Sk:n Kent Bluewater

Inspection report

Bluewater Shopping Centre
Bluewater Parkway,
Greenhithe
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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 Sk:n Kent Bluewater on 2 September 2022 under Section 60 of the Health and Social Care Act 2008. The inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. This was the first rated inspection of the service.

Throughout the COVID-19 pandemic the Care Quality Commission (CQC) has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

The 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.

This included:

- Speaking with staff in person and on the telephone
- Requesting documentary evidence from the provider
- A site visit

This service provides independent doctor-led dermatology services, offering a mix of regulated skin treatments and minor surgical procedures, as well as other non-regulated aesthetic treatments.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some 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. Sk:n Kent Bluewater provides a range of non-surgical cosmetic interventions, for example dermal fillers and cosmetic Botox injections which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

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.

Overall summary

Our key findings were:

- There were safeguarding systems and processes to keep people safe
- There was an established process for sending samples for histology and receiving results for review.
- The service gave patients timely support and information and helped patients to be involved in care and treatment.
- The service used information about care and treatment to make improvements.
- Staff were consistent and proactive in empowering patients and supporting them to manage their own health.
- The provider understood the needs of their patients and improved services in response to those needs. Doctor-led dermatology services were provided according to patient need.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- The provider had set out clear brand values
- There were suitable medicines and equipment to deal with medical emergencies. Risk assessments had been completed for any recommended medicines not stocked.
- The service monitored progress against delivery of the strategy. It carried out regular audits to assess the quality of care provided.

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

- Continue to monitor staff immunisations in line with current guidance.
- Ensure all actions identified through risk assessments are completed.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

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

Background to Sk:n Kent Bluewater

Sk:n Kent Bluewater provides independent doctor-led dermatology services, offering skin treatments such as prescribing for acne and other skin conditions, and minor surgical procedures, including the excision of moles and other skin lesions. The service also provides non-regulated aesthetic treatments, for example, cosmetic Botox injections, dermal fillers and thread vein treatments, which are not within CQC scope of registration.

The Registered Provider is Lasercare Clinics (Harrogate) Limited, who provide services from more than 50 locations across England.

Sk:n Kent Bluewater is located at (Unit WVU03, Upper Floor, The Village) Bluewater Shopping Centre, Bluewater Parkway, Greenhithe, Kent, DA9 9ST.

The clinic opening times are:

- Monday – Thursday 11:00-20:00
- Friday 10:00-18:00
- Saturday 9:00-18:00
- Sunday 11:00-17:00

The staff team is comprised of a clinic manager, supported by aesthetic practitioners who all provide only non-regulated aesthetic treatments. Two doctors who specialise in dermatology, provide dermatology consultations and treatments on a sessional basis. Staff are supported by the provider's regional and national management and governance teams.

The service is run from a single-floor premises within Bluewater Shopping Centre which is leased by the provider. The premises include a suite of consultation and treatment rooms, a reception and waiting area. Toilet facilities are accessible to patients with limited mobility

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 provider had developed safeguarding policies and procedures which provided appropriate guidance to staff and helped to keep people safe. There were established processes for sending samples for histology and receiving results for review. There were suitable medicines and equipment to deal with medical emergencies.

There were systems to assess, monitor and manage risks to patient safety. However, not all actions identified through risk assessments had been completed. The provider had a system for monitoring the immunisation status of staff. However, there were some gaps in the records kept on staff immunisation.

Safety systems and processes

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

- The provider conducted safety risk assessments. There were 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 from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service offered treatment to those aged over 18 years of age. Where there was doubt, staff asked patients to confirm they were 18 years of age or over. No children were treated by the service and clear guidance was provided to patients that children should not attend unless chaperoned by another adult in addition to the patient.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. An infection prevention control audit had been carried out in July 2022, which identified no concerns within the clinic. A hand hygiene assessment in April 2022 also identified no concerns. Cleaning and monitoring schedules were in place and all cleaning was carried out by staff employed by the service.
- The service had systems to manage health and safety risks within the premises, such as fire safety and legionella. (Legionella is a particular bacterium which can contaminate water systems in buildings).
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste, including sharp items. Bins used to dispose of sharp items were wall-mounted, signed, dated and not over-filled. A lockable bin located within a secure area, was used to store healthcare waste awaiting collection by a waste management company.
- 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. A health and safety risk assessment carried out in August 2022 had identified actions that the practice needed to take. For example, the risk assessment had identified that cleaning products needed to be secured. We saw these products were now stored in a locked cupboard. The risk assessment had also identified that emergency pull cords in the clinic were not working fully. The cords alerted the reception desk, however the alarms then turned off, rather than remaining on until manually being switched off. This issue had been reported and was to be completed. We reviewed records to confirm that portable appliances had undergone testing in October 2021.

Good

Are services safe?

