The Lawrence Clinic

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from 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?	Requires improvement

Overall summary

The Lawrence Clinic is operated by TLC Medical Centre limited liability partnership (LLP). It is a multidisciplinary clinic, offering musculoskeletal, complementary and front foot surgery. The clinic was established in October 2003 bringing together specialists in medicine, surgery and complementary medicine under one roof. The clinic was owned and managed by four directors, one of whom was the registered manager. The directors did not undertake any clinical functions.

The Lawrence Clinic provided front foot surgery for adults aged 18 and over. We inspected this service using our comprehensive inspection methodology. We carried out the short notice announced part of the inspection on 19 October 2019. It was necessary to conduct a short notice announced inspection because the service was only open one or two Saturdays per month and only if demand from users of the service required it.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services:

Summary of findings

are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

The main service provided by this clinic was surgery. Where our findings on surgery – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the surgery service level.

Services we rate

We rated this service as **Good** overall.

We found good practice:

- The service had enough staff to care for patients and keep them safe. Medical staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, 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, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and staff were committed to improving services.
- Mandatory training completion was high and all staff had received an appraisal within the last year.
- The provider had robust arrangements in place for obtaining consent for patients having surgery or other procedures at the service.

However, we found the following areas of concern:

- There were tears on the couch in the theatre, which posed an infection risk. The clinic was in the process of replacing this item.
- At the time of the inspection, the provider did not have a process in place to protect the public from the risk of Legionnaires disease. This was evidenced in the bathroom where the shower hose had been removed, leaving an outlet which was not tested regularly. We raised this as a concern with the registered manager at the time of the inspection. Since the inspection, the provider had contracted with an external company to have the water tested regularly.
- The service did not take minutes of all meetings. It is good practice to minute discussions of meetings so there is an accurate record of what was discussed.
- The service did not have a written strategy in place, however the small team's vision and ethos and shared values were evident.

Summary of findings

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Ann Ford

Deputy Chief Inspector of Hospitals (North)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	Surgery was the main activity of the hospital. We rated this service as good. The safe, effective, caring and responsive domains were rated as good, and the well led domain as requires improvement.
Outpatients	Good 	Outpatient services were a very small proportion of the service's activity. Where arrangements were the same, we have reported findings in the surgery section. We rated this service as good. The safe, caring and responsive domains were rated as good, and the well led domain as requires improvement. We do not rate the effective domain.

Summary of findings

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Good

The Lawrence Clinic

Services we looked at
Surgery; Outpatients

Summary of this inspection

Background to The Lawrence Clinic

The Lawrence Clinic is operated by TLC Medical Centre limited liability partnership (LLP). The clinic opened in October 2003. It is a private hospital in Pudsey, West Yorkshire. The hospital primarily serves the communities of the Yorkshire area. It also accepts patient referrals from outside this area.

The clinic was in a rented two-storey building. The clinic was located on the ground floor containing a reception area, one theatre, two consultation rooms and one store room.

This location had previously been inspected on 27 September and 8 October 2013 with the report being published on 6 November 2013. This inspection was conducted under the old methodology and showed that the service had met all the standards.

The hospital has had a registered manager in post since 1 October 2010. At the time of the inspection, the same registered manager was still in post.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, and a specialist advisor with expertise in orthopaedics. The inspection team was overseen by Sarah Dronsfield, Head of Hospital Inspection.

Information about The Lawrence Clinic

The clinic specialised in podiatric surgery; that is front foot surgery, which was the only activity that was regulated by CQC and was delivered under the care of two podiatric surgeons. This surgery was aimed at patients who were suffering from pain in their feet or other foot-related ailments. The surgery was conducted under local anaesthetic. The Lawrence Clinic only treated adults aged 18 and over. Patients paid for their surgery from their own funds or through their health insurance. The operating theatre at The Lawrence Clinic was solely used for podiatric surgery. Surgery took place on one or two Saturdays per month throughout the year – on these days the whole clinic was used by the surgical service with no other staff or patients present. This allowed a sole focus on the surgical clinic and its patients.

The Lawrence Clinic also provided other therapies such as physiotherapy, chiropractic treatment, reflexology along with a host of other complementary therapies. These are not regulated by CQC and thus were not inspected.

The clinic had one theatre and two consulting rooms on the ground floor of the clinic. There was a reception area near the main entrance which was wheelchair accessible. A ramp led from the reception area to the theatre and consulting rooms.

The clinic was registered to the following regulated activities:

- Surgical procedures
- Treatment of disease, disorder or injury

During the inspection, we visited the whole clinic including the theatre and consulting rooms. We spoke with six staff including surgeons, registered nurses, reception staff, and the registered manager. We spoke with six patients and reviewed three sets of patient records.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection.

Activity (July 2018 to June 2019)

Summary of this inspection

- In the reporting period July 2018 to June 2019, there were 27 day case discharges and 82 outpatient attendances at The Lawrence Clinic; of these 100% were privately funded.
- The following were the ten most common surgical procedures performed during this period:
- Scarf and Akin (bunion correction)
- Proximal Interphalangeal Joint (PIPJ) lesser toe fusion
- Brachymetatarsia correction (toe lengthening)
- Correction of hammer toes
- Lapidus (bunion correction)
- Correction of mallet toes
- Silvers bunionectomy
- Cheilectomy (removal of excess bone from the big toe)

Two surgeons worked at the clinic under practising privileges. There were six registered nurses who were self-employed under practising privileges who attended on Saturdays. There were five receptionists with a team leader who took it in turns to cover a Saturday each month. The clinic had a self-employed cleaner who cleaned the building each Friday evening and cleaned all surgical sites each Sunday morning.

