

The Devonshire Clinic

Inspection report

The Harley Street Clinic Diagnostic Centre
16 Devonshire Street
London
W1G 7AF
Tel: 03330155408
www.thedevonshireclinic.co.uk

Date of inspection visit: 02/12/2021
Date of publication: 22/12/2021

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 The Devonshire Clinic on 2 December 2021 as part of our inspection programme. This was the first CQC inspection of this location.

The Devonshire Clinic is a consultant-led private dermatology clinic offering treatment for skin cancer and medical dermatology services to adults only. All services are private and subject to payment of fees, with no NHS services provided.

The provider 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 general exemptions from regulation by CQC, relating to particular types of service and these are set out in Schedule 2 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, The Devonshire Clinic provides a range of non-surgical cosmetic interventions, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The provider's Business Manager is the CQC 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.

The service's founder, who is the Medical Director and lead consultant, is the CQC nominated individual. A nominated individual is a person who is registered with the CQC to supervise the management of the regulated activities and for ensuring the quality of the services provided.

Our key findings were:

- The service had clear systems to keep patients safe and safeguarded from abuse.
- Staff had the information they needed to deliver safe care and treatment to patients.
- Patients' needs were assessed and care was delivered in line with current standards and evidence-based guidance.
- Staff had the skills, knowledge and experience to carry out their roles.
- The service treated patients with kindness, respect and compassion. Feedback from patients was very positive about the service.
- The service organised and delivered services to meet patients' needs.
- Patients were able to access care and treatment from the service within an acceptable timescale for their needs.
- There was a clear leadership structure in place and staff felt supported by management.

Overall summary

- The provider had a culture of high-quality sustainable care.
- The service had a governance framework and had established processes for managing risks, issues and performance.
- There were systems and processes for learning, continuous improvement and innovation.

We saw the following areas of **notable practice**:

- The service had established twice-monthly multidisciplinary team meetings, chaired by the lead consultant, for the service's consultants along with specialists and clinicians working for the healthcare provider who managed and operated in the building. There was representation from a range of specialisms at these meetings, including dermatology, plastics, radiology, dermatopathology, and medical and clinical oncology. This was a forum for discussion of complex clinical cases and enabled peer-to-peer learning and input from a range of specialists.
- The service had a comprehensive programme of clinical audits, and audits we reviewed demonstrated a high standard of clinical care which exceeded British Association of Dermatologists targets.

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, who was accompanied by a GP specialist advisor.

Background to The Devonshire Clinic

The Devonshire Clinic is a consultant-led private dermatology clinic offering treatment for skin cancer and medical dermatology services to adults only. All services are private and subject to payment of fees, with no NHS services provided. The service also provides non-surgical cosmetic interventions which are not regulated by CQC. The consultants working at the service have specialisms in complex skin cancer, rare tumours, skin issues in immunocompromised patients, dermatologic and Mohs micrographic surgery, photodynamic therapy, photodermatology, and genetic cancer syndromes.

The service is registered with CQC in respect of the following regulated activities: Diagnostic and screening procedures; Surgical procedures; and Treatment of disease, disorder or injury.

The services are offered on an appointment-only basis. The service is open from 9am to 5pm Monday to Friday, with late evening appointments until 8pm offered two days per week. Appointments can be booked by telephone or through the website: www.thedevonshireclinic.co.uk.

The service is situated in a serviced commercial block housing a range of healthcare services in central London, a short distance from Regent's Park station. The building is managed by the UK's largest private healthcare provider, and the service leases rooms from them. The service is provided on the third floor from one clinical room, one consulting room, and an administrative room with a small waiting area for patients. There is also a large reception area for all visitors to the building on the ground floor. There is suitable access and facilities for disabled patients.

In terms of staff members, there are six consultant dermatologists, a consultant oral and maxillofacial surgeon, a dermatology nurse practitioner, and a small team of management and administrative staff. All the doctors who work at the service also have substantive posts in NHS hospital trusts.

The service sees approximately 350 patients per month.

How we inspected this service:

We reviewed information about the service in advance of our inspection visit. This included:

- Data and other information we held about the service;
- Material we requested and received directly from the service ahead of the inspection;
- Information available on the service's website;
- Patient feedback and reviews accessible on various websites.

