

Changes Clinic Limited

Changes Clinic Limited

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 11 January 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

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

Changes Clinic Limited is an aesthetic health and wellbeing clinic offering surgical and non-surgical treatments for face, hair and body for individuals over the age of 18.

Changes Clinic Limited is registered with 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, including the prescribing of medicines for the purposes of surgical procedures such as skin lesion removal and ear correction surgery. At Changes Clinic the aesthetic cosmetic treatments that are also provided are exempt by law from CQC regulation. These included non-invasive fat reduction, Botox injections and semi-permanent makeup. Therefore we were only able to inspect the treatment for ear correction surgery and skin lesion removal but not the aesthetic cosmetic services.

Some services advertised by Changes Clinic Limited were undertaken by specialists who were not directly employed by Changes Clinic Limited. There was an

Summary of findings

agreement that these services would fall under the banner of Changes Clinic but would be provided by individuals who were renting out treatment space. For example the semi-permanent make up. The hair transplant services were undertaken by another organisation that had their own CQC registration. As such these areas were not included as part of this inspection.

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

Client feedback was obtained through completed comment cards and speaking with clients during the inspection. Eleven people provided feedback about the service. All feedback was positive with comments about the professional yet friendly manner of staff and feeling fully involved in discussions about their care and treatment.

Our key findings were:

- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
 - The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
 - Staff involved and treated patients with compassion, kindness, dignity and respect.
 - Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
 - Not all staff had a record of having completed the training required by the clinic. However, the manager had plans in place for staff to attend training over the next few weeks and due to a small team prioritised by role and need.
 - Policies and procedures were in place but not all of these had clear dates for review. Some policies were not formally documented such as the business continuity plan.
- There were areas where the provider could make improvements and should:
- Review the existing arrangements for processes to follow in the event of an emergency which could affect business continuity.
 - Review current methods for capturing and reviewing staff training to ensure all staff have completed relevant training required for their role. For example, infection control and information governance. Review the need to train all staff in safeguarding children.
 - Review procedure for regular review of policies and procedures including for significant events and near misses.
 - Review the need to have a risk assessment in place for staff without a DBS criminal records check.
 - Consider a system to check clients identity when attending for treatments and consultations.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations. There were a couple of areas where the provider could make improvements but did not impact their compliance with regulations. This included reviewing systems and processes that were in place to keep people safe to make them further embedded into practice. For example, the strengthening of the system for reporting of significant events and the consideration of safeguarding children training for all staff. The practice only sees clients over the age of 18.

- Changes Clinic Limited had systems and processes in place that kept people safe, however, not all of these were fully embedded into practice. For example, policies or procedures not being fully recorded or updated.
- Staff demonstrated that they understood their responsibilities in safeguarding vulnerable adults from abuse. However no staff had received training for safeguarding children.
- The practice had suitable arrangements to respond to medical emergencies and major incidents. However, there was no formal documented business continuity plan. Contact numbers for key staff were kept by the building landlords in the event of an emergency.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations. We found areas where improvements should be made around reviewing the current methods for documenting and monitoring staff training to ensure that all staff had completed the relevant training for their role, including infection control and information governance.

- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Clients' needs were assessed and recorded before and after treatment.
- Not all staff had clearly recorded evidence to demonstrate they had received the required training and knowledge to deliver effective care and treatment.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- Clients feedback indicated they were satisfied with care and treatment, facilities and staff at the clinic.
- We saw the practice had arrangements to ensure patients were treated with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- The clinic had good facilities and was well equipped to treat patients and meet their needs.
 - Patient feedback indicated they found it easy and convenient to make appointments at the practice.
 - There was continuity of care, with follow up appointments arranged as required.
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Summary of findings

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations. We found areas where improvements should be made which included reviewing systems and processes in place that govern activity. For example, reviewing the mechanism for reviewing policies and procedures, including significant events and the arrangements for processes to follow in the event of an emergency.

- The clinic had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management.
- The clinic had policies and procedures to govern activity. Not all of these policies were reviewed or fully embedded into practice. For example, there was no clear arrangement for how significant events would be documented or reviewed for learning. Not all policies were documented in a formal policy or process, for example there was no document to describe the arrangements or processes to follow in the event of an emergency which could affect business continuity.
- Not all staff knew how to access the policies and procedures kept by the clinic. However, all staff spoken to knew who to ask if they required to view them.
- The provider was aware of the requirements of the duty of candour.
- The manager of the clinic encouraged a culture of openness and honesty.

