

Medizen Limited

Inspection report

Suite D, Astor House
282 Lichfield Road Four Oaks
Sutton Coldfield
West Midlands
B74 2UG
Tel: 01213084373
www.medizen.co.uk






Date of inspection visit: 11 September 2019
Date of publication: 30/09/2019

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?	Good 
Are services well-led?	Good 

Overall summary

This service is rated as Good overall. (Previous inspection April 2019 – Requires improvement)

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 Medizen Limited to follow up on breaches of regulations.

The Care Quality Commission (CQC) inspected the service in February 2018 and asked the provider to make improvements regarding good governance. For example, the clinic had not carried out some risk assessments such as for health and safety and Legionella. The clinic had not regularly reviewed and updated existing policies and protocols.

We checked these areas as part of our April 2019 comprehensive follow up inspection and found that some improvements had been made. However, we identified other areas where improvements were required. As a result of our findings CQC issued requirement notices for breaches of legal requirements' in relation to safe care and treatment and good governance. We asked the provider to make improvements regarding the delivery of safe and well-led services. The provider sent CQC a report stating what actions they were going to take to meet legal requirements. We checked these areas as part of this comprehensive inspection and found the issues had been resolved.

Medizen Limited is a clinic that provides non-surgical aesthetics that are minimally invasive to help people with general complexion problems, excessive sweating, hair problems and migraines.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines for the purposes of treatment of migraines and excessive sweating.

At Medizen Limited the aesthetic cosmetic treatments that are also provided are exempt by law from CQC regulation. Therefore, we were only able to inspect the treatment for migraines and excessive sweating but not the aesthetic cosmetic services.

One of the directors of Medizen Limited 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.

We received 28 completed care Quality Commission (CQC) comment cards which were mainly positive. For example, patients felt staff were professional, knowledgeable; patients felt listened to and treatment received was of a high standard. Patients felt the environment was always clean and hygienic.

Our key findings were :

- The service had effective systems in place for recording, reporting and managing significant events and incidents.
- Staff demonstrated clear understanding and awareness of their responsibilities in relation to keeping patients safe and safeguarded from abuse.
- Staff were supported in their learning and development needs and had access to training as well as regular appraisals. Staff, we spoke with felt confident in raising concerns and suggesting improvement.
- There was a complaints process in place and available on the service website. Documents we viewed showed complaints were managed in a timely manner.
- The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.
- There were clear and effective processes for managing clinical and environmental risks as well as preventing, detecting and controlling the spread of infections.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

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

Background to Medizen Limited

The registered provider of the clinic is Medizen Limited. Medizen Limited is situated on the first and second floor of Astor House on Lichfield Road, Four Oaks, Sutton Coldfield B74 2UG.

Medizen Limited is a clinic that provides non-surgical aesthetic treatments that are minimally invasive to help people with general complexion problems, excessive sweating or hair problems and migraines. The clinic has seven treatment rooms including the medical practitioners consulting room, there is also a separate area on the second floor used for initial assessments and discussions.

The clinic employs 15 staff including a clinic manager, deputy clinic manager, receptionists and aestheticians (aestheticians provide a variety of services, procedures, products, and consultations to help improve and maintain the appearance and health of the client's or patient's skin). Two medical practitioners and nurse work at the clinic under practising privileges. Practising privileges is a well-established process within the independent hospital healthcare sector where a medical practitioner is granted permission to work in a private hospital or clinic in independent private practice.

The clinic is open:

Monday, Tuesday and Wednesday 9am to 8pm

Thursday 9am to 6pm

Friday 9am to 4pm.

Two Saturdays per month between 10am to 4.30pm

During out of hours the automated phone answering system passes messages to staff. Clinical emergencies are a priority and service users are contacted by the doctor who provides advice or arrangements are made for service users to be seen at the clinic the following day if non-urgent.

The lead medical practitioner works at the clinic on a Wednesday and Friday. The other medical practitioner working under practice privileges works every other Wednesday afternoon providing treatments. The nurse works on a Tuesday and Thursday. The clinic provides a 24-hour answering service.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines for the purposes of treatment of migraines and excessive sweating.

The aesthetic cosmetic treatments that are also provided are exempt by law from CQC regulation. Therefore, we were only able to inspect the treatment for migraines and excessive sweating but not the aesthetic cosmetic services.

Between January 2018 and August 2019, the clinic had treated nine patients for migraines and eight patients for excessive sweating. Patients attended the clinic at varying intervals depending on how well they responded to treatment.

How we inspected this service

Before visiting, we reviewed a range of information we held about the clinic. We also reviewed any information that the provider returned to us, the providers' website and any links to social media.

During our visit we:

- Spoke with a range of staff including the clinic manager, deputy manager, two aestheticians and reception staff
- Reviewed comment cards where patients shared their views and experiences of the service.
- Looked at information the clinic used to deliver care and treatment plans.

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.

Are services safe?

