Diamond Skin Care

Inspection report

25-27
Dr Torrens Way, New Costessey
Norwich
NR5 0GB
Tel: 01603744014
www.diamondskincare.co.uk

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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	Requires Improvement
Are services safe?	**Requires Improvement**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive to people's needs?	**Good**
Are services well-led?	**Requires Improvement**

Overall summary

This service is rated as Requires improvement overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We previously carried out an announced comprehensive inspection of Diamond Skin Care, Norwich on 8 November 2021. The service was rated as inadequate overall and for providing safe and well led services, requires improvement for providing effective services and good for providing caring and responsive services. As a result of the findings on the day of the inspection, the practice was issued with a warning notice on 18 November 2021. The practice was placed into special measures.

On 1 February 2022, a focused inspection was carried out to review compliance with the breaches identified in the warning notice only. It was found that the provider had made improvements to mitigate the risks identified in the warning notice.

This inspection on 4 January 2023 was an announced comprehensive inspection of Diamond Skin Care Norwich, to follow up on breaches of regulations and to re-rate the service.

Diamond Skin Care Limited is registered under the Health and Social Care Act 2008 to provide the following regulated activities:

- Diagnostic and screening procedures
- Surgical Procedures
- Treatment of disease, disorder or injury.

This service provides a full range of independent dermatology services, offering a mix of regulated skin treatments as well as other non-regulated aesthetic treatments. 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. We only inspected and reported on the services which are within the scope of registration with the CQC.

The Director of Diamond Skin Care 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.

Our key findings were:

Overall summary

- Since the previous inspection in November 2021, improvements had been made by the service. However, the service had not acted upon all the concerns previously identified and did not have all the necessary safety systems and processes in place or oversight of these, to keep people safe.
- The provider had systems in place to keep clinicians up to date with current evidence-based guidance. We saw evidence that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance.
- Staff treated patients with compassion, respect and kindness and involved them in decisions about their care.
- The service encouraged and valued feedback from patients. Feedback was positive which included timely access to the service.
- There was a lack of understanding of the management of risks and a lack of assurance in the systems and processes to ensure safe and well led services.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Continue to implement the new system for recording verbal consent.
- Improve the arrangements for informing patients about the complaints process.

I am taking this service out of special measures. This recognises the improvements that have been made by this service.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

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

Our inspection team

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

Background to Diamond Skin Care

- The name of the registered provider is Diamond Skin Care Limited. The registered address of the provider is 129 School Lane, Little Melton, Norwich, Norfolk, NR9 3LB.
- The provider has two registered locations. One is based in Norwich at 25-27 Dr Torren's Way, Norwich, Costessey, NR5 0GB and we visited this location as part of this inspection. There is a branch site at Eastpoint Consulting Rooms, Lowestoft Rd, Gorleston-on-Sea, NR31 6LA which we did not visit. The second location is in Colchester at Abbey Field Medical Centre, Ypres Road, Colchester, CO2 7UW. This location was not included in this inspection.
- The provider first registered with CQC in 2013 and is registered to provide services to the whole population. The service is available to children and adults. The services offered include those that fall under registration, such as mole and cyst removal, medical acne treatment and Botox injections for the treatment of excessive sweating. Other procedures, which do not fall under the scope of registration include for example, non-surgical wart and verruca removal.
- The clinic is located at 25-27 Dr Torrens Way, within a purpose-built GP practice on the outskirts of Norwich. Diamond Skin Care used two rooms within the premises. There is free parking at this clinic.
- The service was open Monday to Friday from 9am to 5pm. The service is accessed through booking a free advice call or appointment online on the service website. Patients could also book an appointment by telephone, could complete an online request for a call back within 24 hours (Monday to Friday) and there was a live chat on their website.
- The provider's website is www.diamondskincare.co.uk

How we inspected this service

Before the inspection, we asked the provider to send us some information, which was reviewed prior to the inspection day. We also reviewed information held by CQC on our internal systems.

