The Mole Clinic

Inspection report

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London
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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. (Previous inspection: 14 June 2018 - Unrated).

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 The Mole Clinic as part of our inspection programme.

The service provides skin cancer screening, diagnosis and skin lesion and mole removal. All tissue samples were sent to a local laboratory for analysis.

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.

For reasons of safety and infection prevention and control related to the COVID-19 pandemic, we did not commission patient feedback with CQC comment cards. We did not speak to any patients during this inspection.

Our key findings were:

- There were clear systems and processes to safeguard patients from abuse. All staff had received training appropriate to their role.
- There was evidence of quality improvement activity.
- Consultations were comprehensive and undertaken in a professional manner.
- Consent procedures were in place and these were in line with legal requirements.
- There was an infection prevention and control policy and procedures were in place to reduce the risk and spread of infection.
- Staff members were knowledgeable and had the experience and skills required to carry out their roles.
- Clinical records were detailed and held securely. The service did not keep paper records. The clinical system used by the clinic enabled diagnostic imaging to be shared quickly with specialist doctors.
- The clinic held regular clinical management meetings and multi-disciplinary team meetings. Minutes were available to all staff via the clinic intranet.
- The service had systems to manage and learn from complaints or significant events. These were shared with the wider organisation and analysed for trends.
- Patients were able to book appointments online and by telephone. The service monitored the availability of appointments to ensure urgent referrals were seen in a timely manner.
- Patients were asked for feedback following each appointment. This feedback was logged, analysed and shared with staff via the clinic intranet.

Overall summary

- All staff were aware of the clinic's values and were passionate about providing high level care. We saw that staff were committed to raising awareness of skin cancers and sun safety.
- The clinic had developed a training course for skin cancer screening that was undertaken by all the nursing staff. This was the only course of this nature that had been accredited by the Royal College of Nursing.

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

- Carry out regular prescribing audits.
- Review a legionella risk assessment and carry out regular water temperature checks.
- Implement a formal process to review and monitor the performance of consultants.

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**.** The team included a GP specialist adviser.

Background to The Mole Clinic

The Mole Clinic, established in 2003, is an independent clinic in central London.

Services are provided from: The Mole Clinic, 9 Argyll Street, London W1F 7TG. We visited this location as part of the inspection on 15 June 2022. Patient facilities are provided on the second floor of the building.

The service also provides nurse-led skin cancer screening sessions at two satellite locations based in London Bridge and Cambridge. We did not inspect either satellite location.

The service also operates from two separately registered locations at Moorgate and Harley Street in London.

The service provides skin cancer screening, diagnosis and skin lesion and mole removal. The service is the largest independent skin cancer clinic in the UK and sees approximately 14,000 patients a year.

The service was open to adults only.

Online services can be accessed from the practice website: www.themoleclinic.co.uk.

The clinic is open from 8am to 5pm Monday to Friday and from 9am to 4pm on Saturday.

The Mole Clinic clinical team consists of 12 nurses, two health care assistants and six surgical consultants, specialising in dermatology, with practicing privileges (the granting of practising privileges is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in an independent hospital or clinic, in independent private practice, or within the provision of community services). Skin lesion diagnosis using digital images is provided remotely by five GPs with a specialist interest in dermatology (a branch of medicine dealing with the skin, its structure, functions, and diseases). The clinical team is supported by a clinic manager, assistant clinic manager and a small team of administrative staff.

The service is registered with the CQC to provide the regulated activity of treatment of disease, disorder or injury, diagnostics and screening and surgical procedures.

How we inspected this service

Pre-inspection information was gathered and reviewed before the inspection. We spoke with a range of clinical and non-clinical staff. We looked at records related to patient assessments and the provision of care and treatment. We also reviewed documentation related to the management of the service. We reviewed patient feedback collected by the service.

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

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

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

Good

Are services safe?

