The Evewell (Harley Street) Limited

The Evewell (Harley Street) Limited

Inspection report

61 Harley Street
London
W1G 8QU
Tel:

Date of inspection visit: 17 November 2021
Date of publication: 10/01/2022

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

Summary of findings

Overall summary

This is the first time we rated this service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learnt lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and supported them to make decisions about their care. Key services were available six days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients.
- The service planned care to meet the needs of patients, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and all staff were committed to improving services continually.

However:

- At the time of inspection, the safeguarding policy was not comprehensive and did not make any reference to female genital mutilation (FGM). Staff did not receive training on FGM. Following inspection feedback, evidence was provided that the policy had been updated and staff had received training in this.
- There was no formally documented admission policy or inclusion criteria for patients who could be treated at the service.
- At the time of inspection, the service did not have a separate sepsis policy or training, although this formed part of intermediate life support (ILS) training. Following our inspection, the service added a section on sepsis to their management of emergencies policy and added a separate mandatory sepsis training module for clinical staff.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good	

Summary of findings

Contents

Summary of this inspection

Background to The Evewell (Harley Street) Limited

The Evewell (Harley Street) Limited is a private clinic in London dedicated to gynaecological and reproductive health. A large proportion of the clinic's activity was fertility treatments to assist a person/s in becoming pregnant, which falls under the scope of regulation by the Human Fertilisation and Embryology Authority (HFEA). However, the clinic also undertook minor gynaecological procedures for the purpose of treating or investigating a disease, disorder or injury, which fall under the scope of CQC registration. For the purposes of this inspection, we only looked at these procedures falling within scope. The service primarily serves private patients over the age of 18 from London, but also accepts patient referrals from outside this area, including international patients.

Facilities at the clinic include: five consulting rooms, a phlebotomy room, a theatre, a three-bedded recovery area and three quiet rooms for patients.

We have never inspected this service before. It was registered in August 2018 and the registered manager has been in post since opening.

How we carried out this inspection

The inspection was undertaken using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on 17 November 2021.

During the inspection, we visited all areas including consulting rooms, the phlebotomy room, the theatre and recovery area, the quiet rooms and patient waiting areas and reception. We spoke with 10 staff, including medical secretaries, nurses, healthcare assistants and senior staff. We reviewed six sets of patient records. Following the inspection, we spoke with five patients over the telephone.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

The service must ensure that there are formally documented criteria for those patients who can or cannot be seen at the clinic. (Regulation 12)

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Surgery

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Are Surgery safe?

Good

This is the first time we rated this service. We rated safe as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up to date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. Managers monitored mandatory training and alerted staff when they needed to update their training. At the time of inspection, mandatory training compliance rates varied between 87% and 100%. Lower compliance rates were due to staff sickness or new starters.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

At the time of our inspection, the clinic's safeguarding policy was not comprehensive and did not reference female genital mutilation (FGM). Following inspection, the provider submitted evidence they had drafted a comprehensive policy on FGM and all staff had now received training on this.

Nursing and medical staff received training specific for their role on how to recognise and report abuse. All clinical staff were required to complete level two training for children and adults. At the time of inspection, 90% of staff had completed safeguarding adults level two training, and 87% had completed safeguarding children level two training. The staff who had not completed this training were on long-term sickness leave or had newly started at the service. Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. The safeguarding lead had level three children and adults training.

Cleanliness, infection control and hygiene

The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Good

Surgery

Most areas were visibly clean and had suitable furnishings which were clean and well-maintained. However, we found some light dust and paper towels stored on the floor in one consulting room. Cleaning records were up-to-date and demonstrated all areas were cleaned regularly. Staff cleaned equipment after patient contact. Surgical istruments were single use. Staff followed infection control principles including the use of personal protective equipment (PPE). The service took appropriate measures to reduce the risk of COVID-19 transmission. This included testing of patients coming in for procedures, social distancing within the clinic, and use of appropriate PPE.

