

City Clinics Group Limited

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Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

We have not rated this service before. 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, understood how to protect patients from abuse, 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 design, maintenance and use of facilities and premises kept people safe.
- Staff provided good care and treatment, gave patients pain relief when they needed it. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs. They provided support to patients.
- The service planned care to meet the needs of patients and took account of patients' individual needs. 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 felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountability. The service engaged well with patients and all staff were committed to improving service continually.

However,

- Maintenance and use of some equipment was inconsistent. For example, no regular checks were done for items stored in black treatment trolleys kept in the recovery room and treatment room. We found some cleaning products stored unlocked underneath the hand basin. There was no sharps bin and wall-mounted paper towel dispenser in the recovery room. The treatment room could not be locked from outside. This meant the room was not secure during non-operational days. There were some non-complaint actions identified in the annual infection prevention and control audit in March 2021 that the service was still working on.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good	

Summary of findings

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Summary of this inspection

Background to City Clinics Group Limited

City Clinics Group Limited is operated by City Clinics Group Limited. The service opened in June 2020. The service provides day case surgical hair transplant procedures to private patients over the age of 18. There are two methods of hair transplantation: follicular unit transplant and follicular unit extraction. The service provided follicular unit extraction. In follicular unit extraction, individual follicles are extracted and then implanted into small excisions in the patient's scalp. All procedures were undertaken using local anaesthesia.

The clinic is registered to provide the following regulated activities:

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

Activity (1 June 2020 to 31 May 2021):

- The clinic carried out 80 day case (FUE) hair transplant procedures.
- There were 323 consultation appointments. Out of 323, 131 were new consultations and 192 were follow up appointments.

There has been a registered manager in post since the clinic opened in 2020. The registered manager was also the lead doctor working at the clinic and owned the clinic. The service employed four hair technicians, one clinic manager and one operations manager. Other hair technicians were not employed permanently by the service but were called upon as required when there was patient treatment.

We have not previously inspected this service.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on 4 June 2021. We gave staff 48 hours' notice that we were coming to inspect to ensure the availability of the registered manager and clinics.

During the inspection, we visited the whole clinic, including the reception, waiting area, treatment room, recovery room and consultation room. We spoke with four staff including hair technicians and the registered manager. We spoke with two patients and reviewed 10 sets of patient records. We reviewed patients' feedback available on the clinic's website.

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>.

Summary of this inspection

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a trust **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 SHOULD take to improve:

- The service should ensure the fire extinguisher is stored correctly.
- The service should ensure the treatment room is secure when not in use.
- The service should improve staff understanding of duty of candour (DoC).
- The service should complete all outstanding actions identified in the annual infection prevention and control audit in March 2021.






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

Surgery

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

Are Surgery safe?

Good 

We have not rated safe before. We rated it 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. Mandatory training required to be undertaken by all those who worked for the service included: fire safety, equality and diversity, infection control, safeguarding adults and children, manual handling, basic life support and information governance. There was a clear log kept with each staff record of when their training would expire.

Safeguarding

Staff understood how to protect patients from abuse and had training on how to recognise and report abuse.

All clinical staff completed safeguarding adults and children training (level two) as part of their mandatory training. The members of administrative staff completed adult and children safeguarding training level one. The lead doctor had completed level three adult and children safeguarding training and was the nominated safeguarding lead. There was an up-to-date safeguarding policy. All staff we spoke with knew how to escalate safeguarding concerns or demonstrated awareness of potential safeguarding issues.

Cleanliness, infection control and hygiene

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

All areas were clean and had suitable furnishings which were clean and well-maintained. We observed social distancing within the clinic and use of appropriate personal protective equipment (PPE) and hand sanitiser. Patients were asked to

Surgery

fill out a detailed screening questionnaire, complete a consent form for treatment during COVID-19 pandemic and had their temperatures taken prior to admittance to the clinic. COVID-19 testing (Lateral flow test) kits were available for staff to carry out weekly. COVID-19 testing of day case patients was done prior to the procedure, each patient signed a consent form declaring no air travel 14 days prior to the procedure and they do not have any sign and symptoms of COVID-19.

