

Derby Skin Laser & Cosmetic Clinic

Inspection report

Ground Floor Suite
1-2 Vernon Street
Derby
DE1 1FR
Tel: 07712100110
www.derbskinlaserclinic.co.uk

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

Ratings

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

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Derby Skin Laser & Cosmetic Clinic as part of our inspection programme. The clinic was previously inspected on 31 January 2018 however, the service was not rated.

This service is registered with Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner for minor surgical procedures. At Derby Skin Laser & Cosmetic Clinic the aesthetic cosmetic treatments, including skin laser treatments that are also provided are exempt by law from CQC regulation. Therefore, we were only able to inspect the treatment for clients requiring minor surgical procedures but not the aesthetic cosmetic services.

One of the partners is the registered manager. A registered manager is a person who is registered with the CQC 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.

As part of our inspection, we asked clients to share feedback with the CQC through our website. We received 10 comments from clients who had used the service. All 10 comments were positive. Clients told us that staff were very knowledgeable, professional, friendly and provided an excellent service. They told us that there was timely access to appointments and staff put them at their ease.

Our key findings were:

- The service had processes in place to safeguard vulnerable adults from abuse. However, risk assessments or audits had not always been completed, in particular infection prevention, fire safety, legionella and lack of emergency equipment and medicines. Processes to obtain explanations of gaps in staff employment histories were not in place.
- The service had good facilities and was well equipped to treat clients and meet their needs.
- Clients received effective care and treatment that met their needs.
- Clinicians maintained the necessary skills and competence to support clients' needs.
- Staff dealt with clients with kindness and respect and involved them in decisions about their care.
- Clients could access care and treatment in a timely way.
- The way the service was led and managed promoted the delivery of high-quality, person-centre care.

We found the following outstanding practice:

Overall summary

- In June 2022, the provider had provided 3 Indian footballers who were blind and visiting the UK, a review of their vision to determine if surgical intervention could help to improve their sight. This was provided free of charge by the provider. The surgeon provided the footballers with a report to take back to India to support them to seek treatment that could potentially improve their sight.

At our previous inspection on 31 January 2018, we made a best practice recommendation that the provider should consider holding emergency equipment such as a defibrillator and oxygen in the premises or making a formal risk assessment to mitigate potential risks. At this inspection, we found that a risk assessment had been completed in 2019 following our inspection however, it did not adequately mitigate potential risks to clients.

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

- Ensure care and treatment is provided in a safe way to patients

(Please see the specific details on action required at the end of this report).

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

- Update the staff recruitment policy to include the need to obtain written explanations of gaps in employment history and embed it into practice.
- Review the storage of client hand-written records to improve the security of the records and protect them from damage or fire.
- Monitor that staff attend and complete essential training, as identified and booked by the provider, for fire safety, basic life support and infection control and prevention.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

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

Our inspection team

Our inspection team was led by a Care Quality Commission lead inspector. The team included a GP specialist adviser.

Background to Derby Skin Laser & Cosmetic Clinic

Derby Skin Laser & Cosmetic Clinic is situated in the centre of Derby at 1-2 Vernon Street, Derby, DE1 1FR.

The clinic provides cosmetic, medical and surgical treatments, and is run by a husband and wife partnership, supported by a part-time receptionist. The service is registered to deliver the regulated activity surgical procedures.

Skin laser treatments include hair removal, photo rejuvenation, radio frequency skin tightening and skin resurfacing. These treatments are for cosmetic improvement and are not regulated activities that are regulated by CQC.

Surgical treatments are provided on Fridays by one of the partners who is a practicing NHS Consultant Ophthalmic Surgeon. Treatments include removal of skin lesions, moles, skin tags and cosmetic eye surgery, such as blepharoplasty. Blepharoplasty is a procedure to remove skin and to add or remove fat from the eyelids. This is the regulated activity that is registered with CQC. The Derby Skin Laser & Cosmetic Clinic does not see or treat clients under the age of 18 years.

The clinic opening times are:

- Thursday 10am- 6pm
- Friday 10am – 7pm.

Further details can be found on their website at www.derbyskinlaserclinic.co.uk

How we inspected this service

During the inspection:

- We spoke with the two partners and the receptionist.
- Reviewed key documents which supported the governance and delivery of the service.
- Made observations about the areas the service was delivered from.
- Looked at information the service used to deliver care and treatment plans

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

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

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

Are services safe?