Monthly audits indicated compliance with infection prevention and control policies and procedures, with compliance rates of between 94% and 98% for the six months prior to inspection. Appropriate actions were taken where any issues or omissions were identified, such as offering further training to staff.

Staff worked effectively to prevent, identify and treat surgical site infections. There had been no surgical site infections in the 12 months prior to our inspection.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The design of the environment followed national guidance. The service had enough suitable equipment to help them to safely care for patients. The clinic had the relevant emergency resuscitation equipment, which was checked regularly by staff. Emergency drugs were available and within use by date. We saw evidence equipment testing of all necessary items had taken place, with maintenance contracts to ensure continuity. Disposable equipment was easily available, in date and appropriately stored.

Staff disposed of clinical waste safely. We observed all staff disposing of clinical waste in appropriate bins. The correct bins were readily available in all clinical areas. We saw all sharps bins had been signed and dated in line with the Health Technical Memorandum.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration. However, there was no formally documented admission policy or inclusion criteria for patients who could be treated at the service.

The clinic did not have a formally documented admission policy that set out a safe and agreed criteria for the types of patients that were able to be treated. The service told us all patients were assessed on an individual basis, with challenging cases discussed with the multidisciplinary team before deciding if a patient could be treated at the clinic. However, the lack of formally documented criteria meant different doctors may have a different opinion as to which cases warranted further discussion.

Staff took observations of patients throughout procedures and used a nationally recognised tool to identify deteriorating patients. The clinic had arrangements in place for the transfer of acutely unwell patients or those requiring escalation to nearby NHS and independent hospitals which were better equipped to care for such patients. There had not been any unplanned transfers in the previous 12 months. Staff received life support training appropriate to their role, with all staff compliant at the time of inspection.

Good

Surgery

Although the service did not have a separate sepsis policy, staff received training on this as part of their intermediate life support (ILS) training, which all nursing and medical staff had completed. Following our inspection, the service added a section on sepsis to their management of emergencies policy and added a separate mandatory sepsis training module for clinical staff.

Staff completed risk assessments for each patient on arrival. The service used the World Health Organisation (WHO) surgical safety checklist for patients throughout the perioperative journey, to prevent or avoid serious patient harm. Completion of this was audited and we saw any compliance issues were addressed.

Nurse staffing

The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

The service had enough nursing and support staff to keep patients safe. The number of nurses and healthcare assistants matched the planned numbers. In total, there were 42.3 full-time equivalent (FTE) nursing, support and administrative staff at the end of October 2021. There were no vacancies at the time of our inspection, although there was a turnover rate of 28% over the past 12 months. The service informed us this was due to staff instability because of COVID-19.

We saw evidence the service booked agency operating department practitioners for certain procedures where required, requesting staff familiar with the service. All agency staff had an induction and competency check. In the case of high staff sickness, procedures would be rebooked, but we were informed this did not happen often. There was an on-call rota for the nurse out-of-hours triage line, and these staff could contact an on-call doctor and the clinic manager where required.

Medical staffing

The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The service had enough medical staff to keep patients safe. All patients were under the care of a named consultant, who managed the care and treatment of their patients. Four consultants were employed directly by the service, which helped to ensure consultant presence and availability.

There was one other consultant and several anaesthetists working under practising privileges arrangements. Medical staff were granted practising privileges after scrutiny by the medical advisory committee (MAC). The granting of practising privileges is an established process whereby a medical practitioner is granted permission to work within an independent hospital. All practicising privileges documentation we checked was present and in date.

We saw there was a rota for anaesthetists who undertook minor procedures at the clinic. Over the past 12 months, 2% of shifts had been covered with locum anaesthetists. Procedures were planned to ensure cover in the event of a return to theatre, but this had not occurred in the 12 months prior to inspection.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.

