Cotswold Surgical Partners

Inspection report

Unit 13 Interface Business Park
Royal Wootton Bassett
Swindon
SN4 8SY
Tel: 08082803560

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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 service was registered with the Care Quality Commission (CQC) in October 2021 and this is the first inspection since registration.

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 Cotswold Surgical Partners as part of our planned inspection programme.

The service is registered with CQC under the Health and Social Care Act 2008 as Cotswold Surgical Partners LLP 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.

Cotswold Surgical Partners provides a range of non-surgical aesthetic services, for example: hyaluronic acid injections, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services. We inspected those procedures offered by Cotswold Surgical Partners which are regulated activities, for example, consultant dermatology and plastic surgery, under local anaesthetic. Cotswold Surgical Partners have a service agreement in place with the local commissioners to provide dermatology and plastic surgery services to NHS trusts and hospitals in the surrounding area, supporting skin cancer wait lists at both locations. At this location, the provider also offers consultant dermatology and plastic surgery services to private patients.

Cotswold Surgical Partners is led by a registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Due to the pandemic, we were unable to obtain comments from patients via our normal processes. However, we saw from internal surveys conducted by the provider that patients were positive. Examples included: Every treatment is provided with the upmost care, consideration and professionalism. I cannot recommend the clinic enough, I always feel fully advised, informed and never pressured.

Our key findings were:

- The service had clearly defined and embedded systems, processes and standard operating procedures to keep people safe and safeguarded from abuse.

Overall summary

- There were systems to identify, monitor and manage risks and learn from incidents.
- The registered manager reviewed and monitored care and treatment to ensure the services provided were effective and delivered in line with evidence-based guidelines.
- Infection prevention and control systems and processes were effective. The registered manager had introduced additional measures to reduce the risk from Covid-19 during the pandemic.
- The registered manager with the clinical leads and partners worked to ensure the continuity and flexibility of the service met the needs of people.
- Staff treated patients with kindness and respect and involved them in decisions about their care.
- The registered manager encouraged compassionate, inclusive and supportive relationships among staff so that they feel respected, valued and supported.
- The service had a clear strategy and vision. The governance arrangements promoted good quality care.

We saw the following outstanding practice:

- There were innovative approaches to providing integrated person-centred pathways of care that involved other services providers, particularly for people with multiple and complex needs. For example, there was a robust digital referral triage process which was different than standardised practice. Patient digital images of dermatology areas were assessed by the lead clinicians prior to appointment to determine triage upon referral. Patients were seen by the correct clinician for their condition or re-referred to specialists due to the complexity. Therefore, the patient care journey was more time-efficient, patients did not require further treatment or re-referral within primary care pathways after consultation.

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 CQC specialist adviser.

Background to Cotswold Surgical Partners

The registered provider of Cotswold Surgical Partners LLP has two locations registered with CQC.

- Unit 13 Interface Business Park, Royal Wootton Bassett, Wiltshire, SN4 8SY
- SPA medical centre, Snowberry Lane, Melksham, Wiltshire, SN12 6UN

This inspection relates to the location: Unit 13 Interface Business Park, Royal Wootton Bassett, Wiltshire, SN4 8SY.

The service is registered to treat patients aged 18 and over. The services offered include those that fall under registration, such as consultant dermatology, mole removal, plastic surgery and medical acne treatment. Other procedures, that are out of scope of regulation include anti-ageing injectables and dermal fillers.

The service is located in a clinic premises leased by the provider, Cotswold Surgical Partners LLP. The clinic is open Monday to Friday 8:30am to 5pm and Saturday 9am to 1pm. People can contact the clinic by telephone or through the website.

A link to the clinic's website is below:

https://www.cotswoldsurgicalpartners.co.uk/

The provider is registered to provide the following regulated activities: surgical procedures, treatment of disease, disorder or injury and diagnostic and screening procedures.

The clinic is led by a registered manager who is supported by three medical directors; one registered consultant dermatologist and two consultant plastic surgeons. The location provides services by six surgeons and three consultant dermatologists and is supported by a surgical lead nurse, theatre practitioners and an administrative team.

How we inspected this service

Before the inspection, we asked the provider to send us information about the service. This was reviewed prior to the site visit.

We also reviewed information held by CQC on our internal systems.

During the inspection we spoke with staff including the registered manager, clinical lead and admin team. We received staff feedback via CQC staff questionnaires. We reviewed documentation, information held by the service and clinical records. We made observations of the premises, facilities and the service provided.

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

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

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

Good

Are services safe?

