Henley Medical Aesthetics

Inspection report

York Road,
Henley-on-thames
RG9 2DR
Tel:

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

Ratings

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

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 Henley Medical Aesthetics. The reason for the inspection was because our current inspection priorities include services that have been registered with the Care Quality Commission (CQC) for over 12 months without being inspected. Henley Medical Aesthetics met these priorities because it registered with on 26 July 2019 and the provider had not been inspected.

Henley Medical Aesthetics provides a range of medical aesthetic treatments which include minor surgical procedures and treatment of hyperhidrosis (excess sweating). The service also provides private immunisations and treatments which are not available to patients on the NHS, for example ear microsuction. These services are offered via doctor and nurse led clinics. The service also offers other non-regulated aesthetic treatments.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Henley Medical Aesthetics provides a range of non-surgical cosmetic interventions, for example dermatological skin care treatments and anti-ageing injectables, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

Henley Medical Aesthetics is registered with CQC to provide the following regulated activities:

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

One of the clinical leads 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.

Our key findings were:

- There were clear processes and systems to keep patients safe and safeguarded from abuse.
- Systems and processes existed to monitor, detect and reduce the risk of infection.

Overall summary

- Staff were clear about their roles and responsibilities and explained what they would do if a patient's condition was not suitable for treatment by the service.
- Clinical records were written clearly, stored securely and contained accurate information which enabled clinicians to deliver high quality care.
- Clinicians had access to peer support from other healthcare settings which helped ensure they remained up to date with current best practice.
- Evidence-based best practice guidance was followed when providing treatment to patients.
- There was a chaperone policy and all staff had completed training and received a disclosure and barring service check before carrying out the role.
- Staff understood the legislation around gaining consent to treatment from patients and we found this was documented in all the clinical records we reviewed.
- The provider shared premises and staff with a co-located service (a NHS GP practice) and had adopted the governance arrangements of that service. Systems, policies and procedures therefore existed but were not specific to the provider.

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

- Formalise the process for confirming parental authority for adults accompanying children at the service.
- Review the process for notifying patients' NHS GP practices about treatment.
- Revise the governance systems, processes and policies to make sure any issues, risks or actions directly related to the service are fully considered, risk assessed and documented.
- Revise the complaints process & associated information so patients have access to the necessary information they may need should they wish to make or escalate a complaint.
- Increase audit activity and use the findings to drive improvements in the quality of services for patients.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

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

Our inspection team

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

Background to Henley Medical Aesthetics

The address of the registered provider and the service is Henley Medical Aesthetics Limited, The Hart Surgery, York Road, Henley-on-Thames, Oxfordshire, RG9 2DR. The registered provider only has this service under registration with the Care Quality Commission (CQC).

Henley Medical Aesthetics was first registered with CQC in July 2019 and is registered to treat adults and children. The service provides several regulated activities such as minor surgical procedures including the excision of non-cancerous moles and other skin lesions. Other services include private immunisations, ear microsuction, treatment of hyperhidrosis (excess sweating) and prescribing for dermatological conditions. Activities outside the CQC scope of regulation include anti-ageing injections and skin care advice.

The service is in the centre of Henley-on-Thames and can be accessed via public transport, car or on foot. The service operates from the premises of a NHS GP practice where it rents a consultation room and waiting area. However, the service has its own, separate entrance and waiting area which is accessed from the rear of the NHS GP practice via a pathway from the premise's private car park. This includes disabled parking spaces near to the building. Both the car park and premises are located on the ground floor.

The clinic is open on Thursday mornings from 9am to 1pm and certain treatments are available outside of those hours by arrangement with the service.

The staff team is comprised of a part-time practice manager, a part-time administrator, and 2 doctors and 1 nurse who provide treatments on 1 morning per week, unless alternative arrangements are agreed with the service. All staff who work for the service are either employed by or are the partners of the NHS GP practice which Henley Medical Aesthetics rents facilities from. The governance arrangements between the two services are such that staff from the NHS GP practice also provide relevant roles in support of this service. For example, a GP partner is also the safeguarding lead and the lead nurse manages infection prevention and control for both services.

How we inspected this service

Throughout the COVID-19 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.

The inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Speaking with staff in person on the telephone and using video conferencing facilities.
- Requesting documentary evidence from the provider.
- A site visit.

We carried out an announced site visit to the service on 24 November 2022. Before the site visit we requested documentary evidence electronically from the provider and interviewed staff via video teleconferencing.