Track record on safety (July 2018 to June 2019)

- There had been no service user deaths or never events reported in the previous 12 months. Never events are serious service user safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious service user harm or death but neither need have happened for an incident to be a never event
- There were no serious incidents reported in the previous 12 months
- No clinical incidents were reported in the previous 12 months
- No serious injuries were reported in the previous 12 months
- There had been no cases of hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA), Methicillin-sensitive staphylococcus aureus (MSSA), Clostridium difficile (C. diff) or hospital acquired E-Coli bacteraemia, at the clinic in the reporting period
- There were no unplanned urgent transfers of a service user to another health care provider
- There had been no cancelled appointments for a non-clinical reason in the previous 12 months
- No complaints had been received by the clinic in the previous 12 months

No other providers operated within the same location.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated it as **Good** because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff completed topics such as fire training and sepsis training. As the clinical staff were employed by the NHS, they completed mandatory training with their employer and provided evidence of completion to The Lawrence Clinic.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- All policies were stored on a computer in the reception area. Hard copies were also available in the reception area and pre-operation consulting room.

However;

- At the time of the inspection, the provider did not have a process in place to protect the public from the risk of Legionnaires disease. This was evidenced in the bathroom where the shower hose had been removed and thus left an outlet which was not tested regularly. We raised this with the registered manager at the time of the inspection. Since the inspection, the provider had made arrangements with an external company to have the water tested regularly.
- During the inspection, we saw tears on the couch in the theatre which meant there was the potential for an increased risk of cross infection. After the inspection, the registered manager told us that the couch was scheduled to be replaced at the beginning of 2020. The provider noted the concerns we shared onsite and began the procurement process for a new couch immediately.

Are services effective?

Good

We rated it as **Good** because:

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

Summary of this inspection

- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- We observed good multi-disciplinary working and communication between the team in the clinic on the day of our inspection.

Are services caring?

Good

We rated it as **Good** because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Are services responsive?

Good

We rated it as **Good** because:

- The service planned and provided care in a way that met the needs of local people and the communities served.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However;

- The director told us that they never had a patient attend requiring an interpreter, but if they did require an interpreter

Summary of this inspection

they could attend with a family member to interpret. This is not best practice. The service had on file details of two interpretation and sign language companies whose services could be accessed should the need arise.
- The clinic's complaints process directed complainants to CQC, however it is not within the remit of CQC to assist with individual complaints.

Are services well-led?

Requires improvement

We rated it as **Requires improvement** because:

- The service did not have a written strategy in place, thus it was difficult to see how staff and leaders could objectively assess the performance and quality of the service.
- The service did not take minutes of all the meetings they held. It is good practice to minute all meetings so that there is a clear record of the discussions.
- There was no central risk register. Some of the issues the service was aware of, such as a torn couch, were not listed as risks by the provider.
- Some of the overarching systems required to keep people safe had not been implemented by the provider. For example, legionella testing was not being carried out, although this was remedied after our inspection after we brought this to senior leaders' attention.

However;

- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders and staff actively and openly engaged with patients and staff to plan and manage services.
- The staff we spoke with felt told us they supported by the provider. Staff told us they enjoyed working at the clinic and that they received support and mentoring from their line manager.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Requires improvement	Good
Outpatients	Good	N/A	Good	Good	Requires improvement	Good
Overall	Good	Good	Good	Good	Requires improvement	Good

Good

Surgery

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

Are surgery services safe?

Good

The main service provided by this hospital was podiatry surgery. Where our findings on surgery – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the surgery section.

This is the first time we have rated this domain. We rated it as **good.**

Mandatory training

The service provided mandatory training in key skills to staff.

- All new staff underwent an induction period. Non-clinical staff's induction lasted for a week where they worked on the reception desk and were informed about the procedures conducted at the clinic. They were also taught about all the clinic's policies. New nursing staff shadowed the existing surgical team for a couple of sessions. Both staff were assessed against competency checklists before being allowed to work without supervision.
- The registered manager told us that clinical staff completed mandatory training in protecting vulnerable adult and children, sepsis, fire training, patient confidentiality, General Data Protection Regulation (GDPR) and safeguarding. As clinical staff were employed by the NHS, they completed other mandatory training with their main employer and provided evidence to The Lawrence Clinic of their completion. The mandatory training within the NHS consisted of a wide range of topics such as infection control, resuscitation, life support and so on.
- The service had a compliance rate target of 100% for mandatory training.
- We examined four staff records for clinical staff and they all contained training schedules confirming that they were 100% compliant with their mandatory training.
- We examined four staff records for non-clinical staff and these confirmed that staff were up to date with their mandatory training.
- The service told us that the registered manager kept a paper diary of when mandatory training courses were due for renewal and reminded staff both verbally and via email when they were due for renewal.

Safeguarding

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

- The service had an up to date safeguarding policy with a review date of August 2020, this was for protecting vulnerable adults and children. The safeguarding lead was the registered manager.
- The clinical staff had completed safeguarding training with their main employer in the NHS. This consisted of the surgeon having completed level 3 for adults and the nursing staff level 2 for adults.
- Non-clinical staff had completed inhouse scenario-based training consisting of discussing

different scenarios involving vulnerable adults and children. At the end of the training, they completed a test to show their understanding of what actions they would take when presented with different scenarios involving safeguarding issues.

- The registered manager had completed the designated safeguarding lead course for vulnerable adults. This was equivalent to Level 2.
- Staff that we spoke with told us that they would raise any safeguarding concerns with the registered manager in the first instance.
- Staff told us the safeguarding policy was stored in a paper folder in the reception area.
- We examined four staff records for clinical staff and four staff records for non-clinical staff and these contained appropriate Disclosure and Barring Service (DBS) certificates. Thus, we were assured that the service promoted safety in their recruitment practices.
- In the last twelve months prior to inspection there were no safeguarding referrals made by the service.

Cleanliness, infection control and hygiene

The service controlled most infection risk well but did not minimise all known risks. The service used systems to identify and prevent surgical site infections. They kept equipment and the premises visibly clean.