We rated safe as Good because:

- The service had clearly defined and embedded systems, processes and standard operating procedures to keep people safe and safeguarded from abuse.
- Infection prevention and control systems (IPC) were effective, including the processes for sterile consumables and equipment for surgical interventions. The registered manager had introduced additional measures to reduce the risk from COVID-19 during the pandemic.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including bank theatre practitioners. 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 vulnerable adults from abuse.
- No treatment was provided to patients under the age of 18.
- 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, in line with provider policy and national guidance. 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 (IPC). The provider had IPC policies and procedures which had been reviewed in September 2022. This had been updated to include information on reducing the risk from COVID-19. There was an IPC lead who completed annual audits, last completed in June 2022.
- There was an external contractor for the cleaning of the premises. The IPC lead completed monthly cleaning audits with the contractor to ensure hygiene standards were met. We identified that Control of Substances Hazardous to Health (COSSH) data sheets were in place for all appropriate products held at the location.
- A hand washing audit was completed in June 2022 to ensure staff were following hygiene standards in line with the IPC policy. There were comprehensive daily cleaning checklists for rooms and equipment. The premises was visibly clean and tidy.
- The clinical rooms used had access to hand washing facilities, hand sanitising gel and paper towels. Personal protective equipment (PPE) was available for staff, including an internal cleaning arrangement for clinical uniforms, scrubs.
- The provider had completed a legionella risk assessment in September 2021 which recorded the risk from legionella as low. There were air condition units which were regularly serviced and maintained. Records of water checks and flushing records were completed by staff. The provider was aware of their duty and responsibility to notify the UK Health Security Agency (UKHSA) of cases under the service provision.
- 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. Portable appliance testing and equipment calibration had been completed in October 2021, which was enforced by the guidance policy, last reviewed in August 2022.

Good

Are services safe?

- 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 had been completed in April 2022. This included visitor security, emergency procedures, lone working, hazardous substances and building access.
- The fire risk assessment conducted in August 2021 identified some areas which needed addressing. The provider had completed the actions necessary to ensure there were safe processes, such as updated fire safety signage, emergency lighting checks and completion and storage of evacuation chair maintenance records. The provider completed an external steel stair fire escape risk assessment in August 2021 which identified some areas which needed monitoring and addressing. The provider had an action plan in place to rectify areas needed to comply with the building regulations, which we saw evidence of on inspection.
- The location had conducted fire alarm tests weekly and kept records of fire evacuation drills. Fire extinguishers had been serviced in June 2022. Staff had completed training related to fire safety and there were dedicated fire wardens on-site.

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 a recruitment policy in place, reviewed in April 2022, for new members of staff with training and guidance. There was also an effective induction system tailored to the staff members role, which included bank staff. Details included how the provider processed personal data in accordance with the General Data Protection Regulations (GDPR). The provider had maintained records in relation to role specific immunisations for clinical staff.
- We carried out recruitment checks in relation to three members of staff which contained all of the required information as per provider policy, including Disclosure and Barring Service (DBS) checks. There were appropriate indemnity arrangements in place.
- Staff rotas were completed eight weeks in advance with surgery lists planned two weeks in advance. There was effective oversight of staffing cover where required.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. There were sepsis management protocol posters throughout the location.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision. There was evidence of regular stock checks including a review of expiry dates.
- Medical equipment included a defibrillator and oxygen cylinders, with a service agreement for replacements when oxygen levels were low or expired. The provider did not store liquid nitrogen at the location.

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 information needed to deliver safe care and treatment was recorded electronically and available to relevant staff

in an accessible way. The lead clinicians carried out and recorded a detailed assessment which included the patients' medical history, expectations from the procedure, care plan and consent. Following the procedure, records clearly identified what treatment was given and the aftercare guidance provided. Aftercare advice was given verbally, followed by a patient information leaflet with advice and contact details.

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Patient consent was requested to share information with their GP if appropriate.
- 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. The provider had an encryption system to ensure patient referrals were received and sent securely.
- Clinicians processed referrals received in a timely way 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, emergency medicines and equipment minimised risks. The service did not keep prescription stationery on-site.
- The service had the systems in place to complete medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service did not store or prescribe any controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).
- The provider had a limited scope of practice for medicines for patients and gave advice on medicines in line with legal requirements and current national guidance where required. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

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 provider was able to evidence learning and the dissemination of information relating significant events. We saw evidence following a significant event, the investigated the root cause and discussed learning at team meetings, where formal minutes were recorded and evidenced.

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 were clear on their roles to raise safety incidents and how to report concerns appropriately.
- 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.
- There were four significant events recorded in the last 12 months. An example of a significant event recorded and actions taken by the practice included: An incident occurred where a staff member felt threatened when a member of

Good

Are services safe?

the public showed aggressive behaviour due to a delay in appointment times. The incident was investigated to find the root cause. The provider updated their security protocol and implemented a CCTV camera to the reception area, with the correct advisory recording signage. Appointment bookings were amended to allow for more time and the patient signing in process was updated to include current waiting times on arrival. Learning had been shared with staff through a significant event meeting to minimise the risk of reoccurrence.

- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

Good

Are services effective?

We rated effective as Good because:

- The provider assessed and delivered care and treatment in line with current legislation, standards and guidance.
- The provider kept up to date in their specialist field and reviewed and monitored care and treatment to ensure the services provided were effective.
- Staff had the skills knowledge and experience to carry out their roles and they had protected time for learning and development.

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.
- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines as well as the British Association of Dermatologists (BAD).
- Clinicians had enough information to make or confirm a diagnosis through the usage of external histology services. Patient samples were collected and there were systems and processes to ensure patient results were obtained. Complex cases were referred to NHS specialists.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. All patients were provided with a treatment plan and aftercare support following a consultation and surgical interventions.

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 service had systems in place for quality improvement activity. The provider shared clinical audit outcomes for patients across both registered locations as lead clinical staff worked at both sites.
- The location commenced dermatology services including surgical interventions since the end of October 2021, therefore at the time of inspection did not have completed clinical audits due to a reduced clinical workload and time to provide effective and meaningful data.

The provider had plans in place to conduct, review and compare audit data with the other Cotswold Surgical Partners location. These included audits around infection control wound infection rates in patients who had undergone plastic surgery; basal cell carcinoma (a type of skin cancer) excision audit to highlight clinical performance of patients who had been referred to the service and monitoring patient histology results audits.

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.

Good

Are services effective?

- Relevant professionals were registered with the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) and were up to date with revalidation. Revalidation is the process by which clinicians demonstrate they are fit to practice and renew their registration.
- 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.
- Staff received regular appraisals and mentoring within their role.

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, the provider worked with NHS histology services and primary referrers to ensure patient care pathways and treatment plans were being followed. Weekly meetings were held to discuss any changes to patients awaiting results, surgery outcomes and discharge. The provider had safety netting systems to ensure patient results were not missed.
- 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. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment. For example, patients with highly complex skin cancers were referred to NHS trusts for surgery.
- All patients were asked for consent to share details of their consultation with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service monitored the process for seeking consent appropriately.

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.

- Clinicians gave clients advice and guidance so they could self-care following their treatment. Patients could contact the provider through a dedicated patient email address as well as via the main clinic telephone number for additional advice.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their primary care provider for additional support. For example, the service provided wound dressing after-care for patients who had undergone surgery. Primary care letters were sent communicating episodes of care and treatment.
- 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.

Good

Are services effective?

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Patients were supported to make decisions and all staff had undertaken training about the Mental Capacity Act (2005).
- 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:

- The provider treated patients with care and kindness, ensuring people's privacy and dignity were protected at all times when using the services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received after each treatment through post operative treatment forms, patient consultation feedback emails and a portable tablet within the clinic. Feedback was discussed internally at all staff meetings for quality improvement.
- Feedback from patients was positive about the way staff treat people. We saw themes that showed that clinicians explained treatment and procedures thoroughly. Procedures were on time and were efficient. Patients felt at ease, staff were caring and friendly. The clinic and treatment area was very clean.
- 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. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.
- Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- For patients with learning disabilities or complex social needs, family and carers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- All staff had completed equality and diversity training.

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:

- The importance of flexibility, informed choice and continuity of care was reflected in the services. People's needs and preferences were considered and acted on to ensure that services were delivered in a way that is responsive.

There were areas of outstanding practice for providing responsive services which included:

