

Everything Skin Clinic

Inspection report

Ground Suite B, Hawbank House
2 High Street
Cheadle
SK8 1AL
Tel: 01615091294

Date of inspection visit: 07 December 2021
Date of publication: 07/01/2022

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

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Everything Skin Clinic as part of our inspection programme. This was the first CQC inspection for this location.

Everything Skin Clinic is a private clinic that offers outpatient services for adults and children over three years. The service specialises in skin treatments including medical, surgical, aesthetic and laser. Treatments include tattoo removal, laser hair removal, laser cancer surgery and mole mapping. Not all services delivered are within the scope of CQC regulated activities, we only inspected those that were relevant. The service is part of a wider group of services located throughout England offering private and NHS funded treatments at nine locations.

Dr Vishal Madan is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Comment cards were not distributed to the provider prior to the inspection in order to minimise the risks associated with the COVID -19 pandemic.

Our key findings were:

- The service was offered on a private, fee paying basis only and was accessible to patients who chose to use it.
- The service had systems to manage risk so that safety incidents were less likely to happen.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided.
- The service ensured that care and treatment was delivered according to evidence-based guidelines and current best practice.
- Medical records were well maintained and mostly comprehensive.
- The service involved and treated people with compassion, kindness, dignity and respect.
- Patients could access care and treatment from the service within an appropriate timescale for their needs. Patients fed back that access to the service was good apart from some delays answering the telephone.
- There was a focus on continuous learning and improvement, some audits were in the process of being fully developed.
- Information about services and how to complain was available. We found the systems and processes to manage and investigate complaints were in place.
- The service proactively sought feedback from patients.

Overall summary

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

- Review recruitment processes to include all documentation and checks are maintained.
- Continue to develop a more comprehensive audit regime.
- Review the process for exchange of patient information with their own GP.

We found the following areas which we viewed as outstanding:

- The provider had undertaken some clinical research into the effect of laser plumes and the associated infection risk relating to Covid 19. The research and conclusions formed part of national advice for all laser treatments authored by the provider's clinical director.
- The provision to all patients of a 24-hour contact number for access to clinical staff for advice and reassurance following treatment.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

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

Background to Everything Skin Clinic

Dr Vishal Madan is the nominated individual, registered manager and clinical director of Everything Skin Clinic. He is a consultant dermatologist and Mohs surgeon (Mohs micrographic surgery is the most advanced technique for removal of skin cancers offering the highest cure rate for the most common skin cancer types, including basal and squamous cell carcinomas) and president of the British Medical Laser Association. Dr Madan is on the General Medical Council (GMC) Specialist Register and specialises in general dermatology.

The clinic has a fully equipped theatre with two Mohs surgery rooms and a Mohs laboratory, a tattoo removal room, a mole mapping room, a treatment room, two consulting rooms, a reception and waiting area and office space.

The service is located at Suite B, Haw Bank House, Cheadle, Greater Manchester, SK8 1AL.

The clinic team consists of seven consultants, a registered nurse, a practice manager, two patient advisors, three healthcare assistants and a laser practitioner.

The clinic's opening hours are as follows:

Monday: 09:00 – 20:00

Tuesday: 10:00 – 20:00

Wednesday: 10:00 – 20:00

Thursday: 09:00 – 19:00

Friday: 10:00 – 16:00

Saturday: 10:00 – 16:00 (*Alternate Saturdays*)

Sunday: CLOSED

The clinic offers a paediatric clinic on the first Thursday of every month, where the only patients on site are under 16 years of age, with a view to creating a more comfortable atmosphere for young patients.

The service is registered with CQC to undertake the following regulated activities:

- Treatment of Disease, Disorder or Injury.
- Diagnostic and Screening Services.
- Surgical Procedures.

How we inspected this service

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently. This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Requesting a provider information return and additional evidence from the provider prior to the site visit.
- Conducting staff interviews remotely using telephone calls.
- A shorter site visit to enable us to undertake a tour of the premises, interview the provider, review clinical records and other documents relating to the service.
- Further communications for clarification.

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

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

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

Are services safe?

We rated safe as Good because:

- There were systems and processes in place to keep people safe such as safeguarding procedures and infection prevention and control. The provider had clearly defined systems, processes and practices in place to keep people safe and safeguarded from abuse. To date there had been no safeguarding concerns identified. There were effective arrangements in place for the management of medicines. There was a system in place for reporting and recording incidents including significant events.