Good

Surgery

Patient records were electronic, with paper-based notes scanned onto the system where necessary. We reviewed six sets of notes on the day of our inspection. Patient notes were comprehensive and all staff could access them easily. Records were stored securely. The clinic conducted a monthly documentation audit and we saw evidence any omissions were addressed by staff and actions had been taken where documentation fell below the expected standard.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

There was a service level agreement in place with a pharmacy for the supply of medicines. Staff followed systems and processes to prescribe and administer medicines safely. Staff completed medicines records accurately and kept them up to date.

Staff stored and managed all medicines and prescribing documents safely. This included controlled drugs (CDs). All medicines we checked were within date and stored correctly. Staff followed current national practice to check patients had the correct medicines.

The service had systems to ensure staff knew about safety alerts and incidents, to ensure patients received their medicines safely. A monthly medicine audit was conducted to ensure compliance with local and national guidance, with 100% compliance for the six months prior to our inspection.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learnt with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the provider's policy. In the 12 months prior to our inspection, there had been 33 incidents reported. Out of these, one incident was classified as a 'near miss', two resulted in 'insignificant harm', 26 incidents resulted in 'minor harm' and three incidents resulted in 'moderate harm'. Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

Staff received feedback from the investigation of incidents, and met to discuss the feedback and look at improvements to patient care. There was evidence changes had been made as a result of feedback. For example, following an incident involving administration of the wrong dose of medication, two people now checked medication prior to administration.

Are Surgery effective?

Good

This is the first time we rated this service. We rated effective as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Good

Surgery

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Most policies we sampled included appropriate references to national guidance, except those mentioned under other report headings. Audits were regularly conducted to check working practices against written policy. Results of these audits and any learning were shared with staff in meetings and were available on a shared drive.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.

Staff made sure patients had enough to eat and drink, with refreshments offered to patients whilst they waited for appointments. Patients waiting to have surgery were not left nil by mouth for long periods. Patients we spoke with informed us they had been provided with guidance on fasting times pre-procedure. Patient records demonstrated food and fluid intake was monitored after a patient's minor procedure up until discharge.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Patients received pain relief soon after requesting it. Staff prescribed, administered and recorded pain relief accurately. We saw evidence of this in the patient records we reviewed. All patients we spoke with told us their pain had been managed appropriately.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. These included monthly audits such as infection prevention control, medicines management and documentation, as well as annual audits such as health and safety. Managers used information from the audits to improve care and treatment. Agreed actions from audit activity were tracked on a master spreadsheet. Managers shared and made sure staff understood information from the audits, with actions shared in staff meetings and via email.

Contact details for the patient's consultant and the out-of-hours advice line were given to patients following discharge, along with instructions to contact the service at any time should any complications or questions arise. We saw evidence of patient follow-up in records and all patients we spoke with were happy with the follow-up care offered by the service.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role before they started work and ensured competencies were signed off before they could practice independently. New starters we spoke with felt well supported.

Good

Surgery

Managers supported staff to develop through yearly, constructive appraisals of their work and monthly clinical supervision. A member of the nursing staff had recently been promoted into a new role, which was created to support staff training and development. Staff we spoke with on the day of the inspection felt their learning and development needs were being met. Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. These happened both daily via videocall and weekly. In daily calls, any immediate issues and results were discussed to plan immediate patient care. In the weekly meetings, challenges and issues were discussed, such as whether the service could accommodate patients with more complex needs.

In the patient records we saw evidence patients were asked whether they consented to their information being shared with their GPs. Staff worked across health care disciplines when required to care for patients. Clinical staff told us they enjoyed working with their colleagues and were complimentary about the support they received from one another.

Seven-day services

Key services were available six days a week to support timely patient care.

The service was open 8am until 6pm, Monday to Friday for consultations and procedures. Although no consultations were offered at weekends, staff were available on Saturday between 9am and 5pm for bloods, scans and minor procedures, to meet patients' needs. Patients could contact the service until midnight seven days a week for support and advice. This was staffed by a nurse, with medical backup if required.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records. Consent forms were comprehensive and signed in all patient records reviewed on the day of inspection, with a virtual consenting platform recently rolled out to save paper forms being scanned.