During the inspection visit we:

- Spoke with the CQC registered manager (the provider's Business Manager), the CQC Nominated Individual (the Medical Director and lead consultant), and an administrative staff member;
- Reviewed policies, procedures, risk assessments, meeting minutes and patient records;
- Carried out checks and observations of the premises and equipment.

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.

Safety systems and processes

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

- The service had appropriate systems to safeguard children and vulnerable adults from abuse. There was an adult safeguarding policy and a child safeguarding policy in place which identified the service's safeguarding lead, set out the process for reporting a safeguarding concern and contained contact details for the Local Authority safeguarding teams.
- We saw staff had received safeguarding training. The service had risk assessed the appropriate level for safeguarding training for staff which, for the consultants, was in line with the mandatory training requirements of their NHS hospital trusts.
- Staff we spoke with knew how to recognise and report potential safeguarding concerns.
- The service had undertaken Disclosure and Barring Service (DBS) checks for staff (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 saw signs in the waiting area, the clinical room and consulting room, advising patients of the availability of chaperones. Nursing staff who worked for the large healthcare provider who managed the building would act as chaperones where required (this was part of the service's contract) and the service had received assurance that these staff had received training and were DBS checked.
- We reviewed a sample of staff personnel files and found the service carried out appropriate recruitment and staff checks. This included checks of professional registration with the General Medical Council (GMC) and annual appraisals by the consultants' NHS hospital trusts.
- The doctors who worked across the provider's locations undertook professional revalidation every five years in order to maintain their registration with the GMC.
- There was a record of immunity status for clinicians as per 'Green Book' guidance. The service did not keep a record of immunity status for administrative staff members, but had completed a risk assessment to support this decision.
- We saw risk assessments had been completed to ensure the premises were safe, for example a health and safety risk assessment and a fire risk assessment on 25 November 2021. We saw evidence of weekly fire alarm testing carried out by the healthcare provider who managed the building. The healthcare provider who managed the building was responsible for carrying out fire evacuation drills; a drill had not been carried out in 2021 due to social distancing requirements as a result of the COVID-19 pandemic, however we saw a risk assessment had been completed in respect of this.
- Our review of a sample of training records showed that staff were up to date with fire safety training.
- The service ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. The healthcare provider who managed the building was responsible for carrying out such checks, and we saw evidence of calibration of medical equipment on 15 September 2021 and portable appliance testing of electrical items on 8 September 2021.
- There were systems to manage infection prevention and control. The service had an infection control policy in place, which included information relating to hand hygiene, Personal Protective Equipment (PPE), sharps management and injuries, managing spillages, specimens handling and clinical waste management. The service did not have its own infection control lead, as it was set out in its contract with the provider who managed the building that their infection control lead and team were responsible for infection control checks and issues; the service's infection control policy referenced this.

Are services safe?

- An infection control audit had been completed on 25 November 2021, which identified one action to be taken which related to a treatment room in the same building as the service but not leased by the service; this action had been communicated by the service to the provider who managed the building for them to action.
- Our review of a sample of training records showed that staff were up to date with infection control training.
- There were systems for safely managing healthcare waste. We saw evidence of regular cleaning schedules and the disposable curtains in the service's rooms were in date.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- The service would use temporary administrative staff from an agency when required, for example in the event of staff sickness, and carried out employment checks of temporary staff as required.
- There was an induction system and training programme for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- The service had a policy which administrative staff could refer to, which set out assisted them in assessing urgency and prioritising patients for appointments.
- The service had access to appropriate emergency medicines and equipment, which were checked and managed by the healthcare provider who managed the building. There was a system in place to ensure emergency medicines and equipment were checked regularly and the service had access to records of these checks to maintain oversight.
- There was an emergency call button in all rooms which would alert the nursing staff and crash team from the provider who managed the building. We were told that this is tested regularly and that the team and clinicians usually attend to the alarm within one minute.
- Staff had completed up to date basic life support and resuscitation training.
- The service had a patient identification procedure in place which specified what details would be obtained for patients registering with and attending the service.

Information to deliver safe care and treatment

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

- The provider used an encrypted cloud-based clinical system, which enabled staff to access patient records from any location (including remotely).
- Individual care records were written and managed in a way which kept patients safe.
- Care records on the clinical system were secure.
- There was a documented approach to effectively managing test results and histopathology results. The service had a tracking in system in place to monitor that results were received and actioned appropriately.
- Referrals to other services were documented and contained the required information. The service had an effective system to monitor delays.
- There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service submitted data and notifications to external bodies as required.