Due to the current pandemic, we were unable to obtain comments from patients via our normal process where we ask the provider to place comment cards in the service location. However, we were shown examples of patient feedback and asked the provider to provide patients with a link to our give feedback on care page on our website. We did not speak to patients on the day of the site visit.

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.

Good

Are services safe?

We rated safe as Good because:

Safety systems and processes

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

- The service had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.
- The service had systems to safeguard children and vulnerable adults from abuse and all staff were trained to the appropriate level as indicated in recommended intercollegiate national guidance.
- The service had systems in place to assure that an adult accompanying a child had parental authority, however the service did not require documentary proof of the relationship.
- The service had not needed to make any safeguarding referrals in the preceding 12 months prior to the inspection. However, we reviewed the safeguarding policies and spoke with staff about how they worked with other agencies to support patients and protect them from neglect and abuse. Staff we spoke with knew who the safeguarding lead was and what action to take if they had a concern.
- The co-located NHS GP practice, where staff also worked, carried out staff checks at the point of recruitment and on an ongoing basis where appropriate. The service had access to those records to gain assurance of staff's suitability for employment.
- Disclosure and Barring Service (DBS) checks were undertaken to a level appropriate for the roles. (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).
- Training requirements for staff were determined by the co-located NHS GP practice's policy and all staff were up to date with safety training appropriate to their role. This included health and safety, fire safety, basic life support, sepsis and anaphylaxis.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- The service rented their facilities from the co-located NHS GP practice. These included a consultation room and a waiting area. Staff at Henley Medical Aesthetics were also employed by or were the partners of the NHS GP practice. Because the staff and facilities were the same, the service had adopted all the policies and governance procedures of the NHS GP practice. There were a variety of safety risk assessments which assessed and monitored health and safety risks for both co-located services.
- While there were actions identified to reduce the risk for the overall premises, none of the risk assessments had identified any risks or control measures specifically relevant to the areas of the building rented by the service.
- An external contractor had carried out a risk assessment for the presence of Legionella in the whole premises on 9 June 2022 and none had been detected. (Legionella is a water bacterium which can contaminate water systems). Although Legionella had not been detected, there was an action plan with recommended tasks to reduce the risk for staff and visitors using the premises. We found there was an effective system to complete the actions specified and weekly temperature testing of water outlets took place.
- The provider ensured facilities and equipment were safe, and equipment was maintained according to manufacturers' instructions. Calibration of medical equipment used across both services had been completed in April 2022.
- Management of infection prevention and control (IPC) risks was undertaken by the co-located NHS GP practice. An IPC audit had been completed on 11 January 2022 and the only item for improvement which specifically related to the area used by service was to display a poster to remind clinicians of the 5 moments for hand hygiene when providing care. We found this had not been actioned, however, staff had received IPC training and when we spoke with the service, they agreed to complete the action.

Good

Are services safe?

Risks to patients

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

- The service was clear about the treatments offered and would decline a patient if the patient wanted a treatment that was not offered.
- The service had decided all minor surgical procedures would be done in the same session so clinicians could access peer support, advice and supervision where appropriate or necessary.
- Staffing levels and skills were determined by the service being provided.
- Staff 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.
- There were appropriate indemnity arrangements in place for clinical staff.
- The service had access to suitable medicines and equipment to deal with medical emergencies which were stored appropriately in the premises of the co-located NHS GP practice but were fully accessible to the service. These included a defibrillator and oxygen, and the defibrillator pads, battery and oxygen were all in date.

Information to deliver safe care and treatment

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

- Our GP specialist advisor reviewed the clinical records of 10 patients that had received treatment from the service and found all demonstrated a previous medical history had either been seen or discussed appropriately between the patient and clinician.
- Individual care records were written and managed in a way that kept patients safe. The service used a paper recording system and records were clearly written, showed evidence of treatment planning and, patients were told about the risks and possible complications of any treatments.
- All the clinical records examined showed current evidence-based guidance for the condition indicated had been followed.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- All of the 10 of the clinical records reviewed by our GP specialist advisor showed the patient had been asked for details of their NHS GP and whether they consented for the service to share information with their NHS GP. The service explained they did not routinely write to the NHS GP unless there was a clinical need to do so. However, if a patient wanted their NHS GP to know about their treatment, the service would provide the patient with a letter summarising the treatment and which could be added to the patient's NHS clinical record.
- The service offered a specific range of treatments and minor surgical procedures and told us they would decline a patient requesting treatment not offered. In those circumstances they would direct the patient back to their NHS GP to provide onward 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 ceased trading.