We rated safe as Good because:

Safety systems and processes

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

- The service 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 from the service as part of their induction and refresher training. Policies were regularly reviewed and were accessible.
- The service offered healthcare services to adults only. The service had systems to safeguard 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.
- The service 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. It was the service's policy to request a Disclosure and Barring Services (DBS) check for all staff. (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. The clinic completed regular clinical safety checks to ensure each treatment rooms were clean and ready to be used. This included monitoring levels of personal protective equipment, such as gloves and aprons, and checking sharps waste bins.
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The service did not calibrate equipment such as blood pressure monitors as they had assessed it was more financially beneficial to replace the equipment on a yearly basis. We saw evidence that this had been carried out.
- The service 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.

- 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.
- 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.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

Information to deliver safe care and treatment

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

Good

Are services safe?

- 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 service was using a secure online clinical system.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- 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. However, some improvements were required.

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment minimised risks.
- The service offered a high quality skin cancer screening service and skin lesion removal service by consultants.
- All the private prescriptions were processed electronically via the digital prescribing platform. All prescriptions were issued by the prescribing doctors.
- The service did not carry out regular prescribing audits to ensure prescribing was in line with best practice guidelines for safe prescribing. The consultants usually prescribed creams and antibiotics for wound infections.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.

Track record on safety and incidents

The service had a good safety record. However, some improvements were required.

- The service was renting space on shared premises and the host was responsible for managing the premises.
- The service had an up to date fire risk assessment (4 January 2022) in place and they were carrying out regular fire safety checks.
- The electronic fire detection and alarm system was serviced on 1 June 2022.
- The fire extinguishers were checked regularly.
- Emergency lighting was checked on 9 January 2022.
- The service had carried out a legionella risk assessment on 3 July 2017 and water temperature checks had been carried out every six months. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We noted regular water sample analysis were carried out every six months to monitor the presence of legionella in the system. The service had maintained an internal risk register which included that if the landlord carried out six monthly laboratory water analysis then no further action was required.
- 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 electrical installation condition checks of the premises had been carried out on 21 May 2018.

Good

Are services safe?

- Staff we spoke with knew what to do in the event of a fire incident. However, there was no documented fire evacuation plan in place on the day of the inspection to identify how staff could support patients with mobility problems to vacate the premises. The service informed us a day after the inspection that they had updated fire emergency plan and included information how to support patients with mobility problems to vacate the premises.

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 supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, the service had investigated the incident when a report was sent to the incorrect patient. The service had reviewed information governance procedures and reminded the staff to double check and verify the date of birth before sending the reports.
- The service 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 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.

Good

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE), the British Association of Dermatologists (BAD) and the Primary Care Dermatology Society (PCDS) best practice guidelines.

- The service offered skin cancer screening, diagnosis and skin lesion and mole removal.
- The service ensured that all patients must be seen face to face by the screening nurse for their initial consultation. The service offered a single mole diagnostic report (15 minutes), full body skin check (45 minutes) and full body mole mapping (60 minutes screening appointment).
- Following the initial screening appointment, if no issues were found then the diagnostic report was sent directly to the patient by the screening nurse. Alternatively, the diagnostic report was uploaded to the internal remote clinical system. This report was reviewed by the remote GP and referred to the internal specialist consultant for face to face appointment if required or assigned to the lead nurse to review the case and sent a written report following a telephone call to the patient. If multiple (seven or more) issues were found during the initial screening consultation then the report was directly referred to the internal specialist consultant.
- Clinicians had enough information to make or confirm a diagnosis.
- We reviewed examples of medical records which demonstrated that patients' needs were fully assessed and they received care and treatment supported by clear clinical pathways and protocols.
- The service used a comprehensive assessment process including full life history accounts and necessary examinations such as diagnostic images of moles or laboratory analysis of mole or skin samples to ensure greater accuracy in the diagnosis process. The assessments were tailored according to information on each patient and included their clinical needs and their mental and physical wellbeing.
- The outcomes of each assessment were clearly recorded and presented with explanations to make their meaning clear.
- Pathology results were uploaded to the clinical system on daily basis and assigned to the requesting consultant for review.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service had an effective system to assess and monitor the quality and appropriateness of the care provided.
- The service used information about care and treatment to make improvements. For example, the service held multi-disciplinary meetings when patients had complex needs or a cancer diagnosis. These were held on an ad-hoc basis when needed and minutes were available to staff via the intranet. All relevant clinicians were involved in this process which also provided opportunities for peer review of each other's work.
- The service carried out peer reviews to monitor the individual clinical decisions and to identify the appropriateness of their treatment. Overall clinical outcomes for patients were monitored.
- The service made improvements through the use of completed audits. Audits had a positive impact on the quality of care and outcomes for patients. For example, the service carried out regular diagnostic accuracy audits.