- The service had an up to date policy on infection control with a review date of December 2020. The registered manager on the day of our inspection was also the infection control lead.
- The service had a control of substances hazardous to health (COSHH) policy in place with a review date of March 2021. This clearly described how employees would be protected from hazardous substances, the roles and responsibilities of all employees and how the policy would be implemented.
- The infection control lead conducted environmental audits every two weeks.
- The clinic had a self-employed cleaner who cleaned the building each Friday evening and then deep cleaned all surgical sites each Sunday morning. The environmental cleanliness audit was conducted on the following Thursday. After the inspection, the service sent us copies of the last six environmental audits. These showed that the service was compliant and where issues had been identified, remedial action had been taken; for example, in the audit dated 24 October 2019, empty packaging had been left in the utility room. The registered manager had told staff to take such packaging to the main waste bin outside and had also made a note on the audit to place this issue on the agenda for discussion at the next administrative staff meeting.
- The premises were visibly clean. In the twelve months prior to inspection there were zero incidences of healthcare acquired infections. All the equipment in the theatre was clean and patients were draped using sterile drapes.
- The service had a Surgical Site Infections (SSI) reporting policy which had a review date of May 2021. The policy stated that as the service only performed day case surgery under local anaesthetic for the treatment of forefoot orthopaedic problems, it was exempt from reporting SSIs to the surgical site infection surveillance service (SSIS). However, the service did use an adapted form developed by the SSISS which was sent home with patients upon discharge. The patients were requested to complete the form on the date pre-marked and then return to the clinic in the envelope provided. In this manner, the service could learn of the prevalence of SSIs post-surgery and thus adapt practice accordingly.
- There had been no surgical site infections for over two years. The provider told us that, if a surgical site infection did occur, it would be recorded on to a data analysis system allowing patterns of infections to be identified and enabling audits to be conducted in the future.
- The surgical team used single use items that were disposed of in the clinical bins which were colour coded to separate them from domestic bins. This clinical waste was sent to an external company for disposal.
- At the time of the inspection, the provider did not have a process in place to protect the public from the risk of Legionnaires disease. This was evidenced in the bathroom where the shower hose had been removed and thus left an outlet which was not tested regularly.

We raised this with the registered manager at the time of the inspection. However, since the inspection, the provider had put in place a contract with an external company to have the water tested regularly.

- During the inspection, we saw tears on the couch in the theatre which meant there was the potential for bacteria to harbour and thus a danger of cross infection. However, after the inspection, the registered manager told us that the couch had been identified to be replaced at the beginning of 2020. In light of the inspection findings, this process had been brought forward and the service was currently identifying a replacement couch.
- Clinical staff were bare below the elbows when treating patients. There were aprons, gloves and alcohol hand gels in the consultation rooms and in the theatre. There were sufficient sinks in the consultation rooms and theatre with soap dispensers for handwashing and these sinks had taps that were operated with the elbows. We saw surgical staff washing their hands using best practice techniques.

Environment and equipment

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

- The ground floor consisted of a large reception area with chairs, magazines, water cooler and hot drinks for patients. There was also a disabled toilet for patients in the reception area. The theatre was only used for performing foot surgery.
- The fire evacuation route was observed and it was safe with clear signage. There were fire extinguishers present at key locations which had been examined recently.
- We observed staff washing their hands prior to surgery using appropriate hand washing techniques.
- The store room was unlocked on the day of the inspection and contained two fridges; one was for the storage of specimens and one for the storage of staff food. All the equipment was stored neatly on the shelves apart from three boxes on the floor.
- The theatre contained a couch which had some tears. We raised this issue with the surgeons and the registered manager during the inspection. Post inspection, the registered manager told us that there were plans to replace the couch early next year, but these plans had now been brought forward to immediately replace the couch. There were no other issues with the couch.
- The theatre was clean with no cracks on the theatre floor. All equipment was stacked neatly against the walls; thus, there was no potential trip hazard.
- Prior to any surgery being conducted, the operating department practitioner (ODP) would check all the equipment in the theatre to ensure that it was safe, clean and ready to use. One of the nurses signed the checklist to verify that all the pre-operation checks had been completed prior to the patient arriving in to the theatre. We were satisfied that all the pre-operation checks were being completed and all the equipment checked and verified prior to use in surgery.
- The theatre contained a resuscitation bag, anaphylactic box and oxygen cylinder. These were examined and found to be in working order and serviced recently.
- The clinic used single use items during surgery and these were disposed of in appropriate colour coded bins for destruction by an external company. Used needles were disposed of in a sharps bin which was not full.
- The ventilation unit in the theatre was examined and it was found to be clean with no dirt.
- There was no laminar air flow system as it was not needed for the procedures undertaken by the provider.
- The consultation room used as a post-operative recovery area was visibly clean. The couch was clean and paper towels were used between patients. There were posters on the walls such as infection control fundamentals, fire evacuation, safeguarding vulnerable adults and data protection.
- The consultation room used prior to surgery contained soft furnishings. Sharps bins were correctly assembled, not overly full and stored above floor height. The stocks of disposable gloves and aprons in this room were all in date.

Assessing and responding to patient risk

- Staff used an adapted 'five steps to safer surgery' World Health Organisation (WHO) checklist to ensure patients

were treated in a safe manner and to reduce the rate of serious complications. We observed three patient procedures and the surgeons followed the WHO checklist correctly including sign-in and sign-out, with one observing the other surgeon to ensure that WHO checklists were followed. Both surgeons operated together in the theatre, with one undertaking the surgery and the other assisting, they then swapped roles with the next patient.