We rated safe as Requires improvement because:

- A written explanation of gaps in staff employment histories had not been obtained. We found that the service's recruitment policy did not identify the need to obtain written explanations for gaps in employment history.
- An infection prevention and control audit of the premises had not been completed. Cleaning equipment was not stored in an appropriate place.
- A legionella risk assessment had not been completed to identify potential risks and any actions required to mitigate those risks.
- A fire risk assessment and action plan were not available within the service to mitigate any potential risks.
- Emergency equipment such as oxygen, a defibrillator and pulse oximetry were not available within the service. An effective risk assessment to mitigate potential risks to clients was not in place. All of the suggested emergency medicines were not available within the service. An effective risk assessment to mitigate potential risks to clients was not in place.

The provider should:

- Update the staff recruitment policy to include the need to obtain written explanations of gaps in employment history and embed it into practice.
- Review the storage of client hand-written records to improve the security of the records and protect them from damage or fire.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider had appropriate safety policies in place which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard vulnerable adults from abuse. However, their safeguarding policies did not include the categories of abuse or who to contact to report any safeguarding concerns. The day after our inspection the provider forwarded to us an updated safeguarding policy that contained these details.
- The service did not provide care and treatment to children. Visiting adults were requested not to bring children to the service with them.
- The service worked with other agencies to support clients and protect them from neglect and abuse. Staff took steps to protect clients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We reviewed the records of a member of staff employed by the service and found that most of the required checks had been completed. However, a written explanation of gaps in employment history had not been obtained. We found that the service's recruitment policy did not identify the need to obtain written explanations for gaps in employment history.
- All staff had received up-to-date safeguarding training for vulnerable adults at a level appropriate to their role. Staff knew how to identify and report concerns. The provider had assessed that training in safeguarding children was not required because children did not attend the service. Staff who acted as chaperones were trained for the role. We found that staff who chaperoned had a Disclosure and Barring Service (DBS) check completed by the provider. However, not all staff had received fire safety training. Immediately after our inspection the provider sent us evidence that fire safety training had since been arranged for all staff.

Are services safe?

- There were systems to manage infection prevention and control (IPC). We found that IPC audits had been completed for the disposal of clinical waste, availability of personal protective equipment (PPE) and bodily fluid spillages. Action plans had been put in place to mitigate potential risks. However, an IPC audit for the premises had not been completed. The provider informed us they would complete this and suggested short and long-term plans for the storage of cleaning equipment which was stored in the kitchen on the day of our inspection.
- We found that water within the premises had recently been tested for legionella and this was negative. However, the provider was unable to demonstrate that a legionella risk assessment had been completed. The provider contacted the landlord to request that a risk assessment be completed. On the day of our inspection, the provider was unable to demonstrate that clinical staff had immunity to Hepatitis B. Risk assessments were not in place to mitigate potential risks. The day after our inspection the provider forwarded to us evidence that staff had immunity to hepatitis B. Sharps boxes were appropriately dated and disposed of. We found that the clinic was visibly clean however there was a small number of sterile surgical items whose expiry date had been exceeded. The provider informed us they would dispose of the items and check existing stock.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage clients with severe infections, for example sepsis.
- A medicine used to treat anaphylaxis was in place at the service and was stored appropriately and checked regularly.
- We found that regular fire evacuation drills had been completed at the clinic.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place for clinical staff and liability insurance for the service.

However:

- At our previous inspection on 31 January 2018, we made a best practice recommendation that the provider should consider holding emergency equipment such as a defibrillator and oxygen in the premises or making a formal risk assessment to mitigate potential risks. At this inspection we found that oxygen, a defibrillator and pulse oximetry were not in place. A risk assessment had been completed in 2019 however, it had not been updated to reflect delays in ambulance response times.
- A medicine used to treat a low heart rate and other suggested emergency medicines were not available at the service. Risk assessments were not in place to mitigate potential risks to clients.
- The provider was unable to demonstrate that a fire risk assessment had been completed. The day after our inspection the provider forwarded to us an email from the landlord confirming that a fire risk assessment had been completed on 26 February 2019. However, the provider had not had sight of the risk assessment to determine if any actions needed to be taken.

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 clients 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.

Are services safe?

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- Client records were stored in a locked wooden cabinet within a locked room. All records were handwritten meaning there were no copies should the records become damaged or destroyed, for example in a fire. The provider informed us they would consider replacing the wooden filing cabinet with a metal cabinet to provide greater protection.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including emergency medicines, and equipment minimised risks.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Clinical staff prescribed, administered or supplied medicines to clients and gave advice on medicines in line with legal requirements and current national guidance.

Track record on safety and incidents

The service had a good safety record.

- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. The service had not experienced any significant events at the time of our inspection.
- There was a significant events policy in place that identified systems for reviewing and investigating when things went wrong. The policy detailed the system of learning, sharing learning and identification of themes to improve safety in the service.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The service had a system in place to act and learn from external safety events as well as patient and medicine safety alerts. The service had a mechanism in place to disseminate alerts to all members of the team.