During the inspection we spoke with the staff present including the Registered Manager and clinical staff. We made observations of the facilities and service provision and reviewed documents, records and information held by the service.

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

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

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

Requires Improvement

Are services safe?

We rated safe as Requires improvement because:

At the previous inspection in November 2021, we rated the provider as Inadequate for providing safe services because:

- The service could not evidence safety risks were assessed and managed appropriately, for example fire safety and infection prevention and control. Risk assessments had not been completed, for example where clinical staff were working and the service had not yet received a Disclosure and Barring Service check.
- The service was not able to evidence staff immunisation checks were complete and up to date.
- The service was not able to evidence that all staff received up-to-date training appropriate to their role. This included safeguarding children and safeguarding adults, basic life support, infection prevention and control and fire safety training.
- The service could not evidence appropriate arrangements were in place for the management and oversight of infection prevention and control and management of clinical waste.
- Arrangements for the management of medical emergencies were not clear and staff had not all been trained to respond to medical emergencies.
- The service did not have a process to ensure medicines and medical equipment were in date. We reviewed a sample of medicines and equipment and found some which were out of date.
- The service could not provide evidence or assurance that refrigerator temperature checks were completed and that refrigerated medicines were fit for use.
- The service did not have a system to check that an adult accompanying a child had parental responsibility and they did not check the identity of patients before offering treatment.
- The Registered Manager had taken steps to update their indemnity arrangements. However, at the time of the inspection, they were not able to provide evidence that appropriate and current indemnity was in place.
- The service should improve the arrangements in place for the follow up of referral requests made to GPs, for further referral when a skin cancer diagnosis had been made.

At this inspection, we found that:

- The service could not evidence that all safety risks were assessed and managed appropriately, for example legionella management or fire safety.
- The service evidenced that all staff immunisation checks were complete and up to date.
- The service evidenced that all staff had received up to date training.
- The service could not evidence that appropriate arrangements were in place for the management and oversight of infection prevention and control (IPC) as no IPC audit had been completed. The service evidenced that appropriate arrangements were in place for the management of clinical waste.
- Staff had been trained to respond to medical emergencies. However, there were not clear arrangements in place for the management of medical emergencies. We were sent a risk assessment which stated the service did not need to hold emergency medicines. However, it did not identify the risk and management of an emergency such as an anaphylaxis reaction.
- The service had assurance that refrigerator temperature checks were being conducted and that refrigerated medicines were fit for use.
- The service had a system in place to check that an adult accompanying a child had parental responsibility. Additionally, the identity of patients was checked before offering treatment.
- The service had evidence of indemnity arrangements in place for the clinicians.

Safety systems and processes

Requires Improvement

Are services safe?

The service did not have clear systems to keep people safe and safeguarded from abuse.

- The provider did not evidence that all necessary safety risk assessments had been carried out. At the previous inspection in November 2021, we found that the service could not evidence they had assurance that safety risks were assessed and managed appropriately, for example fire safety and infection prevention and control. At this inspection, we found that whilst the service was able to provide a copy of the landlord's fire policy which covered the rooms rented by the provider, there was still no oversight of any regular maintenance or verification checks, for example records of fire tests or evacuation records. The provider still did not have oversight of arrangements for the management of the risks associated with legionella.
- 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 told us that the named safeguarding lead for adults and children was the Medical Director, however, this was not documented in the service's adult or child policy.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- 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 conducted 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). The service was able to evidence that staff immunisation checks were complete and up to date.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- There was not an effective system to manage infection prevention and control. Whilst we saw that the practice had an infection prevention and control (IPC) policy, no IPC audit had been completed.
- The provider ensured that equipment was safe and maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider did not carry out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