- The WHO checklists were audited by the registered manager. After the inspection, the manager sent us copies of the last five audits. These showed that the surgical team were fully complaint with the WHO checklists. Where issues had been identified, the service had taken appropriate remedial action; for example, the audit for 12 January 2019 showed that the television was switched on during the briefing and the decision was taken to silence the television prior to briefing in theatre.
- We observed the morning huddle held between the surgeons and nursing staff. This consisted of the team discussing all the patients for the day, the equipment required, x-ray requirements and venous thromboembolism (VTE).
- We observed the pre-operation preparation, and this consisted of the patient's skin being cleaned with iodine solution.All the trays were cleaned with disinfectant wipes during procedure and patients assessed under The American Society of Anaesthesiologists (ASA) physical status classification system. The clinic did not operate on patients with an ASA score greater than two. The staff also set up the trollies and equipment in theatre in accordance with best practice.
- After the surgery, we observed the surgical team undertaking a swab check and this was confirmed on theatre white boards which was best practice.
- The clinic used single use items during surgery and these were disposed of in appropriate colour coded bins for destruction by an external company. Patients were draped using single use sterile drapes.
- For some of the surgical procedures, the surgeons used medical devices such as screws and plates which were inserted in to the feet of the patients. Each implant had a sticker with a unique reference code. The surgeons stuck the sticker with the unique reference code in to the appropriate implant space of the patient pathway notes. A further copy of this sticker was placed in the implant book. This process ensured that all medical devices inserted in to patients were traceable back to the patients using these two routes.
- There was a resuscitation bag in the theatre. This was examined and found to be signed and dated. There was also an oxygen cylinder that had been examined recently.
- Three members of staff were Immediate Life Support (ILS) trained and one member of staff was Basic Life Support (BLS) trained.
- After surgery, patients were taken to the post-operative consultation room where they were always accompanied by one of the surgical nurses. They were seen again by one of the two surgeons prior to being discharged from the clinic. Thus we were satisfied that patients were being assisted to recover in a safe manner and subsequently discharged from the clinic.
- If patients deteriorated during their surgery at the clinic, the provider would call an ambulance using 999. A defibrillator was also available, if required. This was examined and found to be serviced recently and staff had been trained to use the defibrillator. There had been no unplanned transfer of patients to another healthcare provider in the previous 12 months.
- The clinic had a policy in place called management of acute clinical emergencies with a review date of June 2020. They also had in place a resuscitation policy with a review date of June 2020 which clearly described the steps to be followed in the event of a patient deteriorating.
- When patients were discharged from the clinic, they received a post-operative advice booklet. This explained how to look after their foot at home, how to manage any pain they may experience after their surgery, signs of infection, how to reduce the risk of venous thromboembolism (VTE) and pulmonary embolism (PE) and a contact number for patients to call at any time if they had any concerns.

Nursing and support staffing

The service had enough nursing and support staff with the right qualifications, skills, training and

experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.

- The nurses used by the clinic were self-employed and were classed as associate practitioners. They worked at the clinic one Saturday per month when surgery took place. The staffing levels were planned by the surgeons depending on the number of patients being treated on the day of surgery. Surgery only took place if both surgeons and four nurses were available, thus there were always sufficient staffing levels.
- In the period July 2018 to June 2019, there had been no vacancies for directly employed staff and the service did not use bank or agency staff. Also, there had been no sickness in this period.
- All staff who worked out of the location had received a DBS check which we saw was up to date. Clinical staff had undertaken an enhanced DBS with non-clinical staff undergoing a basic DBS check. These DBS checks had been requested by the registered manager prior to the clinical staff commencing employment.
- The nursing staff were also validated via professional bodies and by undertaking references by the registered manager prior to working at The Lawrence Clinic.
- All nursing staff had to sign a right to practice document which committed them to maintaining professional standards and note keeping, maintaining job specific and mandatory training and informing the service of any fitness to practice issues. These contracts were reviewed and renewed in line with the period of their professional registration.

Medical staffing

The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.

- The service used two podiatric surgeons who worked under practising privileges.
- There were no anaesthetists employed at the clinic as procedures only used local anaesthetic which was administered by the two surgeons. The two surgeons were registered with the GMC and thus had the correct authority to administer local anaesthetic.
- The clinic only ran if both surgeons were present.
- The clinic did not use agency or bank staff as they had enough medical staff.

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.

- Patient records were kept on paper and securely locked when not in use.
- The x-rays of patients were stored electronically on a portable device which was given to the surgeon to upload on their computer to view. The electronic device was password protected.
- We examined three patient records and found them to contain pre-assessment notes, medical history and consent forms. These notes contained any allergies that the patients had. The notes were written in black ink and legible. Each entry was signed and dated. We were satisfied that the patients were undergoing a full pre-assessment medical check prior to any surgery.
- The patient's GP was sent a discharge summary after their surgery.

Medicines

- **The service used systems and processes to safely prescribe, administer, record and store medicines.**
- We saw that medicines were securely stored in a locked metal cupboard. We examined the medicines inside the cupboard and found them all to be in date.
- As part of the pre-op assessment a full medical history was taken of all patients including medicines and allergies with medicine reconciliation prior to surgery.
- Medicines such as anti-coagulants were stopped pre-surgery and restarted post-surgery.

Good

Surgery

- There were oxygen cylinders in the theatre and these had been serviced recently.
- Patients were advised to purchase their own pain relief tablets and given a post-operative advice pack which contained instructions on how to manage any pain they felt after their surgery from their local pharmacy.
- The local anaesthetic was administered by the two surgeons who were registered with the GMC and thus had authority to administer this local anaesthetic. The amount and type of anaesthesia administered was recorded in the patient's medical notes.
- The clinic did not issue prescriptions.
- No controlled drugs were stored at the clinic.

Incidents

The service had not had any patient safety incidents in the previous 12 months so we were not able to assess the organisation's response, investigation or learning in relation to incidents. Staff knew how to recognise and report incidents and near misses. Managers ensured that actions from patient safety alerts were implemented and monitored.

- The service had a clinical governance and assurance policy with a review date of December 2020.
- The policy described a clear and robust process for reporting incidents which allowed in depth reporting and comprehensive learning from incidents and near misses.
- The service had a formal process to ensure that it responded and acted in accordance to safety alerts issued by the Medicines and Healthcare products Regulatory Agency (MHRA) and national safety patient alerts. This process guaranteed that alerts would be reviewed, categorised and distributed in a timely manner so that clinical risk was limited.
- The service had in place reporting of adverse events and incidents policy with a review date of June 2020.
- The above policy stipulated that any poor or questionable practice observed by staff should be raised in the first instance with a manager; for clinical staff this was the consultant podiatric surgeons and for non-clinical staff this was the practice manager. The concern could either be made in writing or verbally but would be recorded in writing by the line manager. If the employees felt they could not raise their concern with the line managers, they could raise it directly with the registered manager.
- The policy stated that the employee would receive a written reply to their concern within five working days or longer if the case was of a complex nature. The concern would be recorded by the registered manager along with the action taken. Where incidents such as death of service user or impairment occurred, the registered manager would report these to the CQC in writing.
- Staff told us they would report incidents to the registered manager who would lead on the investigation of incidents. Issues relating to surgical equipment would be reported to the surgeons. There had been no incidents reported in the last 12 months, both clinical and non-clinical incidents.
- Staff told us that learning from incidents would be disseminated to them during team meetings.
- In the twelve months before the inspection the location did not report any service user deaths or never events (never events are serious service user safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious service user harm or death but neither need have happened for an incident to be a never event), or serious incidents.
- In the same period there had been zero duty of candour notifications (the duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify service users (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person).