Safety systems and processes

The service did not have comprehensive recruitment procedures, however equipment standards and safeguarding measures protected people from abuse.

- The provider had appropriate safety policies, which were regularly reviewed.
- The provider took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. We noted that Dr Madan had completed safeguarding training Level 3 in children and adults. The provider's safeguarding policies were not location specific, the operations manager told us it would be reviewed and updated to include the location name and the name and contact number of the safeguarding lead, rather than their generic role.
- All staff had a Disclosure and Barring Service (DBS) check which was updated every three years. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The provider effectively managed infection prevention and control, we saw evidence of regular and comprehensive audits. Additional policies and measures had been introduced during the COVID19 pandemic and were ongoing with regular reviews taking place to ensure procedures were in line with local and national guidance. There were systems for safely managing healthcare waste.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. Equipment and records we inspected confirmed this with portable appliance (PAT) testing and equipment calibration having taken place within the last 12 months.
- The provider had a recruitment policy which did not contain details of all the checks required by Schedule 3 of the Health and Social Care Act 2008. For example, the need for a declaration of fitness to perform their role and a full employment history including an explanation of any gaps. We were told that the recruitment policy would be updated to include these requirements. We noted the provider had retained some staff DBS certificates in recruitment files, when they should have been returned to the individual. We discussed this with management and were told they would be returned to staff as soon as possible. All other aspects relating to the recruitment of staff were mostly appropriately managed.
- The provider had considered the issue of chaperones and had a policy relating to this. Chaperones were routinely used in all consultations and procedures unless the patient did not require one. Staff who conducted chaperone duties were trained to do so, having completed both on-line and face to face training.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service.
- There was a fire risk assessment in place, regular checks of fire equipment including alarms, fire drills were completed, and a record kept and shared regarding any learning points. A recent alarm activation had led to an evacuation of staff and patients which demonstrated safety systems worked when tested. A designated, trained and fully equipped fire marshal was available and the provider had a "grab bag" for when speedy exit was required, this included a torch, heat blankets, a list of upcoming patients and their contact numbers along with other equipment and nutrition which could be utilised.

Are services safe?

Risks to patients

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

- The provider understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. All staff had completed basic level training in emergency life support and some key staff had also completed additional first aid training.
- Emergency medicines, a defibrillator and oxygen were available if required. There were appropriate indemnity arrangements in place. There was a system in place to regularly check equipment and medicines were fit for purpose. The provider had appropriate medical insurance to cover operations.
- The provider had oversight of safety alerts and changes in best practice and latest guidance, and systems were in place to ensure appropriate action was taken as a result of these.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. We discussed the need to share relevant information about a patient's treatment with their own GP, which was not always undertaken. The provider intended to review this process to ensure it was more effective.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they ceased trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. In some cases, clinicians would advise patients that treatments requested were not suitable and did not undertake them.

Safe and appropriate use of medicines

The service had systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks (no medicines other than emergency and topical creams were kept on the premises). The service issued prescriptions directly from secure computer systems and maintained a medicines management policy, which was regularly reviewed.
- We saw that the fridge temperatures were monitored, and excursions managed in accordance with the provider's policy to ensure safety and efficacy of the medicines was maintained. We were told of an occasion where the fridge temperature had gone beyond the recommended temperature range. The matter was investigated and found that one of the thermometers had become faulty and in fact the fridge had remained inside the appropriate range. We discussed the fact that this had not been recorded as a significant event and potentially a lost opportunity to learn. The provider accepted this may have been the case and decided to retrospectively treat it as such.
- Sharps disposal was managed safely with an appropriate contract in place for their collection.

Track record on safety and incidents

The service had a good safety record.

Are services safe?

- There were comprehensive risk assessments in relation to safety issues. We looked at a range of these including fire, health and safety, slips and trips, control substances that are hazardous to health (COSHH), buildings, security and working at height.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service had systems in place to make improvements should things go wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were comprehensive systems for reviewing and investigating incidents in the event things went wrong.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for identifying and reporting notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had established a mechanism to receive, log and manage any safety alerts relevant to the clinic. The provider maintained an alerts database and action tracker to records the date of any alerts, key information and action taken.

Are services effective?

We rated effective as Good because:

The provider assessed needs and delivered care in line with current legislation, standards and evidence-based guidance. The service was involved in quality improvement activity. Staff had the skills, knowledge and experience to carry out their roles. The provider obtained consent to care and treatment in line with legislation and guidance. The audit regime was being developed to promote clinical quality care improvements.