Safe and appropriate use of medicines

Are services safe?

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

- Prescriptions were printed or emailed directly from the secure clinical system and the service did not hold any blank paper prescriptions.
- The service had recently started using a service whereby prescriptions were sent securely and electronically to a pharmacy who then hand-deliver the medicines to patients directly.
- We saw the service followed national prescribing guidelines and appropriately considered contraindications and patients' specific needs when prescribing.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately.
- The service did not hold or dispense any medicines.

Track record on safety and lessons learned and improvements made

The service had a good safety record and learned and made improvements when things went wrong.

- There were comprehensive risk assessments in relation to safety issues, some of which were completed in-house by the service and others which were completed by the healthcare provider which managed the building as per the service's contract with them.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system in place for reporting and recording significant events and incidents. The provider had a specific definition for significant events, and there had not been any at the service within the past year.
- However, we saw discussion of and learning from other incidents which did not meet the criteria for a serious significant event. For example, there was an incident where a histopathology result was sent to one of the clinicians at their NHS hospital trust, rather than at the service; this was picked up by the results tracker and was fed back to the specific individuals involved.
- Significant events and incidents were discussed at quarterly clinical governance meetings.
- Staff we spoke with understood their duty to raise concerns and report incidents and near misses.
- The service was aware of the requirements of the duty of candour and the need to provide patients with truthful information and an apology when unexpected safety incidents occurred.
- There was a system for receiving and acting upon safety alerts. We saw that safety alerts were highlighted and discussed at quarterly clinical governance meetings, although the vast majority of recent alerts did not relate to the type of services offered by the provider.
- The service learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

We rated effective as good.

Effective needs assessment, care and treatment

The service assessed need and delivered care in line with current evidence-based guidance.

- The service delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines and British Association of Dermatologists (BAD) guidelines.
- There were systems in place to keep clinicians up to date with current evidence-based practice. We saw that quarterly clinical governance meetings included discussion of new or updated NICE and BAD guidelines relevant to the service.
- The service had established twice-monthly multidisciplinary team meetings, chaired by the lead consultant, for the service's consultants along with specialists and clinicians working for the healthcare provider who managed and operated in the building. There was representation from a range of specialisms at these meetings, including dermatology, plastics, radiology, dermatopathology, and medical and clinical oncology. This was a forum for discussion of complex clinical cases and enabled peer-to-peer learning and input from a range of specialists.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support. We saw specific examples of effective safety-netting and follow up of patients.
- All of the service's consultants were members of BAD, two of the consultants were members of the British Society for Skin Care in Immunocompromised Individuals (BSSCII) with the lead consultant sitting on the board of BSSCII, and the Mohs-trained surgeons working at the service were members of the British Society for Dermatologic Surgery (BSDS).

Monitoring care and treatment

The service routinely reviewed the effectiveness and appropriateness of the care provided.

- The service completed quality improvement activities such as clinical audits and we saw from meeting minutes that results and learning were shared with staff.
- We saw a dermatology surgical pathway audit which reviewed surgical waiting times from July to September 2021 for cancer and non-cancer pathways (using NHS standards). The audit identified that 100% of the six suspected cancer pathway patients reviewed received definitive treatment within the target of 31 days, and that 97% of the 37 non-cancer pathway patients reviewed received definitive treatment within the target of 18 weeks. The audit also identified that 98% of patients had their histology result checked and communicated to the patient within 28 days. The service intends to repeat this audit with more cases for comparison in 2022 to monitor performance.
- The service had also completed an excision biopsy audit in 2021 reviewing their performance for surgical excisions against British Association of Dermatologists published standards. An excision biopsy is a technique used in minor surgery that aims to completely remove the skin lesion or pathological tissue; microscopic assessment of the sample excised permits an assessment of the distance that separates the pathological tissue from the edges of the excision, with incomplete excisions presenting a risk of tumour recurrence and metastasis. The audit reviewed 43 excision biopsies and found that the service exceeded the target standards regarding complete excision rates, indicating a high standard of clinical care. The service intends to repeat this audit with more cases for comparison in 2022 to monitor performance.

Effective staffing

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

Are services effective?