Are surgery services effective?

Good

This is the first time we have rated this domain. We rated it as **good.**

Evidence-based care and treatment

Good

Surgery

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

- The service provided care and treatment in line with current legislation and national guidance such as, National Service Frameworks, Medical Devices Agency and National Institute of Clinical Excellence (NICE).
- Policies were stored electronically and staff we spoke to knew how to access these.
- We observed during consultation and the examination of patient records that all patients undergoing surgery underwent a preoperative assessment in the clinic. Patients were informed about the risks and benefits of their procedure and given an opportunity to ask questions. Patients were consented in writing when they agreed to the surgery and then again in writing on the day of the surgery.

Nutrition and hydration

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

- Staff told us patients were offered hot and cold drinks and biscuits; patients stayed a maximum of two hours so other food was not required.
- Patients did not need to starve prior to their procedure as all surgery was conducted under local anaesthetic.
- If patients were diabetic, they could bring their own food if required. If a diabetic patient needed food during their visit to the clinic, staff told us that they could provide food from local shops.

Pain relief

- During consultations patients were advised that there may be some discomfort following surgery. This ensured that patients were prepared and understood what to expect. This was evidenced during the observation of three patient consultations.
- We saw that patients were given advice on pain relief and how to manage their pain after discharge. An information pack was given to patients that identified what symptoms were normal to have after foot surgery. This identified there may be some pain and discomfort for the first few days.
- Patients were advised to purchase their own painkillers from their local pharmacy upon discharge from the clinic. The clinic did not undertake any follow up calls with the patients to identify if their pain had subsided.

Patient outcomes

- **Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.**
- The service used the podiatric and surgical clinical outcome measurement (PASCOM-10) which is an online audit tool to monitor patient outcomes and Friends and Family scores. This system allowed audit of the outcomes achieved by the service. Additionally, the service could compare their outcomes against podiatric surgical outcomes regionally and nationally. They did not submit data to any other external body.
- The data from PASCOM-10 for the last 12 months for the two surgeons working at The Lawrence Clinic showed that they had performed better than other surgeons performing the same type of surgery. For example, for the question, whether patients still had discomfort from their original foot condition, 83% of patients treated at The Lawrence Clinic said no compared with 77% treated at other clinics. For the question, how was their original problem, 91.6% of patients treated at The Lawrence Clinic stated better or much better compared with 61.9% of patients treated at other clinics.
- Service user outcomes were also monitored through the customer satisfaction surveys that were given to service users after their surgery and changes to the service made as necessary. The customer satisfaction survey had only been completed by 11 patients from a total of 68 patients. As a consequence, the results could not be used to identify any areas of improvement. Staff had started ringing patients after their surgery to encourage them to complete and return these surveys.

Competent staff

The service made sure staff were competent for their roles.

- Non-clinical staff had yearly appraisals and used these to set objectives for the following year. Staff told us they found the appraisals effective and beneficial as they

could set goals for the following year and identify areas for improvement. Staff told us, if they identified training courses that they felt would benefit their career development, they could discuss these with their manager during supervision and appraisal; for example, apprenticeship in practice manager.

- Non-clinical staff had regular supervision with their line manager.
- Clinical staff underwent mini appraisals where they set objectives of what they wanted to achieve over the following year. Their main appraisals were conducted by their main NHS employer.
- New non-clinical staff had an induction upon starting their employment. Reception staff underwent a full week's induction on the reception desk. This enabled them to learn about the procedures undertaken by the clinic and become familiar with all the policies.
- New clinical staff completed a pre-employment questionnaire, produced a record of their immunisation status, provided proof of their indemnity insurance, completed a declaration that they were not under investigation by a professional body which was cross referenced online. Upon completion of satisfactory pre-employment checks, clinical staff commenced their roles as observers and shadowed for a couple of weeks. If they were successful during this shadowing period, they were then made permanent.
- The surgeons were working at the clinic under practicing privileges. The criteria for granting practicing privileges was clearly stipulated in a written agreement which was signed by both the surgeons and the clinic. This criteria laid out the terms and conditions that clinical staff had to abide by such as adherence to all policies, evidence of professional indemnity insurance, evidence of DBS and so on. The criteria also stated that the surgeons had to inform The Lawrence Clinic of any suspension or disciplinary proceedings at any other hospital or clinic (NHS or private) or any restriction, suspension or withdrawal of practice privileges at other clinical institutions.
- The criteria also stipulated that the surgeons had to effect and maintain all necessary professional and other registrations and memberships appropriate to their private practice. In particular the practitioner had to participate in an appropriate practice review system.
- The registered manager checked the revalidation of clinical staff on the Health and Care Professions Council (HCPC) and the Royal College of Nursing (RCN) websites. The revalidation took place every two years.
- Competency checklists existed for both sets of staff which they were assessed against before being signed off by the registered manager as competent to commence in their roles. These checklists were compiled against national guidance such as Private & Voluntary Healthcare (England) Regulations (2001) and Care Standards Act (2000).

Multidisciplinary working

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

- We observed good multi-disciplinary working and communication between the team in the clinic on the day of our inspection. The surgeons and nurses worked together for the same NHS employer, thus there was effective working relationships already established.
- The patient's GP was sent a discharge summary after their surgery
- The non-medical staff employed by the provider consisted of five receptionists, a team leader and a practice manager. The receptionists worked effectively with the surgeons by welcoming patients upon arrival and informing the surgeons. They also booked any follow-up appointments requested by the surgeons.