- The provider had carried out a fire risk assessment in February 2022 and all identified actions had been completed. For example, the fire door to the staff kitchen did not close fully and we saw evidence this had been fixed on 1 September 2022. The rear fire escape door required 'fire exit keep clear' signage. We saw evidence a sign had been erected on 29 August 2022. A fire alarm and emergency lighting check had been completed in August 2022 and reported no concerns. An emergency evacuation drill took place in August 2022. The service had designated staff who were trained as fire marshals, and staff had undertaken fire safety training.
- We reviewed processes for the monitoring of staff immunisations. We saw records which confirmed that staff employed by the service within the last 12 months had their immunisation status monitored in line with current guidance. Two doctors had been employed by the service for longer than 12 months. We did not see evidence of immunisation records relating to diphtheria or polio for one doctor. We did not see evidence of immunisation records relating to tetanus, diphtheria, polio or mumps for another doctor. The provider told us that, in response to inspection findings of other services within the group, they were in the process of reviewing their approach to the monitoring of staff immunisations in line with current guidance.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There were planned induction processes in place and a plan of required training for staff to complete as part of their induction process.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Staff had received basic life support training which was routinely updated. They knew how to identify and manage patients with severe infections, for example sepsis.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. Where items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.
- There was a defibrillator and oxygen on the premises which were subject to regular checks.
- There were appropriate professional indemnity arrangements in place for clinical staff
- There was an established process for sending samples for histology and receiving results for review. Samples were recorded and tracked when dispatched. A clinician contacted patients if there was a cause for concern and made onward referrals if necessary. If there were no concerns, clinic staff phoned and sent patients copies of their results.
- The provider's national contact centre implemented a triage system for patients which automatically recognised an existing patient's telephone number. Outside of opening hours this facility enabled the caller to access immediate medical advice from the service. Callers were responded to by a manager or senior advisor who referred the call to a nurse for further medical advice where required.

Information to deliver safe care and treatment

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

- Clinical records were stored in a secure password-protected, electronic system. Hand-written active clinical records were stored securely in locked cabinets within a secure room.
- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. The information kept in care records included medical history, diagnosis and risk assessment.
- Consent processes were comprehensive and consistently applied in line with the provider's consent policy. Patient records clearly documented the consent process and discussions between the practitioner and patient.

Good

Are services safe?

- The service had systems for sharing information with staff and other agencies, for example the patient's NHS GP, to enable them to deliver safe care and treatment. The provider would communicate with a patient's NHS GP for medicines needing an ongoing prescription, adverse histology results and to share clinical outcomes.
- 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 and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- Emergency medicines were readily available and in date and supplies were regularly checked. There were documented records of those checks.
- Medicines were stored securely in a locked cupboard in a consulting room. Medicines requiring refrigeration were stored in a refrigerator. We looked at records of the refrigerator temperatures from January – September 2022 and saw that the temperature of the refrigerator was recorded each day. Where the recorded temperature fell outside of the recommended temperature range of between two and eight degrees centigrade, we saw evidence of a procedure for staff to follow, and actions that were taken to ensure the medicines were safe for use.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- 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. The regional audit team conducted six-monthly full clinical audits, and the clinic manager completed a quarterly checklist. The most recent audit completed in August 2022, found a data sheet was required for a substance kept on the premises as part of requirements for the Control of Substances Hazardous to Health (COSHH). We saw evidence this had been completed.

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 via the provider's electronic reporting system. Leaders and managers supported them when they did so. There had been no significant events recorded within the past 12 months.
- 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.
- 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 acted on and learned from external safety events as well as patient and medicine safety alerts. Safety alerts information was cascaded to staff via bulletins issued by central teams.

Good

Are services effective?

We rated effective as Good because:

The provider used information about care and treatment to make improvements to the service. The service was actively involved in quality monitoring activity. Staff were consistent and proactive in empowering patients and supporting them to manage their own health.

Effective needs assessment, care and treatment

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

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) and British Association of Dermatologists (BAD) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. Clinical records viewed confirmed this. Records were kept in line with General Medical Council (GMC) guidance and were available to any clinician working for the provider. Patients' choices were accurately recorded and risk assessments were documented.
- We saw no evidence of discrimination when making care and treatment decisions.

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 completed monthly post-operative infection audits. We saw the most recent audits (June 2022, July 2022 and August 2022) demonstrated a zero percent infection rate.
- Regional audit staff completed six-monthly audits of all aspects of service delivery, including premises safety, policy management and infection, prevention and control. All actions identified from the most recent audit had been completed.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- The provider understood the learning needs of staff and provided protected time and training to meet them.

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 patients requiring further treatment would be referred directly to their NHS 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.

Good

Are services effective?

- All patients were asked for consent to share details of their consultation and any medicines prescribed, with their registered GP.
- Patient information was shared appropriately, 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.

- Patients were provided with information about procedures, including the benefits and risks of treatments provided.
- The service provided pre- and post-treatment advice and support to patients, for example about wound care.
- Where patients presented with concerns or complications post treatment, staff had access to nurses, as well as a group medical standards team for advice, triage and support.
- 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.
- The service monitored the process for seeking consent appropriately.

Good

Are services caring?