- Clinicians were appropriately qualified and had sufficient time to carry out their roles effectively.
- The service obtained copies of the consultants' appraisals with their NHS hospital trusts, and the doctors undertook professional revalidation every five years in order to maintain their registration with the GMC.
- The service provided staff with support through an induction and training programme tailored to their role, staff meetings, and in-house annual appraisals for administrative staff where objectives were identified and any performance issues were discussed.
- We saw completed induction checklists for staff.
- We reviewed a sample of staff training records and saw staff members were up to date with training as per the service's policy; this included basic life support training, child safeguarding training, adult safeguarding training, infection control training, fire safety training, and information governance training.
- Staff told us they were given protected time for learning and development.
- There were arrangements in place for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

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

- The service routinely shared information with patients' NHS GPs, either by secure email or by post. We were told that patients would still be treated without information being shared with their NHS GP if they did not consent to this if it was in the patient's interest to do so.
- We saw examples where patients had been referred back to their own NHS GP to ensure continuity of care.
- The service referred patients to other specialists where appropriate and we saw referral letters contained all the required information.

Supporting patients to live healthier lives

Staff supported patients to manage their own health and live healthier lives.

- The service provided patients with health and lifestyle advice, for example around sun protection.
- Where patients' needs could not be met by the service, the service would signpost them to services or specific specialists more appropriate for their needs.

Consent to care and treatment

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

- The doctors understood the requirements of legislation and guidance when considering consent and decision making.
- The service supported patients to make decisions about their care and treatment.
- We saw examples of documented consent for patients, and the service used the World Health Organisation surgical safety and consent checklist for procedures.
- Doctors had completed mental capacity act training as part of the service's mandatory training requirements.

Are services caring?

We rated caring as good.

Kindness, respect and compassion

The service treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural and social needs. Staff displayed an understanding and non-judgmental attitude to patients.
- The service gave patients timely support and information.
- Longer appointments were facilitated where necessary and could also be specifically arranged on request.
- The service carried out annual surveys which asked patients for feedback, including in relation to how they felt they were treated by staff and their general experience. We saw survey results for 2019, 2020 and 2021 and patient feedback was very positive about the service and the way staff treated people, with 100% of patients surveyed in 2021 describing their overall experience of the service as 'very good'. In response to whether they were made to feel welcome on arrival, 95% of patients surveyed in 2021 said 'yes, definitely' and the remaining 5% said 'to some extent'. In response to whether they had confidence and trust in the nurse caring for them, 100% of patients surveyed in 2021 said 'yes, definitely'. In response to whether they had confidence and trust in the doctor caring for them, 95% of patients surveyed in 2021 said 'yes, definitely' and the remaining 5% said 'to some extent'. Patients were also able to leave free-text comments as part of the surveys, and patients in 2021 described staff as kind and professional.
- We reviewed feedback left on 'Google' and saw five reviews had been left in the last year, with all five reviews being positive and rating the service as five out of five stars; patients said they would recommend the service, describing it as excellent, and stating that staff are professional and knowledgeable.
- Staff completed equality and diversity training as per the service's mandatory training requirements.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- The service offered interpretation services to patients for whom English was not their first language.
- Information leaflets were available to patients describing the services offered.
- In the service's 2021 patient survey, 100% of patients said they always received answers they could understand when they asked the doctor questions, 100% of patients said they were fully involved in decisions about their treatment, and 100% of patients said they completely understood the next steps in their plan or care or the reasons for no further treatment.

Privacy and Dignity

Staff recognised the importance of patients' privacy and dignity.

- Patient information was held securely on the electronic clinical system, and staff said any paper records would not be made visible to other patients in the waiting area and would be shredded once scanned onto the system.
- The clinical system was secure and backed up regularly as it was a cloud-based system. The system could be accessed by staff from home or elsewhere.
- We were told that the doors would be closed during appointments and we saw that conversations taking place in consulting and clinical rooms could not be overheard.
- Staff told us if patients wanted to discuss sensitive issues or appeared distressed, they would take them to a private room away from other patients to discuss their needs.

Are services caring?

- We saw curtains were provided in clinical and consulting rooms for patients, if needed, to maintain their dignity.
- In the service's 2021 patient survey, 100% of patients said they always had enough privacy when being treated or examined.

Are services responsive to people's needs?

We rated responsive as good.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs.

- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when patients found it hard to access services. For example, there was a lift up from street level to the building entrance and lifts within the building, patients could be seen on the ground floor if they were not able to use the lift, and there were portable hearing loops available.
- The service offered interpretation services to patients for whom English was not their first language and sign language interpreters were also available.
- The service made patients aware of what services were offered, and set out the costs of specific treatments before they attended for treatment.
- Longer appointments were facilitated where necessary, for example if a patient had complex issues to discuss, and could also be specifically arranged on request.
- When the service was closed a message on the telephone system advised patients to call 999 if they had a medical emergency, and provided an out of hours mobile telephone number if patients had a specific query or concern about a procedure they had undergone. The out of hours mobile telephone number was monitored by the administrative staff on a rota basis.

Timely access to the service

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

- Services were offered on a private, fee-paying basis only, and therefore were accessible to people who chose to use them.
- The service was open from 9am to 5pm Monday to Friday, with late evening appointments until 8pm offered two days per week.
- The appointment system was easy to use; patients could book online or by telephone.
- In the service's 2021 patient survey, 86% of patients said they were seen on time for their appointment, with 5% being seen early and 9% late. 100% of patients surveyed in 2021 said they were given adequate time to recover before leaving.

Listening and learning from concerns and complaints

The service had a system to act on and learn from complaints.

- The service had a complaints policy in place. This set out how the service manages complaints and included reference to patients being able to seek support with any complaints from the Citizens Advice Service or Patients Association, and advise CQC of their concerns about the service.
- We saw complaints were a standing agenda item for discussion at clinical governance and senior management team meetings.

Are services responsive to people's needs?

- The service acted upon complaints to improve the quality of care and patients' experience. For example, in response to a complaint that the patient had not received the specific treatment they wanted and had been kept waiting downstairs by the provider who manages the building, the service reminded clinicians of the importance of clear communication regarding treatment and procedures, refunded the patient as a gesture of goodwill, and spoke with the other provider to remind them of the importance of bringing patients up to the service's rooms promptly.
- Two formal complaints had been received by the service in 2021; we reviewed both and found they had been dealt with in a timely manner.

Are services well-led?

We rated well-led as good.

Leadership capacity and capability

There was a clear leadership structure in place.

- The Medical Director, who was the lead consultant, was responsible for the organisational direction and development of the service, as well as maintaining oversight of clinical governance. The Business Manager was responsible for governance of non-clinical matters.
- Staff told us that leaders were visible and approachable, and worked closely with staff.
- Leaders were knowledgeable about issues, challenges and priorities relating to the quality and future of services offered.
- Leaders demonstrated an understanding of current and future challenges facing the organisation and had plans in place to meet those challenges to continue delivering high-quality services. For example, we discussed the increased demand the service had been experiencing, which leaders felt was likely due to increased NHS waiting lists. We were told that the service had already increased clinics and administrative support from the service to meet demand, and had started the process of two new consultants joining the service next year. Leaders said part of their strategy is not to oversaturate the service, to ensure that there remains sufficient time for patients and administrative processes, hence the recruitment of additional clinicians.
- We saw that various staff and governance meetings took place on a regular basis and included discussion of significant events, complaints, performance, and the operational running 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 sought to provide high quality care to patients with skin disease through collaborative teamwork with like-minded healthcare professionals.
- The service had a set of behaviours to adhere to, which included remaining patient-focused, leading through collaboration, delivering quality results, striving for innovation, empowering with trust, and always showing kindness.
- Staff we spoke with were aware of and understood the service's values and strategy, and their role in achieving them. Non-clinical and clinical staff all spoke of the importance of going above and beyond for patients and being proud of this.
- The service had a realistic strategy to achieve its priorities. The strategy focused on growing organically to meet increased patient demand. Leaders explained that some of the longer-term strategic aims, such as moving to their own premises, had been paused due to the COVID-19 pandemic. The strategy and operational aspects of the service were monitored at senior management team meetings.

Culture

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

- Staff told us that leaders were visible and approachable and felt their views were listened to. Staff described the service as open and supportive and said that they were a tight-knit team who worked closely together.
- Leaders had a shared purpose and strove to deliver and motivate staff to succeed.
- Openness and honesty were demonstrated when responding to incidents and complaints. The service was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Are services well-led?