- There was a proactive approach to understanding the needs of different groups of people and to delivering care in a way that meets these needs, which is accessible and promotes equality. For example, there was a robust digital referral triage process which was different than standardised practice. Patient digital images of dermatology areas were assessed by the lead clinicians prior to appointment to determine triage upon referral. Patients were seen by the correct clinician for their condition or re-referred to specialists due to the complexity. Therefore, the patient care journey was more time-efficient, patients did not require further treatment or re-referral within primary care pathways after consultation.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. NHS referrals were sent to the provider through dermatology, plastic surgery and skin cancer pathways via NHS providers and hospitals.
- Patients were triaged appropriately through clinical review prior to appointment to ensure they were seen by the most suitable clinician. All referrals were triaged by a senior consultant clinician. The provider used digital images sent by patients to decide the most appropriate treatment pathway, of which there were plastic surgeons, consultant dermatologists and GPs with special interest in dermatology. Patients sent photographs of their dermatological area via a secure patient record system. This was also used to compare changes to the dermatological area over time. This process is called teledermatology and is recommended by British Association for Dermatologists (BAD) as best practice. We saw evidence of a low follow-up appointment rate compared to new appointments. The provider had oversight of patient capacity and demand by appointment type, which showed a follow-up to new appointment rate of less than one. This indicated that the majority of patient cases were seen by the correct clinician and therefore did not require further treatment. This prevented re-referrals via GP primary care and NHS local pathways due to ineffective consultations and treatment.
- The provider implemented clinical processes during the COVID-19 pandemic to ensure patients were kept safe, whilst giving access for patients who required excision of suspicious skin lesions where other care providers were unable to do so. The service adopted early revised infection prevention and control arrangements agreed with the local commissioner, to resume access for dermatology patients who required urgent care and reduce pressures in NHS hospitals during the pandemic.
- The facilities and premises were appropriate for the services delivered. For example, clinical rooms had filtered mechanical air handling and air conditioning so that clinicians could perform minor skin operations for skin cancers such as punch biopsies in a safe environment.
- Reasonable adjustments had been made so that people with protected characteristics could access and use services on an equal basis to others. For example, disability access for wheelchair users, portable hearing loop throughout the clinic for patients with hard of hearing and availability of large print material for visually impaired patients.

Timely access to the service

Good

Are services responsive to people's needs?

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

- Referrals and transfers to other services were undertaken in a timely way. We reviewed seven examples of clinical records, discharge letters and communications to primary care referrers which outlined outlined an ongoing 'stepped management' approach. This involved joint assessments with the NHS trust referrers via weekly meetings and reviewing entire patient treatment plans rather than a single episode of care. This contributed to the low follow-up rate for patients who needed to be re-referred.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service 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 received one complaint since registering with CQC, which was recorded appropriately and investigated to find the root cause.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends from feedback. It acted as a result to improve the quality of care. For example, a complaint was received regarding long wait times for their appointment. The provider investigated the reasons for the delay and implemented dedicated gaps between patient surgery to allow for reasonable adjustments.

Good

Are services well-led?

We rated well-led as Good because:

- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- Leaders have the experience, integrity and are knowledgeable about issues and priorities for the quality and sustainability of services and to ensure that the strategy can be delivered.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. The provider held quarterly management meetings with the leadership team which discussed and reviewed contractual performance; significant events; central alerts; quality improvement; staffing; premises and risk register hazard reporting.

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. This included clinical spacing for treatments which was revised through the premsis leasing agreement and the future potential expansion. As well as increasing dermatology referral pathways, which was considered through the sharing of patient lists across both locations and regular discussions with the local commissioning group. The provider had bi-annual performance review meetings with the local commissioning group as part of the clinical contract service provision. A review of clinical activity against capacity and demand, quality of outcomes, feedback and complaints were evaluated.

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 plans in place to improve service provision by facilitating the transfer of some NHS pathway cases from the other CQC reigstered location under the registered provider. This was to increase access and availability from both locations.
- The service monitored progress against delivery of the strategy. The provider was aware of challenges to the performance of the service through recording and maintaining a risk register.

Culture

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

- We received 11 CQC staff feedback forms as part of the inspection. We saw themes and trends that highlighted that staff felt respected, supported and valued. They were proud to work for the service, with an ethos for providing the best service for patients.
- 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.

Good

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. For example, staff were able to give suggestions on how to improve the clinical service, provided through feedback.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received 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 time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff, including access to a mental health first aider, freedom to speak up guardian and an employee assistance program.
- 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.

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. 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. Arrangements were in place to ensure mandatory training was completed and up to date. There was oversight of a task management system that allowed governance objectives to be completed and tracked appropriately.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- 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.
- The provider had a business continuity plan in place last reviewed in September 2022. There were plans in place and had trained staff for major incidents.

Appropriate and accurate information

Good

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 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. There was oversight of patient feedback which was managed and broken down by service appointment type; referral pathway source; before and after treatment clinical scores; views on the discharge process and reasons for ratings. The provider was able to ascertain areas for improvement and displayed a 'you said, we did' system for implementing changes.
- 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.

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.

- Services were developed with the full participation of those who use them, staff and external partners. For example: The provider had given educational support and mentorship to several local GPs not working within the service who had a special interest in dermatology (GPwER). This helped facilitate new GPs with their accreditation to the British Association of Dermatologists (BAD). The provider involved these GPs with the patient triage process for clinical workload and experience.
- There was a focus on continuous learning and improvement. For example, the clinical directors had undergone regular continuing professional development training courses to implement best practice service guidelines and standards.
- The service made use of internal and external reviews of complaints and patient feedback. Feedback was monitored and categorised on a monthly basis to report to all staff for service meetings. 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.