There was a policy on the Mental Capacity Act (2005), but staff did not receive specific training in relation to this. Staff reported they had never had an incident of a patient lacking capacity to consent and this was unlikely due to the nature of the service.

Are Surgery caring?

Good

This is the first time we rated this service. We rated caring as good.

Good

Surgery

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients said staff treated them well and with kindness. We spoke with five patients who were overwhelmingly positive about the service, saying staff were “friendly”, “reassuring” and “thoughtful”. Staff followed policy to keep patient care and treatment confidential. There were dedicated quiet rooms for private conversations. Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. A chaperone was offered for all intimate examinations. Between June and October 2021, 100% of the 61 patients surveyed felt they were given suitable privacy and the care they received was compassionate.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff were able to describe how they provided reassurance and support for nervous and anxious patients. There were three quiet rooms available for patients to use after appointments or in the case of bad news being broken. Formal emotional support was offered at the clinic, but this was mainly for those undergoing fertility treatments rather than minor gynaecological procedures. Patients we spoke with told us they felt reassured by the information they were given before their appointment and that it helped them prepare for their procedure.

Understanding and involvement of patients and those close to them

Staff supported patients to understand their condition and make decisions about their care and treatment.

Staff made sure patients understood their care and treatment. Staff spoke with patients in a way they could understand and supported them to make informed decisions about their care. All five patients we spoke with felt able to ask questions and felt well informed about their treatment options.

Patients gave positive feedback about the service. Between June and October 2021, 100% of 60 patients who answered this question felt risks were discussed with them in a way they could understand. In addition, 98% felt fully involved and included in their treatment plan. All costs were clearly stated prior to the patient being seen at the clinic, and a price list was made available to patients.

Are Surgery responsive?

Good

This is the first time we rated this service. We rated responsive as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of patients. It also worked with others in the wider system.

Good

Surgery

Managers planned and organised services, so they met the needs of patients, offering a choice of appointments and referrals to other providers where appropriate. Managers ensured that patients who did not attend appointments were contacted. Facilities and premises were appropriate for the services being delivered. The clinic's location was close to public transport links. The service maintained their early pregnancy appointments and services throughout the COVID-19 pandemic to relieve pressure on the NHS.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Any enhanced patient needs would be ascertained at the time of booking to ensure suitable arrangements were in place. These were flagged on the front page of the electronic patient record. If needs could not be accommodated, patients would be referred elsewhere. The service had wide enough corridors, a suitable lift and toilet facilities to accommodate patients who were wheelchair bound. There was a hearing loop. Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed.

Access and flow

People could access the service when they needed it and received the right care promptly.

Patients could arrange an appointment by telephone or via the website. All procedures were booked in advance at a time to suit the patient. Once the procedure was confirmed with the consultant, nursing and support staff were scheduled to support the procedure. As a result of COVID-19, patient appointments had been spaced out to ensure social distancing within the service. Between June and October 2021, 97% of the 59 patients who answered this question were satisfied with waiting times within the clinic. Patients we spoke with were happy with the booking procedure and confirmed there were rarely times they had to wait to be seen.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service had a process to investigate complaints and shared lessons learnt with all staff.

In the 12 months prior to our inspection, the provider had received no formal complaints. Patients we spoke with knew how they would complain or raise concerns. Staff understood the policy on complaints and knew how to handle them. The service was signed up to an independent review service for resolution of formal complaints.

Are Surgery well-led?

Good

This is the first time we rated this service. We rated well-led as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Good

Surgery

There was a clear management structure, with senior staff responsible for different areas of the service. There was a patient services manager who was responsible for managing the administrative team and a nursing and quality director who oversaw the nursing and support staff. The medical director was responsible for medical leadership and governance. Two other directors were also involved in governance and had strategic responsibilities. Staff were aware of who leaders were, with leadership and management responsibilities and accountabilities explicit and clearly understood.