Good

Are services effective?

- We noted a senior nurse was monitoring the care and treatment provided by the screening nurses. We noted a senior doctor was monitoring the care and treatment provided by the remote GPs. We saw comprehensive records maintained for this quality improvement activity.
- The service uses a bespoke Electronic Patient Record (EPR) system which was designed to include compulsory information for clinical history, screening and diagnostic data, enforcing compliance with NICE guidelines and enabling accurate audit. Records management audit was carried out annually.
- We found the service was following up on pathology results and had an effective monitoring system in place to ensure that all abnormal results were managed in a timely manner and saved in the patient's records. Patients were able to access their pathology results through the patient portal.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The senior doctor was registered with the Independent Doctors Federation (IDF) the independent medical practitioner organisation in Great Britain. (IDF is recognised as the nationwide voice of independent doctors in all matters relating to private medicine, their education and revalidation).
- The service 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.
- Nursing staff were able to attend national conferences and workshops with experts in the field of skin cancer. Newly appointed nurses completed skin cancer screening training that was developed by the clinic and is the only training of this nature than had been approved by the Royal College of Nursing.
- Nursing staff completed skin cancer screening competency assessments on a yearly basis. They also completed surgical support training that allowed them to assist the consultants during minor surgical procedures.

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, letters were sent to NHS GPs with patient consent.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medical 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. However, if consent was not given, the service reviewed and signposted the patient as appropriate. The service told us this was rare. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The service monitored the process for seeking consent appropriately.

Supporting patients to live healthier lives

Good

Are services effective?

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 self-care. Self-care information, including safe sun information, was available both in the clinic waiting areas and on the website.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. This included patients with a family history of cancer.
- 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.

Good

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- For reasons of safety and infection prevention and control related to the COVID-19 pandemic, we did not commission patient feedback with CQC comment cards. We did not speak to any patients during this inspection.
- The service sought feedback on the quality of clinical care patients received.
- 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. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- The service gave patients clear information to help them make informed choices including information on the clinic's website. The information included details of the scope of services offered and information on fees.
- We saw that treatment plans were personalised and patient specific which indicated patients were involved in decisions about care and treatment.
- The service informed that patients were supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Feedback suggested that patients felt diagnosis and therapy options or treatments were explained clearly to them.
- The service had comprehensive patient information leaflets available explaining the treatment journey, treatment schedule, details of symptoms they may experience and what to do.

Privacy and Dignity

The service respected patients' privacy and dignity.

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

Good

Are services responsive to people's needs?

We rated responsive as Good because:

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 service understood the needs of their patients and improved services in response to those needs. This included offering weekend appointments at a variety of satellite locations.
- The service offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against anyone.
- The service website was well designed, clear and simple to use featuring regularly updated information. The website also allowed registered patients to access their records via a patient portal.
- They provided services to patients with an ethos of providing individualised care and treatment, considering and respecting the wishes of their patients.
- The service offered services to patients who were aged 18 years and over.
- There was a patients' leaflet which included arrangements for dealing with complaints, information regarding access to the service, consultation and treatment fees, terms and conditions, and cancellation policy.
- The facilities and premises were appropriate for the services delivered. The services were offered on the second floor. The premises was partially accessible for patients with mobility issues. There was a narrow small lift available on the premises which could not fit a wheelchair. However, the service was able to offer appointments at their other location in Moorgate which was fully accessible.