The service generally performed well for cleanliness. There were consistent records of external cleaning by the cleaning staff. There were records kept for items staff cleaned, for example, clippers used to cut patient's hair, blood pressure cuffs and thermometer. The service used an external company for an annual infection prevention and control audit. The clinic carried out monthly hand hygiene audits. Results of January 2021 to April 2021 audit showed that three staff observed were all compliant. The clinic carried out annual internal infection prevention and control audit. January 2021 audit showed overall compliance of 95% with the standards. Any lapse in practice was identified and actions were taken to rectify those. The service used systems to identify and prevent surgical site infections. There had been no infections in the 12 months prior to our inspection.

Environment and equipment

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

There was an equipment policy. All equipment had evidence it had been recently tested. All stock and single-use items were stored in a locked room and regular stock checks were done. However, no regular checks were done for items stored in black treatment trolleys kept in the recovery room and treatment room. We found two lidocaine injections, one adrenaline ampule, unboxed single edge blades and open dextrose energy tablets in the trolley in the recovery room. Following the inspection, the service carried out a risk assessment for both trolleys and rectified the anomalies identified and introduced a stock checklist for staff to complete. The clinic manager carried out environmental audits. We saw results of audits completed for December 2020, February 2021 and May 2021 and actions taken.

On the day of inspection, we found some cleaning products stored unlocked underneath the handbasin. These were not covered by the Control of Substances Hazardous to Health (COSHH) risk assessments viewed on the day of inspection, meaning there were insufficient control measures in place to prevent or reduce exposure to these hazardous substances. The service carried out a COSHH risk assessment and cleaning products were removed and stored in a locked room on the next working day following the inspection.

In the recovery room, there was no wall-mounted paper towel dispenser. The service rectified this and a wall-mounted dispenser was put in place within two weeks following the inspection.

An external company carried out an annual infection prevention and control audit in March 2021. Though the service acted on most areas for improvement identified by the audit. There were some non-compliant actions that the service was still working on. For example, clinic hand wash basins had an overflow and sink plug, and taps were not lever action or sensor operated. The doctor told us that they were looking for a suitable solution as this required property owner's permission.

Staff managed clinical waste well. There was a service level agreement in place with an external provider to collect clinical waste. The clinical waste was disposed of in suitable bins which were stored in a safe place. Sharps containers within the clinic were dated and signed when assembled, not overfilled and temporarily closed when not in use. However, there was no sharps bin in the recovery room. The service rectified it immediately and a sharps bin was placed in that room on the same day.

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A resuscitation trolley was stored in the treatment room. We inspected the contents and equipment of the resuscitation trolley and found all to be complete and in-date. We saw a monthly register confirming stock checks, which we found to be complete. The doctor told us that hair transplant is a low risk surgery and there have been no incidents where they needed the resuscitation trolley. An oxygen cylinder was kept in a green grab bag on the resuscitation trolley, we found this in a vertical position and not secure. Following the inspection, we saw evidence that the cylinder was placed in a secure position in a built-in holder on the resuscitation trolley.

The treatment room could not be locked from outside. This meant the room was not secure during non-operational days. The doctor told us that they were already in discussion with the property owner to place a lock on the door and looking for a suitable solution.

The external annual infection prevention and control audit in March 2021, showed the mechanical ventilation system in the treatment room was cleaned routinely. Fire extinguishers were accessible and all up to date with their services. All staff had received fire safety training and knew the fire exits and carried out fire drills. However, fire extinguisher in the communal waiting area was not stored off the floor. The clinical manager informed us that safety stands have been ordered by the property owner to ensure that these were stored safely.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks.

There was an admission and exclusion criteria policy. The provider informed us that for hair transplant surgery majority of the patients were fit and well with no past medical history, no drug history and no history of adverse reactions. All procedures were low risk and performed under local anaesthetic. Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately.

Before providing treatment, the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw evidence of pre-assessment and medical history completed in 10 patient records we looked at. A medical history was taken for all patients to identify any patients which would be at higher risk. The service would refer patients to relevant specialties to ensure patients were fit for surgery. The doctor told us that he would assess and discuss every patient's psychiatric and emotional health to determine if patients had body image issues in line with professional guidance.

Staff told us what action they would take if a patient was at risk of deterioration. The doctor was Advance Life Support (ALS) trained and all hair technicians were basic life support (BLS) trained. In the case of emergency assistance would be sought by telephoning 999. The service had a sepsis policy. All clinical staff has received sepsis awareness training. The provider used the World Health Organisation (WHO) safety checklist for patients throughout the perioperative journey to prevent or avoid serious patient harm. This was in line with national recommendations (NPSA National Patient Safety Alert: WHO Surgical Safety Checklist). Health records audit of 61 patient notes between July 2020 and March 2021 showed 100% compliance with the WHO checklist.