Seven-day services

- Surgery was carried out one Saturday a month from 7:30 am to 5 p.m.
- The provider did not provide emergency treatment; instead after surgery patients were given a contact number to call if they required emergency assistance for the first two days after their procedure. This numbers were manned 24 hours a day, seven days a week.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

- Post-surgery patients were given an information booklet which contained advice on how to look after their foot after surgery including how to spot signs of infection.

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.**
- All clinical staff were employed by NHS employers and thus had completed Mental Capacity Act training with their main employer. This was evidenced in their personnel files. If a patient attended and staff suspected they lacked capacity, the surgeons would assess the patient for capacity and if they lacked capacity, the surgeons would not operate as the surgery was elective.
- The Lawrence Clinic had an up to date consent policy in place. This had a review date of December 2020. This stated that prior to surgery patients would attend a consultation appointment with the surgeon where they would be informed of the proposed operation, advised of possible alternatives, potential outcomes, associated risks and cost of treatment. Consent was obtained in writing by the operating podiatric surgeon using the appropriate form at this consultation. The patients were consented again in writing prior to the surgery.
- Patients were given a copy of their signed consent form and they could withdraw consent at any time. If changes to the procedure or the podiatric surgeon was necessary after the consent form had been signed, a new form had to be completed. The consent was only valid for six months after which time a new form had to be completed.
- If a patient with learning difficulties attended the clinic, they would be sent back to the original referrer as local anaesthetic is not considered appropriate for this type of patient as the service only used local anaesthetic. Patients with profound hearing difficulties would be requested to attend with a person who could use sign language.
- Three patients' records were examined, and these contained comprehensive pre-assessment notes, risk assessments and consent forms.

Are surgery services caring?

Good

This domain has not previously been rated. 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 welcomed patients when they arrived at reception. We observed staff interacting with patients in a friendly and professional manner.
- We spoke with six patients during the inspection and they all has positive comments about the provider and staff. One patient commented "The receptionists are lovely, really nice." Another patient said, "My surgeon is a magician, he managed to resurrect my toe when it was in a bad state and the initial plan was to amputate." A third patient stated, "Staff are always nice."
- The service gave patients a paper patient satisfaction questionnaire upon discharge from the clinic. They were asked to complete this paper copy and return to the clinic in the stamped addressed envelope provided. The service had performed 68 operations from October 2018 until September 2019 but had only received 11 responses to date, all of which were positive. Recently, the receptionists had started to ring patients to encourage them to complete the patient satisfaction questionnaires.

Emotional support

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

- Patients told us that staff took time to discuss their worries and fears about possible treatments and staff put them at ease by explaining procedures thoroughly in a clear manner.

Good

Surgery

- Patients were given out of hours emergency numbers they could ring if they had any problems after their procedure. These numbers were manned 24 hours a day.

Understanding and involvement of patients and those close to them

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

- Patients we spoke to informed us that they were given realistic expectations of the outcomes of their surgical procedure.
- We observed the surgeon explaining the surgical procedure to patients and ensured they understood the information provided by backing this up with information leaflets and answering questions posed by the patients. The surgeon also provided the full cost of the procedure to patients in writing during these consultations.
- Patients informed us that they had ample time to consider the information provided about their proposed surgery, including any risks and benefits.
- Staff provided written information about aftercare and ensured that patients had the out of hours emergency contact number of the two surgeons if they had any questions or concerns following surgery.
- We observed staff speaking to patients in a sensitive and professional manner and patients were given time to ask questions. Clinical staff avoided the use of medical jargon so that patients could easily understood the procedures involved in their surgery including the risks and benefits.

Are surgery services responsive?

Good

This domain has not previously been rated. 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 local people and the communities served.

- Patients were self-referring or were referred by their podiatrist. The clinic was open one Saturday per month from 7:30am until 5pm. The clinic did not undertake any NHS work and did not receive referrals from the NHS.
- Appointments were made for service users at a time to suit them.
- The provider's catchment area covered the immediate local population of Yorkshire and patients from across the country.

Meeting people's individual needs

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

- Service users accessed the service on the ground floor of a rented two-storey building that was wheelchair accessible and had on street parking which was free of charge. Entrance was through the main door which opened into a large reception area.
- Service users attended an initial consultation with the surgeon during which the surgeon could verify to ensure the service could meet the needs of the service user.
- Staff told us that although all the information leaflets were in English, they could get them translated if there was a need by the patients.
- The director told us that they never had a patient attend requiring an interpreter, but if they did require an interpreter they could attend with a family member to interpret. However, after the inspection, the registered manager told us that they had not needed the use of interpreters for the last eight years. They had on file two interpretation and sign language companies whose services could be accessed should the need arise.

Access and flow

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

- Surgery at the provider was offered on an elective basis.

Good

Surgery

- Staff informed us there were no waiting lists in place for treatment.
- There were no incidences of unplanned transfer of a patient to another health care provider in the last 12 months.

Learning from complaints and concerns

The service had not received any complaints in the last 12 months so we could not judge whether it was easy for people to give feedback and raise concerns about care received. The service told us they would treat concerns and complaints seriously, investigate them and share lessons learned with all staff.

- The service had a complaints policy which had a review date of June 2020. The policy stipulated that oral complaints would be dealt with at the point of service and as quickly as possible.
- A comprehensive written report would be written and discussed at the next board meeting. The report would be stored in the complaints file to identify emerging trends.
- The policy stated that if a written complaint could not be resolved, the patient had the right to refer the complaint to an independent agency (CQC). This was not good practice as CQC does not have a remit to investigate or assist with individual complaints.
- Complaints against the surgeons would be investigated by the board and the surgeon would be asked to supply a written statement but not be involved in the investigation. If after investigation, the board were concerned with the practice or conduct of an individual consultant or podiatric surgeon, the faculty of surgery would be advised in writing.

Are surgery services well-led?

Requires improvement

This domain has not previously been rated. We rated it as **requires improvement.**

Leadership

Leaders had the skills and abilities to run the service. They were visible and approachable in the service for patients and staff.