Are services effective?

We rated effective as Good because:

The service was actively involved in quality improvement activity and used clinical audit to monitor the effectiveness of the service provided. Systems for obtaining consent to care and treatment were in line with legislation and guidance and informed clients of the potential risks.

However, the provider should:

- Monitor that staff attend and complete essential training, as identified and booked by the provider, for fire safety, basic life support and infection control and prevention.

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)

- Client's immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. Where treatment was not in the client's best interest they were informed and signposted to alternative support.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat clients.
- Staff assessed and managed clients' pain where appropriate. Following a surgical procedure, clients were provided with the surgeon's mobile telephone number so they could contact him for advice and support outside of normal working hours.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

The service used information about care and treatment to make improvements and made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for clients. There was clear evidence of action to resolve concerns and improve quality. For example:

- The provider had completed an audit of out-of-hours calls from clients who had received surgery such as mole or cyst removals. The audit identified 6% of clients had experienced a gape in their sutures which was below the national average of 10% and 1.5% had experienced deep suture extrusion.
- The provider had completed an audit of suture removal complications following skin surgery. The audit identified that 3 clients out of 100 had experienced complications post-surgery, this included bleeding or wound ruptures. Learning was to provide clients with the surgeon's telephone number to enable them to contact the surgeon out of normal working hours.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.

Are services effective?

- Relevant medical professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. On the day of our inspection we found that staff had not completed all of the essential training identified by the provider. For example, basic life support, fire safety and infection prevention. The day after our inspection the provider sent us evidence that training courses had since been booked for staff without the required training.

Coordinating patient care and information sharing

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

- Clients received coordinated and person-centred care. Staff referred to and communicated effectively with other services when appropriate. For example, GP practices.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the client'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.
- All clients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP if it was appropriate to do so.
- Care and treatment for clients in vulnerable circumstances was coordinated with other services. For example, other cosmetic services where clients had requested inappropriate additions to treatment already provided.
- Client information was shared appropriately and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service monitored the process for seeking consent appropriately.
- We found that consent forms were appropriately completed with clients and identified the potential risks and side effects of the surgery being performed. For example, bleeding, scarring and infection.

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 clients advice so they could avoid post-surgical complications.
- Risk factors were identified, highlighted to clients and where appropriate highlighted to their normal care provider for additional support. For example, a GP if there was a concern following the removal of skin lesion.
- Where clients' 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 clients to make decisions. Where appropriate, they assessed and recorded a client's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

Clients were treated with kindness and respect. Staff were kind and caring and involved clients in decisions about their care. The provider gave examples of when the service had gone above and beyond in caring for disadvantaged clients.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care clients received through online reviews. The service had received feedback from 12 clients. Eight comments were positive about the service they had received. Clients said that staff were empathetic, compassionate, friendly and polite. They described the clinical care as excellent and that staff were professional and very knowledgeable. They had received 4 negative complaints however; no trends were identified.
- Feedback from clients was positive about the way staff treated them. The CQC received 10 comments from clients who had used the service. All 10 comments were positive. Clients told us that staff were very knowledgeable, professional, friendly and provided an excellent service. They told us that there was timely access to appointments and staff put them at their ease
- Staff understood clients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all clients.
- The service gave clients timely support and information.
- In June 2022, the provider had provided 3 Indian footballers who were blind and visiting the UK, a review of their vision to determine if surgical intervention could help to improve their sight. This was provided free of charge by the provider. The surgeon provided the footballers with a report to take back to India to support them to seek treatment that could potentially improve their sight.

Involvement in decisions about care and treatment

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

- Interpretation services were available for clients who did not have English as a first language. The consultant surgeon spoke several different languages including Urdu, Hindi and Punjabi.
- Clients told us through online feedback to the CQC, 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.
- Staff communicated with people in a way that they could understand. For example, translation services for people who had a hearing impairment and large print information for people who had a visual impairment.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if clients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

Services were delivered in a way that met the needs of clients. The clinic was located in a grade 2 listed building meaning it was not always possible to make changes to assist people with mobility disabilities. The provider informed clients of the restrictions prior to offering them an appointment.

Responding to and meeting people's needs

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

- The provider understood the needs of their clients and improved services in response to those needs. For example, they gave examples when clients could not afford to pay the required fee and were supported to make a contribution.
- The facilities and premises were appropriate for the services delivered.
- The clinic was located in a grade 2 listed building with steps leading to the front door. This meant that people with mobility difficulties or wheelchair bound would find it difficult to access the building. In addition, a ground floor toilet was not available for clients. The provider informed us they would discuss access with the landlord however, they were restricted due to the clinic's location within a grade 2 listed building. They told us that they informed clients of the restrictions prior to offering them an appointment.