Staffing

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

Surgery

There was one doctor who completed all the surgical hair transplants. The service employed four hair technicians on zero-hours contracts. All staff we spoke with felt the staffing levels were sufficient to cover the work required. Procedures would be cancelled if needed, for example, if the lead doctor was unwell. There was a formal induction process for new staff, which we saw documented. The provider carried out staff checks at the time of recruitment or hiring a technician. Disclosure and Barring Service (DBS) checks were undertaken on all staff members. (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).

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.

The clinic used electronic and paper records for patient information. All records containing patient information were stored securely. Digital images of pre -and post-surgery were stored in a password-protected iPad. Information was shared with GPs if patients gave their consent. Patients received a discharge letter after surgery that they could share with their GP. Patient notes were comprehensive and all staff could access them easily. The 10 records we looked at on the day of inspection were complete and consistent. A monthly records audit was part of the service's audit programme. Health records audit of 61 patient notes between July 2020 and March 2021 showed 100% compliance with all standards.

Medicines

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

There was a medication management policy. Antibiotics were prescribed in line with best practice.

The service did not use any controlled drugs. Allergies and medication given to patients were clearly documented in records. All medicines in the medicine cupboard we checked were within date and stored appropriately. However, we found an ampoule of midazolam and salbutamol loose in the green oxygen cylinder grab bag above the resuscitation trolley. Following the inspection, the service carried out a risk assessment and stored the medicines safely in the resuscitation trolley. There was a service level agreement (SLA) with a local pharmacy in place for the supply of medicines.

Incidents

The service manages patient safety incidents well.

Staff had a clear understanding of what an incident was and knew how to report it. There had been one incident related to needle stick injury, reported in the last 12 months, of which the whole team was aware. Actions were taken to reduce the risk of re-occurrence of a similar type of incident. The service had no never events and no serious incident reported since it became operational.

Were things to go wrong, staff told us they would apologise and give patients honest information and suitable support. The provider had an incident management policy which referenced 'duty of candour'. However, not all staff were fully aware of what the term 'duty of candour' (DoC) meant. The DoC is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. The clinic manager had a process to ensure actions from patient safety alerts were implemented and monitored. They received any such alerts via email.

Surgery

Are Surgery effective?

Good 

We have not rated effective before. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

Clinical policies and procedures we reviewed were all in date and referenced relevant National Institute of Health and Care Excellence (NICE) and Royal College guidelines. The clinic also used guidance from the International Society of Hair Restoration Surgery. This organisation promotes best practice for this type of surgery.

Both pre-operatively and post-operatively, the service complied with the evidence based best practice. The pre-operative assessment included screening against a defined set of suitability criteria to ensure patients were suitable for the treatment. Patients were given written aftercare instructions, early stage and later stage review appointments before discharge home as well a 24-hour telephone number. The service carried out regular audits. This included infection prevention and control audits, records and consent audits. The feedback from these audits would be shared with staff directly or in team meetings.

All surgical treatments followed a cooling-off period from the initial consultation enabling the patient to return at a later date for the treatment once they had made an informed decision. This was in line with best practice.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health.

Staff offered refreshments and hot beverages to patients. The service informed us that due to COVID -19 they changed their policy of offering sandwiches and asked patients to bring their own lunch. As procedures could last over prolonged periods, patients were given a break during treatment for food and drink.

Pain relief

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

Staff gave pain relief in a timely way. Due to scheduled activity on the day of inspection we did not observe patient procedures. There was evidence in patient records that staff recorded the administration of local anaesthetic detailing the type, batch number, amount, expiry date and site of administration. The service used pain scoring 0-10 to assess and monitor patients regularly to see if they were in pain. Pain scoring was documented in all 10 patient records viewed on the day of inspection. Patients were advised to purchase paracetamol over the counter for post-operative pain relief. The advice was discussed pre-and post-operatively about what to do if discomfort became significant.

Patient outcomes

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

The service measured outcomes on a visual basis, taking 'before' and 'after' pictures of patients, if they consented. This also enabled patients to see visual changes after procedures. Patients were seen at three, six and 12 months after their procedure for a follow-up appointment to review their results. The service monitored clinical outcomes at each follow-up appointment by taking pictures of the surgical site. The doctor indicated that it requires a minimum of 12 months post-surgery for the full effect of treatment to become apparent. At the time of inspection, there were a limited number of patients who had completed the full 12 months of hair transplant treatment.