There were not systems in place to assess, monitor and manage all risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- At the previous inspection in November 2021, we found that arrangements for the management of medical emergencies, which included the medicines and equipment which would need to be used, were not clear. At this inspection, we saw that staff had been trained to respond to medical emergencies. However, there were still unclear arrangements in place for the management of medical emergencies, for example checking emergency equipment and medicines were appropriate and safe for use. We were told that the service had an agreement with the GP practice to use their emergency medicines and equipment. We requested written evidence of this agreement, but none was provided. Whilst these emergency medicines and equipment were being checked by the practice staff, Diamond Skin Care did not have oversight of this and could not ensure that all equipment and medicines would be available in an emergency. After the inspection, we were sent a risk assessment which stated the service did not need to hold emergency medicines. However, it did not identify the risk and management of an emergency such as an anaphylaxis reaction.
- When there were changes to services or staff, the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

Requires Improvement

Are services safe?

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, although medicines audits were not being completed.

- Processes were in place for checking non-emergency medicines and maintaining accurate records.
- There was a safe system for managing prescriptions. The service issued private prescriptions which were stamped with the service's information and included the appropriate details on the prescription.
- The service told us that they did not carry out a regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- There were effective protocols for verifying the identity of patients including children.

Track record on safety and incidents

The service could not evidence a good safety record.

- The provider did not evidence that they had assurance that safety risks were assessed and managed appropriately, for example fire safety, legionella management and infection prevention and control. This was a concern at our previous inspection in November 2021.

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 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.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Good

Are services effective?

We rated effective as Good because:

At the previous inspection in November 2021, we rated effective as Requires improvement because:

- Arrangements were in place to discuss and document risks from specific treatments, however, we identified one patient who had been commenced on a medicine which can have a serious side effect, and lead to changes in mood and behaviour, although rare. There was a lack of detail in the patient's notes that low mood, suicidal ideas or any other mental health problems had been specifically discussed with them.
- Checks of registration with General Medical Council and Nursing and Midwifery Council were completed at recruitment, however there was no process to check this on an ongoing basis.
- Non-clinical audits were completed for recording keeping, for example, to check that follow up appointment reminders had been recorded appropriately. However, these had not been documented.
- The service did not have up to date records of the completion of staff training.
- We found some records lacked detail in relation to prescriptions.

At this inspection, we found that:

- Comprehensive arrangements were in place to discuss and document risks for specific treatments.
- Checks of registration with the General Medical Council and Nursing and Midwifery Council were completed at recruitment and on an ongoing basis.
- There was a schedule for the completion of non-clinical audits including clinical records which were being completed on a monthly basis.
- The service had up to date records of the completion of staff training.
- Records contained sufficient detail in relation to prescriptions.
- The service obtained consent to care and treatment in line with legislation and guidance, but this was not always documented.

Effective needs assessment, care and treatment

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

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines and the British Association of Dermatologists guidance.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- 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 actively involved in quality improvement activity.

Good

Are services effective?

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits for example, a post-operative infection audit. Clinical audit had a positive impact on quality of care and outcomes for patients.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ 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. For example, a staff member was in the process of completing training to become a non-medical prescriber. The service had supported the staff member to complete this.

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.
- 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.
- 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.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse.
- 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.

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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patient 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, but this was not always documented.

Good

Are services effective?

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- We saw that when verbal consent was given for a procedure, this was not always recorded in the patient record. When we highlighted this, the service told us that the proforma would be changed immediately so verbal consent was always documented in the future.

Good

Are services caring?

We rated caring as Good because:

Staff treated patients with kindness and compassion and involved them in decisions about their care. Staff protected patients' privacy and dignity.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- The provider advised that, if necessary, patients could contact a translation service if this was identified as a need. They advised patients would usually bring someone with them who could help with communication needs, if necessary. Patients were told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patient feedback given to the service commented on caring and kind staff members. They said that they felt listened to, 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.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

The service organised and delivered services to meet patients' needs. There were short waiting times for dermatology and minor surgery appointments and patients were advised of treatment prices in advance.