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 vaccines, emergency medicines and equipment minimised risks.

Good

Are services safe?

- 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) and neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed and administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Nurses working for the service who were not authorised prescribers operated under a system known as Patient Specific Directives (PSDs) which is an instruction to supply or administer a medicine and is written and signed by an authorised prescriber who has knowledge of the patients health. We examined the process used and found it operated in line with guidance.
- The service issued private prescriptions through a computer software system to keep prescription stationery and processes secure.
- Medicines requiring refrigeration were stored in a refrigerator which was monitored to ensure it maintained the correct temperature range for safe storage. We checked the monitoring records during our inspection and all temperatures recorded were within the range for safe storage.

Track record on safety and incidents

The service had a good safety record.

- Risk assessments related to health and safety and premises safety issues were completed for the co-located NHS GP practice by an external contractor and the responsibility for reducing or fixing the risks belonged to the NHS GP practice as the owner of the building premises.
- The service had access to all the risk assessments which ensured they were aware of all identified issues and risks and the associated control measures. None of the areas identified for improvement or to reduce risks to a lower level were specific to the consultation room used by the service for treatment or minor surgical procedures. Progress against action plans was monitored by the practice manager who worked for both the service and the NHS GP practice.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- We found there was a system for recording and acting on significant events. However, in the 12 months preceding the inspection there had been no significant incidents recorded by the service.
- Staff understood their duty to raise concerns and report incidents and near misses. We spoke with staff about what they would do if they were involved in a significant event and all were confident in their knowledge and about how they would record an incident.
- The service had a system in place to receive and disseminate patient and medicine safety alerts to all members of the team. These were received and disseminated to staff in their GP setting and discussed in a joint clinical meeting for the practice and the service. Any that required action by the service were identified and acted upon.

Good

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

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

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) and local NHS best practice guidelines. Clinical staff also attended minor surgery update courses provided by the Royal College of General Practitioners.
- Clinicians employed by the service had high levels of skill, knowledge and experience to deliver the care and treatment offered by the service. For example, 1 clinician regularly worked under the supervision of a consultant at a local NHS hospital in the dermatology clinic and learning from this setting was shared among the team. Another clinician had access to mentoring from a consultant plastic surgeon.
- Our GP specialist advisor reviewed the clinical records of 10 patients who had received treatment from the service. Patients' immediate and ongoing needs were fully assessed in all the records examined. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clear, accurate and contemporaneous clinical records were kept with treatment and follow-up plans fully documented.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was able to demonstrate quality improvement activity.

- The service treated a low volume of patients and offered a specific range of treatments. We found audit and quality improvement activity was low. However, we were provided evidence of an audit completed by the service on 11 November 2022 which had reviewed all the patients treated in the preceding 2 months. The audit reviewed how many patients required dermoscopy prior to having a lesion removed, the types of surgical procedures and, the number of procedures which involved complications. (Dermoscopy involves looking at the skin with a medical device, a dermatascope, to evaluate whether a lesion is suspicious). The findings showed 12 patients (34%) required dermoscopy prior to excision and no procedures had involved complications which assured the practice that the safety measures being used were operating effectively to mitigate complications.

Effective staffing

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

- We sampled the recruitment records of 3 members of clinical staff and found all staff were appropriately qualified for their roles and the provider understood the learning needs of staff.
- There was an induction programme for newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/Nursing and Midwifery Council and were up to date with revalidation. There was a system to continually monitor registrations to ensure they remained up to date.

Good

Are services effective?

- Staff whose role included immunisation had received specific training and could demonstrate how they stayed up to date.
- The service did not offer a separate appraisal system for staff, instead, this formed part of their annual appraisal at the co-located NHS GP practice and the GPs included their work at the service in their scope of practice for their NHS appraisal.
- However, all staff we spoke with confirmed they were encouraged, supported and given opportunities to develop where appropriate.

Coordinating patient care and information sharing

Staff worked together to deliver effective care and treatment.

