The waiting room was well set out with seating away from the reception desk. Any sensitive conversations were masked by background radio/television sounds.

Are services responsive to people's needs?

We rated responsive as Good because:

- Facilities and premises were appropriate for the services delivered at the clinic.
- Patients had choice of location in relation to where they were treated.
- Patients had timely access to pre-assessment, treatment, and aftercare.
- Information on how to complain was available. Complaints were closely monitored by the provider and were used as a basis for continued improvement.
- The provider was a member of an independent adjudication service which could be accessed by patients to assist in complaint resolution.

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 delivered services in response to those needs.
- Patients were given out of hours contact details for the organisation's central call centre if they needed post-operative advice and support.
- The facilities and premises were appropriate for the services delivered. Premises were subject to regular checks on conditions. Where defects were identified we saw that the provider had taken action to carry out improvements.
- The provider had a number of clinics and two hospitals which operated across the country. This gave patients some options in respect to where they received services.

Timely access to the service

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

- Services were provided on a fee paying basis and delivery was based on patient demand and the capacity of the organisation.
- Patients had timely access to initial assessment, clinical consultations and post-operative support and care from the clinic.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Feedback from surveys and an interview with a patient on the day of inspection indicated that care was accessible, and booking was simple.

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, they were also contained in the terms and conditions of the treatment agreement. However, feedback from some patients who had contacted CQC within the previous 12 months, indicated that at times it was difficult to contact the service, obtain a response to a concern, or progress a complaint. In light of concerns raised regarding patients being unable to communicate with the clinic, the provider had improved wireless connectivity and upgraded the telephony system.

Are services responsive to people's needs?

- 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 provider was a member of the Independent Sector Complaints Adjudication Service (ISCAS). Patients could access this service if they decided they wanted to escalate their concern or complaint for external assessment and adjudication. The Leeds clinic had not been involved in any ISCAS complaints in the previous 12 months.
- The service had a complaint policy and supporting procedures in place. We saw that complaints and concerns were discussed at the six-weekly safety, quality and risk committee. The provider had identified some themes which included concerns regarding post-operative infections, poor follow-on care, and outcomes of treatment received. We saw that the service learned lessons from individual concerns, complaints and from analysis of themes and trends. For example, we saw that further work had been undertaken in relation to post-operative infections following complaints, and these had led to some changes in operational practice.
- Between January and March 2022, we saw that the Leeds clinic had received ten formal complaints and 15 informal complaints (during this period the service had supported with 989 patient visits). Informal complaints were dealt with locally by the clinic, whilst formal complaints were overseen by a senior manager. From records we examined we saw that the provider apologised when they recognised failings within the care delivered.

Are services well-led?

We rated well-led as Good because:

- The provider had an established governance framework which supported the delivery of good quality care.
- Effective performance management was undertaken, and performance was reported regularly at senior organisational level.
- The provider had processes in place to identify, understand, monitor and address current and future risks to the services delivered.

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 actively involved in addressing them. For example, the provider had identified several challenges and issues which included:
- COVID-19 pandemic and the impacts on the ability to deliver services and demand management.
- A noted increase of wound infections – in response to this improvement plans had been developed and implemented and infection rates had subsequently fallen.
- 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 service had limited nursing capacity. If staffing issues occurred, then the Leeds clinic could call on support from across the wider organisation.

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. They had identified key initiatives to allow them to develop the service further. This included:
 - Operational improvement and delivery.
 - Capacity and growth development.
 - People development.
 - Clinical leadership.
 - Improving marketing effectiveness.
- The provider had developed its vision and values, and staff were aware of them and understood their role in achieving them
- The service monitored progress against delivery of their strategy.

Culture

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

- Staff told us that they felt respected, supported and valued.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. There were regular performance management reviews and appraisals in place for all staff.
- 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.

Are services well-led?

- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed. Staff were able to raise concerns as they arose or at team meetings and one-to-one sessions. The organisation had appointed a Freedom To Speak Up Guardian who supported staff to raise issues when they might have felt that they were unable to do so by other routes.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All established staff had received regular annual appraisals in the last year, and a newly appointed staff member had received induction and probationary reviews. 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, and LGBTQ+ ambassadors had been appointed to promote and champion diversity in the organisation. Staff felt they were treated equally.
- Staff reported positive relationships within the team.

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. We saw that management meetings were held to discuss key operational areas. Oversight structures had been developed and included a management board, clinical governance and compliance committee, and a safety, quality and risk committee, along with other specific meetings such as safeguarding.
- Staff we spoke with were clear on their roles and accountabilities and understood organisational reporting and management structures.
- Leaders and managers had established appropriate policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. This included compliance with standards for the storage of sensitive digital images.

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 provider had developed risk registers which were monitored and reassessed regularly.
- The provider had processes to manage current and future performance. Performance of clinical staff could be demonstrated through the ongoing monitoring of a range of key outcomes. These included monitoring incidents such as post-operative infections, and via patient satisfaction with treatments received. The organisation had oversight structures in place for safety alerts, incidents, and complaints.
- Audit processes had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to adapt and change services to improve quality.
- The provider had plans in place and had trained staff for major incidents. There was a current business continuity plan in place which was due for review in January 2025.

Appropriate and accurate information

Are services well-led?

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 issues were discussed in relevant meetings in line with the organisational governance structure.

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. We saw that the provider analysed patient feedback by direct contacts made to them during various points along their care and treatment pathway, and by online feedback. Patients were also able to give immediate feedback to the provider via an electronic tablet in the reception area of the clinic. We saw that patient feedback was discussed at management and team meetings.
- Staff could describe to us the systems in place for feedback. We saw evidence of feedback opportunities which were available to staff, and also how the findings regarding the service were fed back to staff.
- The provider had developed a “You said, We did” noticeboard in the staffroom to outline actions taken in light of feedback.
- The Leeds clinic held monthly team meetings as well as a daily mini-meeting used to discuss and plan for the day ahead.
- The organisation had a weekly internal newsletter for staff, and recognised staff for their work via a “colleague of the month” award.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement within the organisation. We saw that nurse team meetings were held on a monthly basis and which gave the opportunity for staff to share learning. These meetings also incorporated clinical supervision discussions.
- 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.