- The leadership team was made up of four directors who owned and managed the business with one of the directors working as the registered manager.
- The leadership team were supported by a team leader and five receptionists.
- The surgeons were knowledgeable about the risks and benefits of the different types of foot surgery they were performing.
- The leaders were visible and approachable for staff working for the provider. The practice manager had an open-door policy where the reception staff could see them at any time with any issues.
- The reception team leader had regular meetings with one of the directors and then fed back to the reception staff.

Vision and strategy

The service did not have a written strategy. We were told that future business goals were discussed and monitored in monthly meetings by the four directors, however written minutes were not always taken at these meetings, so it was not possible to see what form this took and how the service's monitoring of goals against delivery worked.

- The service had a statement of purpose in place. This had a review date of January 2020. The purpose of the service was to bring together doctors, consultants and complementary medical practitioners in many fields of medicine and surgery under one roof and integrate both conventional and complementary medicine and surgery with the aim of providing quality healthcare in a community setting.

Culture

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

- The directors of the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Staff told us the whole service worked together effectively as a close-knit team and everyone supported each other. Reception staff told us they felt valued by the directors.

Governance

Leaders did not operate effective governance processes throughout the service. There was no policy or written processes for the introduction of new procedures and written minutes were taken at some, but not all regular meetings.

- The surgeons were working at the clinic under practicing privileges. The criteria for granting practicing privileges was clearly stipulated in a written agreement which was signed by both the surgeons and the clinic. These criteria laid out the terms and conditions that clinical staff had to abide by such as adherence to all policies, evidence of professional indemnity insurance, evidence of DBS and so on. The criteria also stated that the surgeons had to inform The Lawrence Clinic of any suspension or disciplinary proceedings at any other hospital or clinic (NHS or private) or any restriction, suspension or withdrawal of practice privileges at other clinical institutions.
- The criteria also stipulated that the surgeons had to effect and maintain all necessary professional and other registrations and memberships appropriate to their private practice. In particular, the practitioner should participate in an appropriate practice review system.
- The directors told us all the directors had monthly meetings where they discussed the whole business and particular issues such as whether to change their registration with CQC to offer MRI scans in the future. The director told us minutes were not always taken of these meetings. We examined the minutes from the meetings held in February and June 2019 and saw that a wide range of issues were discussed such as data protection, governance, risk assessments, uniforms and the impending CQC inspection.
- Meetings were also held with the two surgeons and registered manager depending on their availability. This was usually every two months. These meetings were also attended by two directors and were used to discuss clinical issues; for example, the introduction of new surgical procedures such as brachymetatarsia (a relatively new procedure). It was decided as a group that the surgeons would not perform this procedure at The Lawrence Clinic until the surgeons were satisfied with their proficiency levels in the NHS setting. Minutes were not always taken of these meetings.
- Reception staff told us they had regular team meetings where minutes were taken. These meetings were used to discuss things like appointment times, appointment lengths, new practitioners commencing their role, marketing plans for marketing conducted on the reception desk.

Managing risks, issues and performance

Leaders and teams used systems to manage performance effectively. They identified but did not always escalate relevant risks and issues and identified actions in a timely way to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

- The service had regular oversight of a podiatric audit tool and Friends and Family scores which gave them baseline data on patient satisfaction and clinical outcomes. They did not submit any other external data.
- One of the directors told us that in monthly meetings between all four directors, future goals were discussed and then progress monitored. As minutes were not always taken at these meetings it was not possible to ascertain whether this was the case.
- The service had a risk assessment policy in place with a review date of June 2021. The policy described how the service would define the different components of a risk assessment, how a risk score would be calculated based on likelihood and consequence and the action to be taken based on the risk score.
- We looked at the risk assessment folder and the last risk was dated July 2019 based on the weekly fire safety check. This had identified that a stool had been left in the fire escape corridor by a member of staff. Action had been taken to address this risk which had been

effectively mitigated. However, risks that we might have expected to see in this folder, such as the infection risk posed by the couch and lack of legionella testing, were not recorded.

- Staff told us if they identified any risks they would report them to the registered manager.
- Staff were clear about their roles and responsibilities and we observed that staff were clear about their reporting line within the management structure.
- The service had a business continuity management policy in place with a review date of July 2020. This policy described how the business would deal with various situations such as fire, disruption of supply of surgical instruments, and lack of staff.

Managing information

- The service had policies and procedures in place to promote the confidential and secure processing of information held about service users.
- All non-clinical staff were trained in patient confidentiality.
- Patient records were kept on paper and securely locked when not in use.
- The x-rays of patients were stored electronically on a portable device which was given to the surgeon to upload on their computer to view. The electronic device was password protected.

Engagement

Leaders and staff actively and openly engaged with patients and staff.

- The staff we spoke with felt told us they were supported by the provider. Staff told us they enjoyed working at the clinic and they received support and mentoring from their line manager. The service did not conduct staff surveys as the clinical staff only worked once a month at the clinic.
- The service gave patients a paper patient satisfaction questionnaire upon discharge from the clinic. They were asked to complete this paper copy and return to the clinic in the stamped addressed envelope provided. The service had performed 68 operations from October 2018 until September 2019 but had only received 11 responses to date. Recently, the receptionists had started to ring patients to encourage them to complete the patient satisfaction questionnaires.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

Both surgeons held teaching positions in various colleges and universities across the country and had used these to deliver various topics related to foot surgery.

Good

Outpatients

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

Are outpatients services safe?

Good

We have not yet rated this domain. We rated safe as **good.**

Mandatory training

- For our detailed findings on mandatory training, please see the safe section in the surgery report.

Safeguarding

- For our detailed findings on safeguarding please see the safe section in the surgery report.
- Staff we spoke to told us they understood the principles of safeguarding both vulnerable adults and children.

Cleanliness, infection control and hygiene

- For our detailed findings on cleanliness, infection control and hygiene please see the safe section in the surgery report.
- The premises were visibly clean. The clinic had a self-employed cleaner who cleaned the building every Friday evening.

Environment and equipment

- For our detailed findings on environment and equipment, please see the safe section in the surgery report.
- The clinic did not have any solely outpatient areas.