- Patients who used the service received coordinated and person-centred care.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We were told, to ensure safe care and treatment, the service would refer patients back to their own NHS GP to coordinate treatment where this information was not available.
- When patients registered with the service, all were asked for consent to share details of their consultation and any medicines prescribed with their registered GP.
- All of the 10 clinical records our specialist advisor reviewed demonstrated these details were recorded and consent to share information with the patients NHS GP had been given. However, the service's policy was that they did not routinely share details of the treatment with NHS GPs unless the patient requested them to, which was not in line with GMC guidance. Patients would be given a discharge letter to give to their NHS GP if the patient requested this.
- Patient information was shared appropriately within the service and information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

Supporting patients to live healthier lives

- Patients were provided with information about procedures including the benefits, risks and likely success of treatments provided.
- All patients received pre- and post-treatment advice and support. The theatre nurse attended initial consultations and was involved in surgical procedures which ensured they were aware of and involved in treatment planning. Patients then attended a follow-up appointment with the theatre nurse as part of their aftercare.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs. For example, patients attending would need to have had their NHS GP confirm a lesion was non-suspicious. Without this confirmation the service would not treat the patient and would direct them back to their NHS GP to coordinate care and treatment. If the service had any concerns or suspicions about a lesion after treatment, they would send it to a private histology service for examination.

Consent to care and treatment

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

- Staff we spoke with understood the requirements of legislation and guidance when considering consent and all staff were up to date with training in giving consent to treatment.

Good

Are services effective?

- The service monitored the process for seeking consent appropriately. There was a consent policy in place and of the 10 clinical records our GP specialist advisor examined we found consent to treatment had been recorded appropriately in all consultations. 9 clinical records evidenced consent to treatment had been given and for the other record, no surgical procedure took place therefore consent was not required.

Good

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- Feedback from patients was highly positive about the way staff treat people.
- The service gave patients timely support and information in relation to their care and treatment.
- The service asked patients about their satisfaction with the outcome of their care at follow up appointments. Feedback was generally positive and had not identified any areas for improvement.

Involvement in decisions about care and treatment

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

- The service explained it was likely treatment would be provided at the initial consultation unless the patient wanted time to consider the treatment plan, in which case treatment could be delayed. However, the service ensured all patients were provided with all the information they required to make decisions about their treatment prior to the first consultation.
- We received positive feedback from 8 patients via our feedback section on our website, all 8 reported staff had been attentive, had listened to and addressed their concerns, gave clear explanations about the treatment plan and, aftercare was thorough and supportive.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect and consultations took place behind closed doors to avoid conversations being overhead. Music was also played in the waiting area to prevent other staff or patient's in the premises overhearing any conversations.
- There was a notice in the consultation room which reminded patients chaperones were available. All staff who provided chaperoning services had undergone required employment checks, including an enhanced DBS check and had received training to carry out the role.
- To maintain discretion and privacy for patients, the service had a separate entrance and waiting room from the co-located NHS GP practice. This was at the rear of the building and was close to the consultation room which limited the likelihood of patients for the service being seen by patients attending the GP practice.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. Doctor-led services, which included minor surgical procedures, were provided 1 morning a week.
- The service offered nurse-led vaccination appointments for adults and children which could be provided inside and outside of the main clinic hours. If appointments were requested outside main clinic hours, it was by agreement with the service and dependent on staff availability.
- The leadership and management of the co-located NHS GP practice had identified there was demand from patients for minor surgical procedures, other aesthetic treatments and vaccinations which could not be accessed on the NHS. In response they had set up this service to meet the needs of those patients.
- The facilities and premises were appropriate for the services delivered. The waiting area and consultation room were at ground floor level and were accessed via a path from the car park.
- Reasonable adjustments had been made so people in vulnerable circumstances could access and use services on an equal basis to others. For example, wheelchairs were available in the NHS GP practice.

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 consultation and treatment. We were told that demand and waiting times were continually reviewed and clinicians had flexibility to offer additional appointments if wait times reached an unacceptable level for the service.
- The service operated a cancellation list and on the day of the inspection we were told two patients had been contacted and offered appointments due to unexpected availability.

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 to patients when they attended the service, however the process was not available to patients on the website.
- The service had a complaint policy and procedures in place. However, due to adopting the governance arrangements of the co-located NHS GP practice, the complaints log was not specific to the service. We reviewed the combined complaints log and found the service had only received 1 complaint in the 12 months preceding the inspection. However, if there had been a significant volume of complaints these would not have been easily identifiable to the leadership and management. We discussed this with the management team and they immediately developed a system to separate complaints for this service and make them identifiable.
- We also found there was a system to review complaints and identify learning and improvement to the quality of future care.
- However, we found the response to the complaint had been written on a letterhead from the co-located NHS GP practice which shared the same leadership and management team. This directed the patient to the Public Health

Good

Are services responsive to people's needs?