We rated safe as Good because:

At our previous inspection in April 2019, we rated safe as requires improvement because we identified a lack of oversight in relation to some environmental risks; fire risk assessments as well as risks relating to the availability of emergency medicines. Appropriate documentation relating to clinicians working under practice privileges was not reviewed or held on file. The provider did not ensure a validated fridge specifically designed for pharmaceutical products was being used and there was no evidence that the fridge in place at the time of our inspection had been calibrated.

These arrangements had improved when we undertook a comprehensive inspection on 11 September 2019.

We rated safe as good because:

- There was an effective system in place for recording, reporting and managing significant events and incidents.
- Staff demonstrated that they understood their responsibilities if there were safeguarding concerns.
- The service demonstrated clear oversight of clinical and environmental risks

Safety systems and processes

The service had 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 locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- Staff demonstrated processes in place to check the identity of patients accessing treatment to ensure they were above the age of 18; processes also enabled staff to check information relating to patients registered GP and there were policies in place to support this.
- 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 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).
- Staff received up-to-date safeguarding and safety training appropriate to their role. Staff we spoke with demonstrated that 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. Since our previous inspection, the service had allocated a lead to oversee infection and monthly audits were being carried out. The service had an infection control policy which had been updated. Spill kits were available, and staff demonstrated awareness of their location.
- There were systems for safely managing healthcare waste.
- Legionella risk assessment had been carried out in the last 12 months and records demonstrated regular checks of water temperature were being carried out.
- 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.
- 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.
- The provider had arrangements in place with external contractors to ensure facilities and equipment was safe and maintained in accordance with manufacturers' instructions.
- There were appropriate arrangements in place for the management of vaccines and their cold storage. Logs of daily vaccination fridge temperatures included all relevant details and demonstrated that temperatures were within the recommended range.

Risks to patients

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

Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for 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.
- 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, we saw evidence that the service had considered the risks to inform this decision.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place and we saw evidence of valid registration with an appropriate body.

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 available to relevant staff in an accessible way.
- 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.

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.

- The clinic treated patients suffering with migraines with botulinum toxin and provided patients with information regarding any potential side effects.
- The service did 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. 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 environmental 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.

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. The service had recorded three significant events in the last 12 months. For example, the service reviewed techniques when using specific equipment; however, the equipment used did not relate to the delivery of regulated activities.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

Are services safe?

- The service had systems in place to enable staff to act 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.

Are services effective?

We rated effective as Good because:

- The clinic carried out assessments and treatment in line with relevant and current evidence-based guidance and standards, including National Institute for Health and Care Excellence (NICE).
- Patients received appropriate pre-treatment and after care advice.
- The clinic had systems to keep all clinical staff up to date. Staff had access to guidelines and learning from various sources and used this information to deliver care and treatment that met patients' needs.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- All staff actively engaged in activities to monitor and improve quality and outcomes.

Effective needs assessment, care and treatment

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

- The lead clinician demonstrated awareness of current legislation, standards and guidance around the regulated activities. 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. For example, the lead clinician demonstrated awareness of NICE guidance for use of Botox in the management of chronic migraine and hyperhidrosis (excessive sweating).
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Staff explained patients were referred to a mental health councillor if they disclosed any personal or emotional issues.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was involved in quality improvement activity.

- Staff explained no clinical audits had been carried out as the patient numbers were too small to achieve valid results as we were told only nine patients had been provided with treatments in scope for CQC regulation in the past year. However, the service used non-clinical information about care and treatment to make improvements. For example, the service carried out random checks of clinical records to ensure they were in line with recognised guidance and staff demonstrated proactive use of patient satisfaction surveys to monitor patient satisfaction.
- The service collected patient feedback from a range of sources and reviewed data to monitor and improve quality. For example, the service used an online tool to measure customer experience and predict business growth. Staff provided an analysis of patient feedback responses made between March 2018 and March 2019 which showed 95% scored the service 10 out of 10. However, we were unable to distinguish whether this included patients in receipt of regulated activities.

Effective staffing

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

- All staff were appropriately qualified in clinical areas. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained.
- Staff were encouraged and given opportunities to develop.
- There was evidence that staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

Are services effective?

- 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.
- 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. If patients refused, the lead clinician explained the importance of sharing any information with their GP and provided patients with a letter which they were encouraged to hand to their registered GP.
- 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.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice, so they could self-care. Patients were provided with aftercare information, were made aware of any possible side effects and were provided with details of the clinics' 24 hours answering service.
- Where patients need 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 decide.
- The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Good because:

- We observed a calm and friendly atmosphere at the practice during our inspection.
- Feedback received from the CQC comment cards were all positive about the staff and service. The clinic had received positive feedback from all patients following treatment.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- We received 28 completed CQC comment cards which showed feedback from patients was positive about the way staff treated people. Reviews left by patients on independent websites as well as the service website were in line with the comment cards we received as part of our inspection. For example, patients felt staff put them at ease and their expectations were met. Staff listened and adapted treatments to accommodate patient's needs. To further improve patient satisfaction staff had to be placed on additional training.
- 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. However, staff explained that they had never needed to use interpretation services. We saw notices in the reception area informing patients this service was available. Patients were also told about how to complain and offered support when required to help them make a complaint.
- Some staff were multi-lingual who were able to support patients if and when required. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

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.