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.
- Referrals and transfers to other services were undertaken in a timely way.
- The service aimed to provide an appointment for their patients to undertake an assessment as soon as possible. Patients were offered various appointment dates to help them arrange suitable times to attend.
- Appointments were available on a pre-bookable basis. Appointments were available between 8am to 5pm on Monday to Friday and 9am to 4pm on Saturday. The service published information about this on the service website and the patient leaflet.
- Patients could access the service in a timely way by making their appointment online or over the telephone.
- This service was not an emergency service. Patients who had a medical emergency were advised to ask for immediate medical help via 999 or if more appropriate to contact their own GP or NHS 111.

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.

Good

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. They subscribed to the Independent Sector Complaints Adjudication Service, an external organisation that acted as an ombudsman. Patients were directed to this service if they were unhappy with the clinic's response to their complaints.
- The service had a complaint policy and procedures in place. The service had received six complaints in the last year. 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, There was evidence that the service had provided an apology, and reviewed and clarified the information related to the charges on their website.
- Complaints were logged and analysed across all of the organisation's locations to ensure learning was transferred across the organisation.
- Records we looked at showed that complaints were responded to in a timely manner.

Good

Are services well-led?

We rated well-led as Good because:

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.
- The service had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- The Mole Clinic was established in 2003. The service had a board of directors to review the financial and business standing of the service. The service had a Medical Advisory Committee (MAC) to ensure effective clinical management.

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.
- The service developed its vision, values and strategy jointly with staff and external partners.
- 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. All staff we spoke with showed commitment to patient care and raising awareness of skin cancers and sun safety.
- 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 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. 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.
- 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.

Good

Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. 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
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service had developed a policy library which included a set of clinic rules.
- 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.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- The Mole clinic governance was overseen by the board of directors.
- The clinic manager was supported by the senior management, specifically the director of operations and the director of commerce and business development. The full time clinic manager was responsible for the day-to-day operational management in the clinic and were the first point of reference for the staff at the clinic.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance. However, some improvements were required.

- There were processes to identify, understand, monitor and address current and future risks including risks to patient safety. However, prescribing audits were not carried out.
- The service had processes to manage current and future performance. The performance of clinical staff could be demonstrated through an audit of their consultations, prescribing and referral decisions.
- The lead nurse reviewed the performance of screening nurses. A senior GP reviewed the performance of remote GPs. The senior GP performance was reviewed by an external consultant. We noted comprehensive performance records were maintained.
- We noted consultants' performance was regularly peer reviewed during multi-disciplinary meetings. However, there was no formal process in place to review the performance of consultants.
- Leaders had oversight of safety alerts, incidents, and complaints.
- The clinical audit had a positive impact on the 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.

Good

Are services well-led?

- 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.

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.
- Staff could describe to us the systems in place to give feedback. 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. For example, the service had recently started a 'policy spotlight', which included picking a policy for discussion and inviting online comments from members of staff to improve and clarify the policy if required.
- There were systems to support improvement and innovation work. For example, the service had developed a patient record system that enabled fast sharing of diagnostic imaging. The system also had built in templates that had to be completed before the clinician could move on with the consultation. This ensured that all data was captured for audit and treatment was in line with the relevant guidance. The service had also integrated a risk assessment into the clinical records system so that patients at a higher risk of skin cancer would receive the appropriate advice and care.
- The service arranged for nurses to attend the International Skin Conference in Barcelona.
- The service organised workshops by world-renowned professor of dermatology.
- All patients were sent feedback questionnaires through an automatic computer system after their appointment. The clinic website also had a feedback function. All responses and comments were logged, analysed and discussed at clinical meetings. This was highly positive about the quality of service patients received.
- The service was transparent, collaborative and open with stakeholders about performance.

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.
- 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.