Effective needs assessment, care and treatment

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

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the British Medical laser Association and National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.
- The clinic was equipped with two Mohs surgery rooms and a Mohs laboratory, a tattoo removal room, a mole mapping room, a treatment room, two consulting rooms, a reception and waiting area.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service completed audits and peer review of consultations to ensure care provided was in line with its own policies and protocols. We discussed opportunities to develop clinical audit further.
- We saw evidence of infection control audits, a full clinic audit including consultation notes and a hand hygiene audit.
- The provider had produced a quality improvement programme document which outlined quality improvement activity and strategies to improve quality management in the clinic. For example, increasing building and clinical capacity to meet increasing demand.

Effective staffing

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

- All clinical staff were appropriately qualified for their role. The provider had an induction programme for all newly appointed staff.
- Relevant professionals were registered with the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) and were up to date with revalidation. Consultants were highly qualified and held up as experts in their field of work, for example, Dr Matthew Harries was a consultant dermatologist and hair expert, had a PhD in scarring alopecia and was a world-renowned hair loss expert.

Are services effective?

- Staff were provided with ongoing support to maintain their knowledge and competence. This included support for attendance at training events as well as in house peer support and mentoring.
- The provider understood the learning needs of staff.
- Up to date records of skills, qualifications and training were available for all staff and we were shown a spreadsheet containing all training information and refresher dates.

Coordinating patient care and information sharing

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

- Before providing treatment, staff at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of clients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- The clinic clearly displayed consultation and treatment fees. In addition, clients were advised when treatments could be accessed via NHS services.
- The provider had risk assessed the treatments they offered.
- Staff were proactive in identifying risks to health for individual service users and providing advice and information on reducing risks.
- The service monitored the process for seeking consent appropriately. We saw consent had been recorded comprehensively in patients' notes.

Supporting patients to live healthier lives

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

- Where appropriate, staff gave people advice, so they could self-care.
- Where clients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their own GP for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they would assess and record a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

Feedback from patients confirmed they were treated with kindness, respect and compassion. Staff helped patients to be involved in decisions about their care and treatment. Staff understood the needs of patients and respected their privacy and dignity.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Information for patients about the services available was easy to understand and accessible. We noted a number of positive comments from patients about the quality of the provider's website.
- We saw staff treated patients with kindness and respect and maintained client and information confidentiality. This was supported by client feedback and service surveys.
- Staff dealt with clients with kindness and respect and involved them in decisions about their care.
- Feedback from patients was positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- The provider had systems in place to assess the needs of patients during the initial enquiry stage so that appropriate support could be offered. For example, in relation to people who did not have English as a first language or required additional support. Interpretation services were available for clients who did not have English as a first language.
- Patients comments through feedback gathered by the provider and in public reviews indicated that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Links to videos and a range of patient information had also been uploaded to the clinic's website to help patients understand the service and range of treatments available. Each treatment offered had a full explanation, pictorial support and costings to provide patients with a comprehensive understand of each procedure.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- All email traffic was secure, and password protected by utilising an industry standard encrypted system.

Are services responsive to people's needs?

We rated responsive as Good because:

The service was responsive to patients' needs and preferences. Clients could access the service in a timely manner. We found that this service was providing responsive care in accordance with the relevant regulations. The provider understood its client profile and had used this to meet their needs. Clients indicated they found it easy to make an appointment, although some expressed concern regarding the length of time to answer calls on the telephone. Information about how to complain was available and easy to understand. Details of how to complain was available on the provider's website and in paper form at the clinic. Learning from complaints was shared with staff and other parts of the wider organisation. The clinic was well equipped to treat clients and meet their needs.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The service was offered on a private fee-paying basis. It was accessible to people who chose to use it and who were assessed as suitable to receive treatment and procedures.
- The facilities and premises were appropriate for the services delivered. Consultations and treatments took place in a modern clinic environment which was equipped with the latest laser equipment available.
- Reasonable adjustments had been made so that people with disabilities and wheelchair users could access and use services. For example, the clinic and all facilities were on the ground floor with doors to the front and side of the building. There was a hearing loop located at the reception desk and sufficient secure, barrier-controlled parking at the rear of the clinic.
- Patients could make choices between male and female consultants to deliver treatments.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised. We were given examples of when the provider had undertaken treatments after normal working hours for patients who were identified as being at high risk.
- Patients reported that the appointment system was easy to use and waiting time was minimal. Some concerns had been raised by patients, in feedback forms, about the length of time the provider took to answer the telephone, the operations manager told us that they were aware of this and had plans in place to address the issue.
- Patients indicated from feedback that the 24-hour access phonenumber provided them with reassurance should they have any concerns following treatment. We were told that consultants would take calls from patients in the early hours of the morning should they have serious concerns.