Are services responsive to people's needs?

We rated responsive as Good because:

- Services were organised and delivered to meet patients' needs. The provider took account of patient needs and preferences.
- Patients could access appointments and services in a way and at a time that suited them.
- The clinic had an effective system in place for handling complaints and concerns.

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. For example, the service demonstrated awareness of the growth of the service and as a result carried out a recruitment campaign which resulted in employment of additional staff.
- The facilities and premises were appropriate for the services delivered. The clinic was located on the first and second floor of a shared building and there were no lifts in the building. Staff explained that if patients disclosed mobility problems which hindered their ability to access the building, arrangements were in place to ensure patients with mobility problems were able to receive treatment from a neighbouring location.
- Staff explained that the service did not have a hearing loop in the reception area to aid communication with patients who had difficulties with their hearing. However, we were told to aid communication staff would write things down when communicating with this patient group.
- The service allowed patients to pay in instalments to help manage costs.
- The facilities and premises were appropriate for the services delivered.

Timely access to the service

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

- The clinic offered appointments with the medical practitioner on a Wednesday and Friday. Another medical practitioner worked under practice privileges every other Wednesday afternoons.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patient feedback showed that patients felt the appointment system was easy to use. In response to patient feedback the practice opened two Saturdays per month between 10am and 4.30pm.
- Patients who were unable to attend appointments during normal working hours, extended hours were offered until 8pm on Wednesdays.
- The service offered flexible appointments based on patients' needs and there was a 24-hour helpline available to patients following their treatment. Patients were able to leave

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 service had complaint policy and procedures in place as well as a lead person who managed complaints. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. The service received two complaints since our previous inspection. Records showed that these were handled and resolved in a timely manner. However, none of these complaints were in relation to treatment regulated by the CQC. messages which was dealt with by either the medical practitioner or clinic manager.

Are services well-led?

We rated well-led as Good because:

At our previous inspection in April 2019, we rated well-led as requires improvement because; the clinical governance framework did not fully support the delivery of good quality care. Governance and performance management arrangements were not sufficiently reviewed to ensure risks were identified and mitigated. For example, risk assessments did not capture all risks and there was no oversight of infection prevention. Governance processes were not sufficient to ensure risk were managed in relation to clinicians working under practicing privileges.

These arrangements had improved when we undertook a comprehensive inspection on 11 September 2019. Therefore, the practice was rated good for providing well-led services; because:

- The management team strengthened responsibilities, established roles and systems of accountability in areas such as infection control to support good governance and management.
- The management of risks had been reviewed following our April 2019 inspection, and during this inspection records we viewed showed clear and effective processes for managing clinical and environmental risks.
- The service acted on appropriate and accurate information. The service encouraged and valued feedback from patients, the public as well as staff. The management team proactively sought patients' feedback and engaged patients in the delivery of the service.

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 when they arose.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Staff felt supported by the senior management team and involved in decisions relating to service delivery as well as future plans.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

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. For example, the service strived to be at the forefront of the chosen business area and aimed to provide an environment which enabled ongoing development.
- The service developed its vision, values and strategy.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. For example, staff followed set principles which required them to respect patients, one another; be productive and innovative as well as transparent.
- 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.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values and created a learning environment.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Incidents and complaints, we reviewed demonstrated this; although they were related to services delivered outside the scope of our registration. 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

Are services well-led?

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. For example, the management team explained systems and processes in place to support staff to maintain a positive work life balance.
- 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. For example, the management team explained that the service held team building days and arranged evenings out such as meals and social events.

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 had been strengthened since our April 2019 inspection, and we saw that they were clearly set out, understood and effective. For example, policies had been updated and the service established a lead person to oversee infection control.
- 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.

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. For example, clinical and environmental risk assessments captured all potential risks. Risks in relation to clinical staff working under practicing privileges had been reviewed and strengthened.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.

- Although the practice was unable to carry out clinical audits due to the low number of patients treated under the scope of CQC registration; non-clinical audits such as review of record keeping and patient surveys demonstrated that actions had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. Meeting minutes we viewed during our inspection confirmed this.
- 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.

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.

Are services well-led?

- 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.

- There were systems to support improvement and innovation work.

The senior management team demonstrated a deep-rooted passion for various services and engaged in a number of charitable events which enabled the service to donate a significant amount of funds for breast cancer, Birmingham Children's unit and local special needs school which enabled the local school to build a soft playground. Members of the management team explained a percentage of their takings were also donated to various charities' and they had established close links to a service who supported patients diagnosed with breast cancer.