Contact details of the lead doctor were given to patients along with instructions to contact the service at any time should any complications or questions arise. We saw evidence in all 10 records that follow-up appointments have been arranged for patients.

Competent staff

The service made sure staff were competent for their roles. Managers held supervision meetings with staff to provide support and development.

Staff were qualified and had the right skills and knowledge to meet the needs of patients. We saw evidence of mandatory training completion, appraisal meetings and current disclosure and barring service (DBS) checks in staff files on the day of inspection. Managers gave all new staff a full induction tailored to their role before they started work. Informal Friday refresher teaching sessions were held by the doctor for hair technicians. Topics such as surgical site infection and sepsis were covered in those meetings. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

The doctor was licensed with the General Medical Council (GMC), had a current appraisal, medical revalidation and had undertaken training relevant to his role. The doctor was a member of the European College of Aesthetic Medicine and Surgery, the International Society of Hair Restoration Surgery, the British Association of Hair Restoration Surgery and an affiliate member of the Royal College of Surgeons.

Multidisciplinary working

Clinical and non-clinical staff worked together as a team to benefit patients. They supported each other to provide good care.

The healthcare professionals providing regulated activity worked together as a team to benefit patients. Staff told us there were positive working relationships between all individuals as it was a small team. In the patient records, we saw evidence that patients were asked whether they consented for their information to be shared with their GPs.

Seven-day services

The service was available three days a week to support timely patient care. Appointments could be booked between 9 am and 5 pm, Monday to Friday.

Health promotion

Surgery

Staff gave patients advice in relation to their procedure.

There was patient information about procedures available on the service's website and in information emailed to patients.

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.

Consent was obtained in line with the Royal College of Surgeons (RCS) Professional Standards for Cosmetic Surgery (April 2016) which states that consent should be gained by the doctor who will be delivering treatment 14 days prior to treatment, to ensure the patient has a cooling-off period to consider their decision to go ahead with the surgery. We saw evidence that cooling-off periods were routinely given prior to a patient consenting to a hair transplant procedure. Consent forms were complete and signed in all 10 patient records viewed on the day of inspection.

There was a written policy relating to the Mental Capacity Act (2005). All staff received specific training in relation to the Mental Capacity Act and Deprivation of Liberties awareness. 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?

We have not rated caring before. We rated it as good.

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 the time to interact with patients in a respectful and considerate way. Staff followed policies to keep patient care and treatment confidential. Feedback collated by the service indicated patients were happy with the care, treatment and service received. Patient comments indicated the staff were "friendly and welcoming", treated them well and with kindness and their experience was "excellent".

Emotional support

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

Staff were able to describe how they would provide reassurance and support for nervous and anxious patients. The provider told us staff spent time with patients both pre-and post-procedure carefully explaining the after-care, recovery process and options to reduce patients' anxieties. Patient feedback indicated they felt able to call the service following their procedure for reassurance and advice.

Surgery

Understanding and involvement of patients and those close to them

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

Staff made sure patients understood their care and treatment. Patients were given clear information and preparation instructions as a pre-operative booklet. Following their treatment patients were given a post-operative instruction booklet. Patients could use the 'transplant calculator' on the clinic website to find the cost of the hair transplant. All costs were discussed and agreed upon with the patient. Patients told us that the cost was clearly explained to them.

Patients could give feedback on the service and their treatment and staff supported them to do this. Patients gave positive feedback about the service. A patient we spoke with praised the provider for the detailed explanation of treatment and also for the emotional support provided during treatment. The provider communicated with people in a way that they could understand, for example, a diagrammatical explanation of the treatment was utilised.

Are Surgery responsive?

Good 

We have not rated responsive before. We rated it 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.

Facilities and premises were appropriate for the services being delivered. The clinic was open three days a week (Monday, Wednesday and Friday) and provided consultations and elective hair transplant surgery by appointment only. The clinic provided elective hair transplant procedures to patients aged over 18 years. No procedures conducted involved an overnight stay at the clinic. The clinic's location was close to public transport links. There was one clinical treatment room on the ground floor, a recovery room, a consultation room, patient toilets including an accessible toilet, and a waiting area downstairs.