Staff spoke positively of senior leaders and those leaders expressed confidence in the people who they managed. Staff were supported to develop into senior roles, with examples of successful internal promotion apparent during our inspection.

Vision and Strategy

The service had a vision and values for what it wanted to achieve. Leaders and staff understood them.

The vision for the service was, 'To provide best-in-class women's gynaecology and fertility health care, with our caring, highly-experienced team, treating patients as individuals, with respect and support.' This was based on the service's values of: respect, integrity, trust, professionalism, excellence and caring. Staff we spoke with were aware of the vision and values of the service and were passionate about doing the best job for the patient. There was a plan to open another location in 2022 to enable more patients to be seen without compromising on the quality of care offered at the clinic.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

All staff felt positive about working at the clinic. There was a culture centred on the needs and experience of people who used the service. Staff expressed high job satisfaction and it was clear from speaking with staff that there was a good working relationship between staff of all levels.

Staff felt supported in their work and said there were opportunities to develop their skills and competencies, which senior staff encouraged. A new post had been created to focus on training and development of staff, with an internally promoted candidate in post. We observed good team working amongst staff on the day of inspection, and staff told us there was a 'no blame' culture.

Governance

Leaders operated effective governance processes throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

There was a clear governance structure and an annual governance report was produced to summarise each year's activity. The monthly quality management meeting discussed incidents, patient feedback and other clinical issues. There were regular staff meetings, giving staff the opportunity to reflect on the performance of the service and discuss any risks.

The Medical Advisory Committee (MAC) advised on matters such as the granting of practising privileges, scope of consultant practice, patient outcomes, clinical standards and implementing new and emerging professional guidance. The MAC ensured there was a process for overseeing and verifying doctor revalidation, continuing practice development and reviewing practising privileges. The company had access to their own responsible officer for consultants directly employed by the service.

Good

Surgery

Management of risk, issues and performance

Leaders identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

There was a risk management policy and the service undertook risk assessments, for example for COVID-19 transmission or injury whilst at work. Mitigating actions were in place for each identified risk, which were regularly reviewed and updated. The service had plans to cope with unexpected events. An annual audit ensured there were no new environmental risks. The audit program ensured performance was monitored and managed consistently. Staff participated in audits, with the resulting information shared amongst staff to promote improvement.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

There was an information governance policy that staff followed. Patients consented for their information to be used and shared in line with the General Data Protection Regulation (GDPR) 2018. Patient information and records were stored securely in all areas we visited, with staff locking their workstations when they were not at their desks.

All staff had access to the shared drive where all service policies and performance data was stored online. The service was in the process of introducing a new software package to the system that would manage and integrate policy document control, incident reporting, audits, risk management and patient satisfaction in one place.

No incidents were reportable to CQC in the last 12 months but staff were aware of their obligations to notify us.

Engagement

Leaders and staff actively and openly engaged with patients and staff to plan and manage services.

The service had an easily accessible website where patients were able to leave feedback and contact the service. We saw evidence, through surveys and feedback questionaires, that the department engaged with patients and changes were made when necessary. For example, patient information had been reviewed to include further details on obtaining medications post-procedure.

There was no formal mechanism for staff feedback such as a staff survey, but staff told us they would be comfortable suggesting improvements to the service directly with senior leaders. Meetings allowed time for discussion about service improvement and the senior leaders told us they had an open-door policy. We saw evidence patient feedback was shared directly with staff. There was a virtual channel for staff to communicate with one another in real time.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

There was evidence that incidents, feedback and audits were used to make improvements to the service. Staff said they were encouraged to learn and improve the patient experience. The provider was responsive to the feedback from our inspection and made some improvements following feedback, including adjustments to policies and provision of training.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Surgical procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The clinic did not have a formally documented admission policy that set out a safe and agreed criteria for the types of patients that were able to be treated.