- Staff completed equality and diversity training as per the service's mandatory training requirements.
- There were processes for providing staff with the development they needed; this included mandatory training, regular meetings, involvement in audits and multi-disciplinary clinical meetings, and in-house appraisals for the administrative staff. Clinicians were supported to meet the requirements of professional revalidation where necessary.
- The service had a whistleblowing policy and staff we spoke with said they felt able to speak up and were confident any concerns would be acted upon.
- Staff were asked to complete twice-weekly lateral flow tests for COVID-19, had access to private medical insurance, and were given accounts for a mindfulness app to support their wellbeing.

Governance arrangements

The service had a governance framework in place, which supported the delivery of quality care.

- There was a clear staffing structure in place.
- Staff understood their roles and responsibilities.
- The provider had clear governance arrangements in place with the large healthcare provider who operated in and managed the building, from whom the service leased its rooms. There was a formal license agreement in place which set out what were the service's own responsibilities, and what were those of the other healthcare provider. Staff we spoke with were aware of the different areas of responsibility. Leaders told us they met with the other provider's Chief Executive on a regular basis, to communicate any issues or seek assurance about anything. The service's leaders were also able to access the other provider's intranet, in order to review any of their policies, protocols, audits or risk assessments.
- Policies and processes had been developed and implemented and were accessible to staff. Policies we reviewed were version-controlled and had a next review date specified.
- There were regular meetings held to support governance systems and their application.
- We saw that operational issues, complaints, significant events and governance were discussed during meetings. The service took minutes of its meetings and there were standing agenda items to review actions from previous meetings to ensure agreed actions were followed through appropriately.

Managing risks, issues and performance

The service had established processes for managing risks, issues and performance.

- There were effective processes to identify, understand, monitor and address current and future risks, which included risks to patient safety.
- The service had processes to manage current and future performance.
- We saw evidence that service staff and staff from the healthcare provider which managed the building completed various regular checks to monitor the safe and effective running of the service. For example, the service had systems in place to monitor referrals and pathology results, and the healthcare provider who managed the building carried out checks and risk assessments relating to premises and equipment safety.
- Appropriate risk assessments and checks had been carried out to ensure the premises and equipment were safe.
- The service had a business continuity plan in place.
- Staff were trained in preparation for incidents and emergencies, as staff training records we reviewed showed staff were up to date with basic life support training and fire safety training.
- Changes had been made to infection control arrangements and premises to protect staff and patients using the service during the COVID-19 pandemic.

Are services well-led?

Appropriate and accurate information

The service acted on appropriate and accurate information.

- The service adhered to data security standards to ensure the availability, integrity and confidentiality of patient identifiable data and records.
- Performance information was used to hold staff and management to account.
- Quality and sustainability were discussed in relevant meetings, such as clinical governance meetings and senior leadership meetings, where staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

The service involved patients and staff to support the service they offered.

- The service carried out annual surveys to obtain and review patient feedback. The service intended to start collecting patient feedback on an ongoing basis, rather than as an annual survey exercise, in order to pick up any concerns or areas of improvement more quickly.
- Staff told us they felt able to raise concerns and provide feedback to management about the service. Staff we spoke with gave an example where management had made changes to the process for checking patients' insurance details as a result of feedback from administrative staff.
- The provider was transparent, collaborative and open about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- We saw evidence the service identified learning and improvements to services as a result of significant events, complaints, and patient feedback.
- There was a focus on continuous learning and improvement within the service.
- The service had a comprehensive programme of clinical audits.
- We saw that clinical governance meetings included discussion of new or updated National Institute for Health and Care Excellence (NICE) and British Association of Dermatologists (BAD) guidelines relevant to the service.
- The service explained they were keen to invest in new technologies and treatments that were beneficial to patients. For example, the service had started to use daylight-activated photodynamic therapy for skin cancer and pre-cancer patients; which was found to be as efficient as conventional photodynamic therapy, but less painful for patients.
- The service had established twice-monthly multidisciplinary team meetings, chaired by the lead consultant, for the service's consultants along with specialists and clinicians working for the healthcare provider who managed and operated in the building. There was representation from a range of specialisms at these meetings, including dermatology, plastics, radiology, dermatopathology, and medical and clinical oncology. This was a forum for discussion of complex clinical cases and enabled peer-to-peer learning and input from a range of specialists.
- The consultants who worked at the service were involved in research, education and innovation within their specific fields. For example, the lead consultant and another consultant had recently published an article in 'Dermatology in Practice' on the management of advanced skin cancer, and had recently published the results of a five-year study around pleomorphic dermal sarcoma.