Meeting people's individual needs

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

Patients completed a contract that clearly stated what course of treatment they had chosen and the cost. We saw that terms and conditions were clearly recorded and the person receiving the treatment was required to sign this contract prior to surgery. We asked one patient who confirmed that the total cost and what was included in the cost was clearly explained to them at the initial consultation. The clinic did not have wheelchair access to the consultation and recovery rooms due to its layout. The service was able to offer alternative solutions by using the treatment room for those patients if required. The service had access to a formal interpreter service. There was a hearing loop available at the reception.

Surgery

Since the COVID-19 pandemic, the service changed its policy of provision of food and asked patients to bring their own lunch. Patients were given a choice of hot beverages to meet their cultural and religious preferences. We saw detailed pre and post-operative information leaflets available and provided to patients. All information was available in English only. The service informed us that there has not been any request to translate any information but if required they would make those available.

Access and flow

People could access the service when they needed it.

Patients could arrange an appointment by telephone or on the website which appeared easy to use. There was no waiting time and all procedures were booked in advance at a time to suit the patient. Once the procedure was confirmed with the doctor, hair technicians were contacted to support the procedure.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously.

Patients knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. Though there was no formal complaint since the clinic opened. Staff understood the policy on complaints and knew how to handle them. The service recently applied for the Independent Sector Complaints Adjudication Service (ISCAS) subscription and was awaiting confirmation. We saw evidence of this. The service kept a log of informal feedback from patients. Staff could give examples of how they used patient feedback to improve practice.

Are Surgery well-led?

We have not rated well-led before. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service.

The registered manager was also the CQC nominated individual and safeguarding lead. The lead doctor was supported by a clinic manager and a practice manager. 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.

Vision and Strategy

The service had a vision for what it wanted to achieve and a business plan to turn it into action.

Surgery

The vision and business plan were focused on expanding the services and appointing more permanent hair technicians. The registered manager and management staff understood and knew how to apply those plans in practice monitor progress.

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. The service had an open culture where patients and staff could raise concerns without fear.

During the inspection, we were assured the culture encouraged openness and honesty in response to incidents. Staff understood the importance of recording incidents to learn and prevent recurrence. Staff understood being open and honest with service users when things go wrong with care and treatment.

Governance

The management team 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.

We saw that policies were in place for key governance topics such as incident and risk management, safeguarding and management of complaints. Clinical governance meetings were held monthly to discuss policies, audits, equipment or patient feedback, for example. We saw meeting minutes from six previous meetings and found them to be thorough. Team meetings were held monthly. We saw meeting minutes of four previous meetings and saw that patient feedback and learning from incidents were shared with staff. An audit programme was in place to monitor the quality of services being provided. The audit plan included infection prevention and control audits, record keeping and consent audits.

Management of risk, issues and performance

Leaders and staff used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

The service kept a risk register. The risk register recorded the location of risks, a brief analysis, a description, the severity and likelihood rating, any mitigation measures, a responsible person and a target date to review. There was a policy for risk management and the service undertook various risk assessments. We saw risk assessments for fire safety, health and safety, infection control, COVID-19 and legionella. The service was responsive to the areas of improvement and took immediate actions to rectify risks identified during the inspection, such as unlocked COSHH products and installing wall-mounted paper towel dispenser. Following the inspection, comprehensive risk assessments were submitted to us.

Managing information

The service managed and used information well to support all its activities, using secure electronic systems.

Surgery

There was General Data Protection Regulation (GDPR) policy that staff followed. All staff had received information governance awareness training. Photographs of patients' treatment areas were stored electronically. Staff told us these were stored securely. We saw evidence that iPad used to store patient images was kept in a locked cabinet within a locked room. The key for the cabinet was held by the registered manager. There was a valid Information Commissioner's Office (ICO) data protection officer certificate for the registered manager.

Engagement

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

The service kept records of the minutes of the staff meetings which focused on operational issues, service developments and learning and improvement. The first staff survey was carried out in June 2021, no results were yet available. Staff told us they would be comfortable suggesting improvements to the service directly to the registered manager. The service had an easily accessible website where patients were able to leave feedback and contact the service. This showed patients were able to engage with the service online and verbally. The doctor told us they would go through patient comments to identify areas to change or improve the service. The service sought patient feedback through an online feedback platform. Of 21 reviews, 95% rated the clinic as 'excellent' and 5% rated it as 'great'.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

The provider was responsive to the feedback from our inspection and made improvements following immediate feedback. For example, placing the sharps bin in the recovery room, risk assessing the storage of COSHH products and removing the extra emergency medicines stored in green oxygen cylinder to the lockable resuscitation trolley.