Assessing and responding to patient risk

- For our detailed findings on assessing and responding to patient risk, please see the safe section in the surgery report.
- All patients either self-referred or were referred by their podiatrist and attended consultations with the surgeon prior to surgery. The provider did not operate an admission exclusion criteria. Our observation of a patient consultation and review of patient records showed that a full medical history was taken and comprehensive assessment notes were made by the surgeon including details of any allergies prior to surgery.

Nurse staffing

- There were no outpatient nurses employed by the service.
- For our detailed findings on nurse staffing, please see the safe section in the surgery report.

Medical staffing

- Consultants with practicing privileges in podiatric surgery saw patients at the clinic.
- For our detailed findings on medical staffing, please see the safe section in the surgery report.

Records

- Records were stored in paper folders. Notes were stored securely in areas not accessible to patients when not in use.
- For our detailed findings on environment and equipment, please see the safe section in the surgery report.

Medicines

Good

Outpatients

- For our detailed findings on medicines please see the Safe section in the surgery report.

Incidents

- There had been no reported incidents in the service in the previous 12 months.
- For our detailed findings on incidents, please see the safe section in the surgery report.

Are outpatients services effective?

We do not rate the effective domain for the Outpatients core service.

Evidence-based care and treatment

- For our detailed findings on evidence-based care and treatment, please see the effective section in the surgery report.

Nutrition and hydration

Staff offered patients enough food and drink to meet their needs.

- A cold drink could be provided to patients and their families. Staff told us that in exceptional circumstances, for example when a patient had an unusually long wait, or were diabetic, they could provide a sandwich or other snack based on the patient's preference.
- For our detailed findings on environment and equipment, please see the effective section in the surgery report.

Pain relief

- Patients were directed to purchase their own pain relief post-procedure. Other than the local anaesthetic used for the procedures themselves, no other pain relief was needed or used by the service.
- For information about pain relief, please see the effective section of the surgery report.

Patient outcomes

- For information about patient outcomes, please see the effective section of the surgery report.

Competent staff

- The service had systems in place to ensure that consultants working under practicing privileges were competent to carry out their role. This was regularly reviewed.
- For our detailed findings on competent staff, please see the effective section in the surgery report.

Multidisciplinary working

- For our detailed findings on multidisciplinary working, please see the safe section in the surgery report.

Seven-day services

- The service opened infrequently as required to meet the needs of its patients. Telephone advice and support was available postoperatively when required.
- For our detailed findings on environment and equipment, please see the safe section in the surgery report.

Health promotion

- For our detailed findings on health promotion, please see the effective section in the surgery report.

Consent and Mental Capacity Act

- For further information about consent and mental capacity, please see the effective section of the surgery report.

Are outpatients services caring?

Good

We have not yet rated this domain. We rated caring as **good.**

Compassionate care

- Patients we spoke with told us staff had been friendly and helpful. We observed staff speaking to patients in a friendly and professional way. Patients told us they were happy with the way staff treated them.
- For further information about compassionate care, please see the caring section of the surgery report.

Emotional support

Good

Outpatients

- Patients and families we spoke to told us that they found consultations of a good quality and that doctors were understanding and compassionate.
- For further information about emotional support, please see the caring section of the surgery report.

Understanding and involvement of patients and those close to them

- We saw in patient records that choices and options had been clearly explained to patients. Patients told us they felt well supported and informed.
- For further information about understanding and involvement of patients and those close to them, please see the caring section of the surgery report.

Are outpatients services responsive?

Good

We have not yet rated this domain. We rated responsive as **good.**

Service delivery to meet the needs of local people

- There was limited on street parking directly in front of the clinic, however additional parking was available a short walk away. The clinic was able to provide maps and public transport details on request.
- For further information about service delivery to meet the needs of local people, please see the responsive section of the surgery report.

Meeting people's individual needs

- Consulting rooms were on the ground floor. These were accessible to wheelchair users, and a large disabled toilet was available.
- There was no routine arrangement to support people who spoke English as a second language or required a British sign language signer. The service held details of organisations they could approach to provide this if needed but staff told us they had not needed to use these in the last two years.
- For further information about meeting people's individual needs, please see the responsive section of the surgery report.

Access and flow

- The service did not see NHS patients and we saw that all patients had very short waiting times to see a consultant.
- For further information about access and flow, please see the responsive section of the surgery report.

Learning from complaints and concerns

- The service had not received any formal complaints in the last 12 months.
- For further information about learning from complaints and concerns, please see the responsive section of the surgery report.

Are outpatients services well-led?

Requires improvement

We have not yet rated this domain. We rated well led as **requires improvement.**

Leadership

- For further information about leadership, please refer to the well led section of the surgery report.
- Staff told us that leaders were visible and approachable. Staff felt that there was an open door policy when it came to speaking directly to them.

Vision and strategy

- For further information about vision and strategy, please refer to the well led section of the surgery report.

Culture

- For further information about culture, please refer to the well led section of the surgery report.

Governance

- For further information about governance, please refer to the well led section of the surgery report.

Managing risks, issues and performance

- For further information about managing risks, issues and performance, please see the well led section of the surgery report.

Good

Outpatients

Managing information

- For further information about managing information, please refer to the well led section of the surgery report.

Engagement

- For further information about engagement, please refer to the well led section of the surgery report.

Learning, continuous improvement and innovation

- For further information about learning, continuous improvement and innovation, please refer to the well led section of the surgery report.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that written minutes are taken consistently at senior leadership and governance meetings so that the organisation has written evidence of its governance practices.
- The provider must ensure that a suitable water testing regime is in place.

Action the provider SHOULD take to improve

- The provider should ensure that all equipment is fit for purpose, including examination couches in the theatre.
- The provider should have a written strategy in place that is communicated with staff.
- The provider should revisit their complaints policy with a view to providing correct information to patients about third party organisations and their remit.

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
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The provider did not ensure that regular water checks were being carried out, presenting an increased risk of waterborne infection. Regulation 12 (2) (h)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider did not ensure that effective and robust systems were in place to support the management of governance, risk and performance. Regulation 17 (2) (a)