Listening and learning from concerns and complaints

- The service had a complaint policy and procedures in place, this included timelines a patient could expect and who to contact should the complaint not be resolved to their satisfaction. We reviewed several complaints and saw they had been recorded, investigated and resolved in a timely and appropriate manner.

Are services responsive to people's needs?

- Staff we spoke with understood the complaints procedure and told us that learning from complaints (and other incidents) was shared at monthly clinic meetings.
- Information about how to make a complaint or raise concerns was displayed in the clinic, detailed in the practice brochure and highlighted on the clinic's website.

Are services well-led?

We rated well-led as Good because:

There was a clear leadership and management structure and staff felt supported by management. Staff had received comprehensive inductions and attended staff meetings and training opportunities. There was a strong focus on continuous learning and improvement at all levels. There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty.

Leadership capacity and capability;

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

- The provider was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The provider was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff we spoke with told us of a happy, relaxed but professional team atmosphere.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- Consultants also worked in NHS settings holding a variety of high-level positions, including: clinical director of dermatology at Salford Royal NHS trust; Programme Director, Aesthetic Medicine MSc, University of Manchester and Past president of the British Society of Dermatological Surgeons

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- The provider had developed a clear purpose and mission statement. The wider organisation had been working on a revised group-wide vision and values over the previous months, gaining input from administration staff, nurses, practice managers and consultants to envision where the organisation wanted to be as a group by 2025. We spoke with managers and staff at the location and we were told that suggestions from all levels had been welcomed in developing that vision and values. The agreed purpose had been condensed to “Our purpose is to deliver expert Medical, Surgical and Aesthetic skincare, supporting each patient on their individual journey.”
- Staff were aware of and understood the strategy and their role in its achieving aims.
- The service monitored progress against delivery of the strategy.
- The provider monitored clinical performance through internal audit.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service. One member of staff told us it was the best job they had ever had and that really looked forward to coming to work.
- The service focused on the needs of patients and their “journey”.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

Are services well-led?

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed. We looked at the provider's policy around whistleblowing and saw it was comprehensive and gave staff a variety of contact points to make disclosures in case they didn't wish to raise issues within the organisation.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary. All staff at every level were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated appropriately.
- There were positive relationships between staff, administration staff told us they found the consultants friendly and very approachable.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities. All staff had a comprehensive job description. We were told that it was not unusual for the clinical director to answer general calls and reception and deal with initial patient enquiries.
- The provider had established policies, procedures and activities to ensure safety which were available to all staff. They assured themselves that they were operating as intended.
- Regular clinical meetings and operational reporting structures provided assurances that the service was operating as intended. There were regular clinical governance meetings, where there was input from managers and staff from other locations within the organisation. Minutes of meetings demonstrated a structured and well managed process.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints should they occur.
- Clinical audit had a positive impact on quality of care and outcomes for patients, it was recognised by the provider that the scope and extent of audit could be extended.
- The provider had plans in place for managing major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

Are services well-led?

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations.
- There was clear evidence of action to change services to improve quality. The provider planned to increase audit to improve further the quality of clinical care.
- There were comprehensive arrangements in line with data security standards for the availability, integrity and confidentiality of client identifiable data, records and data management systems. For example, the provider was registered with the Information Commissioner's Office and had its own information governance policies. All staff had signed a confidentiality agreement as part of their job contract.

Engagement with patients, the public, staff and external partners

The service involved patients, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients and staff and acted on them to shape services and culture. Review requests were emailed to patients following consultations and treatments. The provider also monitored "Google reviews" to monitor their service and to date there had been 55 reviews, scoring 4.7 from 5 overall.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- As part of the response to the Covid 19 pandemic, the provider's clinical director was instrumental in commencing some clinical research into the potential safety measures to prevent infection during laser treatments. His work was published as national guidance by the British Medical Laser Association.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. For example, the provider had recently made a video available on its website to assist patients in accessing the secure, barrier-controlled car park at the rear of the premises.
- The provider had plans for a full colleague survey in January 2022, a new electronic appraisal system to be introduced before April 2022 and a new rewards and recognition program for employees by 2022.