We rated caring as Good because:

The service gave patients timely support and information. Staff helped patients to be involved in decisions about care and treatment.

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 provider used Reputation, an online feedback platform, to gain insight into customer satisfaction, and to use the feedback to continually improve the services provided. 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.

- Information about procedures and pricing was available to patients on the service's website and within the clinic. Patients were provided with individual quotations for their treatment following their first consultation.
- The service had a patient information folder located in the waiting area. This provided information including the provider's registration certificate, complaints policy, safeguarding policy, chaperone policy and details for Independent Sector Complaints Adjudication Service (ISCAS).
- Interpretation services were available for patients who did not have English as a first language.
- The clinic had a hearing loop installed. Written information was available in large print and braille.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Consultations and treatments took place behind closed doors and conversations could not be overheard
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Chaperones were available should a patient choose to have one. The provider's chaperone policy was on display in the waiting area. All staff who provided chaperoning services had undergone required employment checks and received training to carry out the role.
- Processes ensured that all confidential electronic information was stored securely on computers. All patient records and information kept as hard copies was stored in locked cabinets within a locked room.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

The provider understood the needs of their patients and improved services in response to those needs. Doctor-led dermatology services were provided according to patient need . Feedback was routinely sought from patients to monitor their experience and improve the service. Patients had timely access to initial assessment, test results, diagnosis and treatment.

Responding to and meeting people's needs

The service organised 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. Doctor-led dermatology services were provided according to patient need
- The facilities and premises were well maintained and were appropriate for the services delivered. Access to the premises was available to patients with limited mobility, and there was a ramp to ensure access to toilet facilities and the consulting room.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, there was a hearing loop and translation support services available. Written information was available in large print and braille.
- We reviewed publicly available information regarding patient experiences at the service. The service encouraged patients to use Trustpilot to review and rate their experience. The provider's website included a direct link to all Trustpilot reviews. At the time of our review Trustpilot showed the service was rated 4.5 out of 5 stars. 14 reviews had been left within the last 12 months. All reviews had been responded to by the provider. Feedback from patients was generally positive and indicated that patients found the service to be professional and friendly with knowledgeable staff.
- The provider also provided us with the results of their Reputation feedback results for the period June - August 2022. This indicated that 54 reviews had been received. 46 patients provided positive reviews, 3 patients provided neutral reviews and 5 patients provided negative reviews. Feedback indicated that patients found the service to be good, staff to be kind and felt that they received excellent advice. Negative comments referred to the cost of services provided.

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 were able to register their interest in booking an appointment via the provider's website and this was followed up by the national contact centre.
- Appointments could be booked in person or by telephone. Evening and weekend appointments were available.
- Referrals to other services were undertaken in a timely way and were managed appropriately.

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.

Good

Are services responsive to people's needs?

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint. For example, there was reference within the patient information folder to the Independent Sector Complaints Adjudication Service (ISCAS) from whom additional advice and support may be sought.
- The service had a complaint policy and procedures for responding to complaints in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, additional training had been given to staff to ensure consistent service delivery, as a result of a complaint received.
- Complaints, outcomes and lessons learned were discussed in team meetings. Feedback for individual staff members was shared in one-to-one meetings.

Good

Are services well-led?

We rated well-led as Good because:

The provider had set out clear brand values. The service monitored progress against delivery of the strategy. It carried out regular audits to assess the quality of care provided.

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.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- There were open lines of communication between staff based within the service and those working at regional and national level. Staff we spoke with felt well supported and told us they had regular formal and informal one-to-one interaction with managers.
- There was a local, regional and national staffing structure in place across the organisation and staff were aware of their individual roles and responsibilities. The provider had identified individual members of staff to assume lead roles in key areas. For example, safeguarding and infection prevention and control.

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 provider had set out clear brand values which were to be accessible, approachable, expert and responsible. The company values focused upon brand reputation, customer experience and customer loyalty.
- The service monitored progress against delivery of the strategy. It carried out regular audits to assess the quality of care provided.

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 knew who the Freedom to Speak Up Guardian was and told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.

Good

Are services well-led?

- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training.
- 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.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Regional and national structures implemented by the provider, for example clinical governance and central medical committees, ensured appropriate levels of oversight and support to local teams, to ensure consistent and effective governance arrangements.
- Confidential electronic information was stored securely on computers. All active patient information kept as hard copies was stored in locked cabinets within a locked room. Staff demonstrated a good understanding of information governance processes.
- 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.

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.

Good

Are services well-led?

- 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.
- The provider carried out all required staff checks at the time of recruitment and all required ongoing monitoring, such as professional registration status and medical indemnity confirmation.
- Individual care records were documented within clinical notes

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.
- Patients were asked to provide feedback following their treatment at the service.
- We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings. The results of a staff engagement survey were shared with staff in August 2022. This included an action plan for the senior management team to enable them to improve employee satisfaction.
- The service was transparent, collaborative and open with stakeholders about performance.

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 demonstrated by audits completed throughout the organisation.