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.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.

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. However, information was not readily available to patients.

- At our previous inspection in November 2021, the service had a complaints policy and procedure in place. However, information about how to make a complaint or raise concerns was not available in the clinic or on the services' website. At this inspection, we found that this had not been addressed.
- 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 and directed them to contact the Care Quality Commission.
- The service told us they had received 6 complaints in the last 12 months. We looked at 2 of these complaints and found that they had been managed appropriately. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.

Requires Improvement

Are services well-led?

We rated well-led as Requires improvement because:

At our previous inspection in November 2021, the service was rated as Inadequate for providing well-led services because:

- Leaders were not always aware of the risks and issues relating to the quality of services and were not always clear about their roles and accountability.
- The service did not have oversight of the completion of mandatory training and staff had not all received training relevant to their role.
- The service could not evidence they had systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients and others who may be at risk. This included for example, complaints, health and safety, infection prevention and control, and fire risks.
- Structures, processes and systems to support good governance and management were not always clear, understood and effective.

At this inspection, we found that:

- The provider had acted upon some issues identified at the inspection in November 2021, however, some concerns remained for example oversight of risk assessments including fire, legionella management, IPC, medical emergencies and complaints management.
- The service had oversight of the completion of mandatory training and staff had all received training relevant to their role.
- Some structures, processes and systems to support good governance and management had been strengthened and were clear, understood and effective.
- The service had improved the system to review policies and procedures and review dates were documented.

Leadership capacity and capability;

Leaders had the capacity and skills and the knowledge to deliver high-quality, sustainable care.

- 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 had a range of communication systems available. These supported for example, the smooth running of clinics, the sharing of general information about the service and reminders about tasks which need to be completed.

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 service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care but did not have complete oversight to ensure patients and staff were safe.

Requires Improvement

Are services well-led?

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients. However, the service did not have complete oversight of some systems and processes to ensure patients and staff were safe.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals. All staff were considered valued members of the team.
- 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.

Governance arrangements

There were not always clear systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were not always clear, understood and effective. The governance and management arrangements, whilst improved since the last inspection, were still not wholly effective. This included arrangements for the management of medical emergencies, infection prevention and control, the risk from legionella and fire safety.
- Staff were clear on their roles and accountabilities.
- Policies and procedures were available, and these were regularly reviewed. However, some policies lacked detail. For example, there was no named safeguarding lead in the Child Protection Policy or the Safeguarding of Vulnerable Adults policy.

Managing risks, issues and performance

There was limited clarity around processes for managing risks, issues and performance.

- The service could not evidence that they had all systems and processes in place to assess, monitor and mitigate the risks relating to the health and safety of patients and others who may be at risk. For example, there was no oversight that the fire risk was being managed and maintained in the shared building.
- The service had processes to manage current and future performance.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change services to improve quality.
- There was no business continuity plan in place.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- 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.

Requires Improvement

Are services well-led?

- 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 to support high-quality sustainable services.

- The service encouraged and heard views and concerns from patients and acted on them to shape services and culture. Patient feedback was closely monitored and acted upon to shape services. Patients were encouraged to leave reviews and feedback on the Diamond Skin Care website and were also encouraged to leave reviews on Google. Patients were also encouraged to contact the service by phone or email to discuss anything they did not want to leave in a review.
- Staff could describe to us the systems in place to give feedback.
- The service was transparent, collaborative and open with stakeholders about feedback received. Feedback was available to be viewed on the service's website.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. A staff member was currently undergoing a course to become a non-medical prescriber with the support of the service.

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
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. How the regulation was not being met. • The registered person had systems or processes in place that failed to enable the registered person to fully assess, monitor and mitigate all the risks relating to the health, safety and welfare of service users and others who may be at risk. For example regarding fire safety, IPC, the management of the risk of legionella and the arrangements for managing medical emergencies. Regulation 17(1)