Timely access to the service

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

- Clients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Clients with the most urgent needs had their care and treatment prioritised.
- Clients reported that the appointment system was easy to use. Clients could book appointments over the telephone or through the service's website.
- Referrals to other services were undertaken in a timely way. The provider gave an example of when they were concerned about the physical health of a client. They provided a letter for the client to take to their GP and with consent contacted the GP immediately to alert them of the concerns.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated clients who made complaints compassionately.
- The service informed clients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, following a complaint from a client who was dissatisfied with a delay in their appointment, the provider reviewed their processes. Changes made included informing the clinician if clients were not seen in the correct order and informing clients if there was a delay and, offering them a drink whilst they waited.

Are services well-led?

We rated well-led as Good because:

The culture of the service and the way it was led and managed drove the delivery and improvement of good quality person-centred care. There were clear lines of accountability and staff felt supported and valued.

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff to make sure they prioritised compassionate and inclusive leadership. A member of staff we spoke with told us that the leaders were very supportive.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy to achieve priorities.
- The service had developed a vision, values and strategy. There was a mission statement in place for the service which included 'To provide cosmetic solutions that are evidence-based with peer-reviewed techniques in the medical literature, at an affordable price to the public'.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- Through discussion with the provider we found that succession plans were in place.

Culture

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

- Staff felt respected, supported and valued. Staff we spoke with told us there was an open and transparent culture and they felt able to raise any concerns and these were listened and responded to.
- The service focused on the needs of clients.
- Openness, honesty and transparency were demonstrated when responding to 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.
- There were processes for providing staff with the development they needed. This included appraisal and monthly team meetings. Staff had received regular annual appraisals in the last year. All staff were considered valued members of the team. They were given protected time for development and training.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Two out of the 3 staff members had received equality and diversity training.
- There were positive relationships between staff and leaders. A staff member we spoke with told us that there were very good working relationships within the team and that their skills complimented each other.

Are services well-led?

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities
- Leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service was aware of the need to submit notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of client identifiable data, records and data management systems.

Managing risks, issues and performance

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

- There was a process to identify, understand, monitor and address current and future risks including risks to client safety. However, some risk assessments with actions plans to address potential issues were not in place. For example, fire, legionella and emergency medicines and equipment.
- The service had processes to manage current and future performance. Performance of clinical staff was demonstrated through audit of their consultations and clinical treatment. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for clients. There was clear evidence of action to change services to improve quality. For example, post-surgery out of hours client calls following skin surgery such as mole or cyst removals and, suture removal complications following skin surgery.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of clients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

The service involved patients, the public and staff to support high-quality sustainable services.

- The service encouraged and heard views and concerns from clients and staff and acted on them to shape services and culture. For example, changes to ensure that clients were seen in the correct order had been put in place following a complaint received from a client.
- The provider had carried out a client survey in October 2021 and received 21 responses. Twenty out the 21 clients were very positive about their experience. For example, client's needs were met; the environment was comfortable; questions were answered satisfactory; reception staff were helpful; the treatment was good value for the money paid;

Are services well-led?

and clients would recommend the services to family and friends. One client had responded they were unsure about the service provided because the appointment and waiting time system had not been explained to them. The provider followed their complaints policy to investigate the concern and made changes to the service as a result of their investigation.

- Staff could describe the systems in place to give feedback. Staff told us that they could provide feedback at the monthly staff meetings or directly approach the provider.
- The service was transparent, collaborative and open with others 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.
- The service reviewed, investigated and responded to complaints. Learning was shared with staff and used to make improvements.

There were systems to support improvement and innovation work. For example, through clinical audit. The provider had provided 3 Indian footballers who were blind and visiting the UK, a review of their vision to determine if surgical intervention could help to improve their sight. This was provided free of charge by the provider.

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
Surgical procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• A fire risk assessment and action plan were not available within the service to mitigate any potential risks.• Emergency equipment such as oxygen, a defibrillator and pulse oximetry were not available within the service. An effective risk assessment to mitigate potential risks to service users was not in place.• All of the suggested emergency medicines were not available within the service. An effective risk assessment to mitigate potential risks to service users was not in place. <p>There was no assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:</p> <ul style="list-style-type: none">• An infection prevention and control audit of the premises had not been completed.• Cleaning equipment was not stored appropriately.• A legionella risk assessment had not been completed to identify potential risks and any actions required to mitigate those risks.