Service Ombudsman (PHSO) for any further action that may be available to them should they not be satisfied with the response to their complaint. The PHSO does not have responsibility for complaints about independent healthcare providers and would not have supported a dissatisfied patient. We spoke with the service who explained it had been an error and showed us a specific letterhead belonging to the service which they confirmed should have been used.

Good

Are services well-led?

We rated well-led as Good because:

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 challenge patients faced when treatments were not available on the NHS and had designed their service in response to these challenges.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff we spoke with told us they were comfortable to approach leaders with ideas or feedback and felt confident if they did, action would be taken.
- 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 credible strategy to deliver high quality care and promote good outcomes for patients.

- The service had a clear vision and set of values which included working with professionalism, working safely and providing patients with continuity of care. The service also valued respect for each other and patients, and confidentiality and discretion.
- The service had identified a vision for the future of the service and had a strategy to achieve it.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them

Culture

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

- Staff we spoke with told us they felt respected, supported and valued. We found the service valued teamwork and valued the close professional relationships which had been developed over time. We were told the service felt these relationships resulted in a safe and caring environment for patients and staff.
- The service focused on the needs of patients.
- We were not provided with any examples of behaviour and performance inconsistent with the vision and values during the inspection, however, staff we spoke with told us they would feel comfortable to raise an issue with their line management or directly with leaders. They were also confident action would be taken if they did.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. There had been no serious incidents in the 12 months preceding the inspection regarding regulated activities carried out by the service.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were positive relationships between teams and staff members. We saw the leadership and management team valued clinical and administrative staff and trusted them to carry out their roles.
- Although there was a dedicated agenda item in the formal clinical meeting, given the co-location, size and scope of the service and because all staff worked together in both settings, most meetings and updates took place opportunistically.

Good

Are services well-led?

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support governance and management. However, not all were service specific and opportunities to improve them existed.

- The service had adopted the governance arrangements, policies and procedures of the co-located NHS GP practice which owned the premises and was the primary place of work for staff and GP partners.
- Staff were clear about their roles and accountabilities.
- Structures, processes and systems to support governance and management were set out.
- Policies, procedures and activities to ensure safety existed and operated as the service intended
- The service had access to all the documents, records and risk assessments necessary to gain assurance about any risks that affected the service and oversight of these existed. On our review, we found examples of non-service specific governance arrangements where there had been an overlap between the co-located NHS GP practice and the service. For example:
- We found a response to a complaint had been written on a letterhead which did not belong to the service.
- We also found the service did not have their own risk register to record issues or risks which affected the service. This could have included an assessment of the risks and control measures which affected the wider NHS GP premises.
- The governance and management promoted person-centred care.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service had not needed to submit any statutory notifications since registration.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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.
- Clinical audit had a positive impact on quality of care and outcomes for patients. However, audit activity was limited because we only found evidence of a single audit in the preceding 12 months. The service had monitored its performance and safety record through an audit of minor surgical procedures. This helped the service to understand they types of treatments they had delivered. It also confirmed the control measures they had used had operated as intended because there had been no complications resulting from treatments.
- Although there had been no significant events in the 12 months preceding the inspection, there was a clear process for raising, recording and learning from any event which occurred in the service.
- In the event of a major incident the service would follow all procedures relevant to the co-located NHS GP practice, and the service had a business continuity plan.

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 patients via informal feedback and monitoring of online review platforms.
- Quality and sustainability were discussed in relevant meetings.

Good

Are services well-led?

Engagement with patients, the public, staff and external partners

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

- The service encouraged and monitored the views and concerns from patients and staff. In the 12 months preceding the inspection, there had been 3 5-star reviews on an online consumer review platform and contained no negative feedback from patients to act upon and shape services and culture. In the absence of negative feedback to demonstrate improvements being made from feedback, we reviewed the single complaint the service had received and were assured it had been considered and action to change the service had resulted.
- Staff could describe to us the systems in place to give feedback which included during their appraisal and directly to colleagues.
- The service was actively engaged with the co-located NHS GP practice to ensure opportunities to improve the quality of care for patients of that services were taken. If a need could not be met by the NHS GP practice, due to the contractual arrangement, the leadership and management would consider whether it could be delivered by that service.

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. We saw evidence that when staff attended training they reflected on what they had learned and there was a system to share learning within the service.
- Leaders and managers encouraged staff to review processes and performance.
- There were systems to support improvement and innovation work. For example, the service recognised the consultation room offered limited space and could be improved for patients. All staff were aware of this issue. We saw evidence in minutes of meetings that the service was actively considering options and how to achieve this to improve the quality and delivery of service for patients.