Changes Clinic Limited

Detailed findings

Background to this inspection

Changes Clinic Limited is based in the city of Portsmouth in Hampshire and offers consultations and treatments from their main location. The location is at the following address 100 Lakeside, North Harbour, Western Road, Portsmouth, Hampshire, PO6 3EN. This is the only location registered for Changes Clinic Limited. Changes Clinic Limited has a team of eleven surgeons and aesthetic practitioners although not all of these work directly for Changes Clinic. The team are supported by a smaller team of client co-ordinators and admin staff.

Changes Clinic Limited offers surgical and non-surgical treatments for face, hair and body; this included fat reduction, skin blemish removal, hair transplants and semi-permanent makeup amongst others. Changes Clinic Limited only offers consultations and treatments for individuals over the age of 18. Not all treatments offered were within CQC scope for registration.

Changes Clinic Limited is open Monday to Friday 8.00am to 8.00pm and Saturday 9.00am to 5.00pm. They are not open on a Sunday.

We carried out an announced comprehensive inspection of Changes Clinic Limited on 11 January 2018. The inspection was led by a CQC inspector and a general surgeon specialist advisor.

Prior to the inspection we received a completed provider information request which informed our inspection planning. We also reviewed comments cards that were collected in the two weeks prior to the inspection.

As part of the inspection we collected evidence through the following methods, observations, interviews with staff (clinical and non-clinical), collected client feedback through CQC comment cards and client interviews. We also reviewed documents.

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?

Our findings

Safety systems and processes

The provider had systems and process in place to keep patients safe; however, not all of these were fully embedded into practice.

- Arrangements for safeguarding reflected legislation and local requirements. The clinic had a document which outlined local and national contacts in the event of a safeguarding concern or query. This document was stored in the manager's office and staff told us they would ask the manager for the details if required.
- Staff interviewed demonstrated they were aware of their responsibilities of safeguarding and all staff had received training in safeguarding vulnerable adults. Safeguarding adult training was provided by an online training course and we saw certificates in staff files to evidence that these had been completed.
- The clinic did not provide safeguarding children training. Whilst the provider did not directly provide clinical services for patients under 18 there is an expectation that staff working in a health care setting are trained in child safeguarding in line with the intercollegiate guidance. This recommends child safeguarding training and competencies for not only those directly caring for children but also those providing care for their parents or carers.
- The premises were suitable for the services it provided. The premises was visibly clean and there were systems in place to monitor patient safety. The clinic had a health and safety risk assessment policy. However, this did not contain a date for when the policy was to be renewed. Other health and safety policies and risk assessments were managed by the building of which Changes Clinic Limited rented space in such as fire safety and risk assessments.
- The clinic had appropriate systems in place for management of clinical waste and infection control. Staff were aware if they had any responsibilities in setting up or clearing down of clinical rooms. The responsibility for maintaining cleanliness of the building was outsourced to an external cleaning company. There was cleaning schedules in place to evidence what was required to be cleaned and the frequency.
- Staff recruitment procedures were in place to ensure staff were suitable for their role. Records showed that appropriate recruitment checks had been undertaken prior to employment for example, proof of qualifications, proof of registration with professional bodies and checks through the disclosure and barring process. All staff had to complete two interviews. References were collected both verbally and written. When orally obtained the manager recorded that these had been received. All staff undertaking clinical or aesthetic treatments had received a Disclosure and Barring Service (DBS) check. 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 vulnerable adults.
- There was not a clear system to identify which staff members were trained to undertake chaperone duties in the event that another clinician was not available. We were told client coordinators didn't ordinarily undertake chaperoning duties. However, these staff were allowed to observe treatments in order to enhance their knowledge. Patients were asked to consent to this. One staff member who had observed treatments did not have a DBS or risk assessment. However, Changes Clinic Limited had sought assurances that this person was suitable for their role by obtaining a copy of that individual's DBS from their previous employment. The clinic had decided not to apply for a DBS as the individual was not undertaking treatment or consultation of clients. There was no formal risk assessment in place around the job role.
- Changes Clinic Limited had a process in place to capture a client's date of birth and address but there was no further checks in place to verify the client's identity when they were attending for treatment or consultation.

Risks to patients

The practice had arrangements in place to monitor and manage risk to patients.

The manager maintained oversight of staffing levels with administrative staff covering each other where required. The manager described the process for staff to follow in the event of unplanned time off. Changes Clinic Limited was a

Are services safe?

small team and as such there were no clinicians available to cover in the event of time off work. In these instances appointments would be cancelled. Clients were notified and given the option to re-book for another date.

There was a process in place for the management of referrals from GPs and for test results following treatment. There were also processes in place to refer onto other organisations for ongoing treatment as required.

All staff interviewed were aware of where the emergency medicines were stored. The clinic had a defibrillator on site and oxygen with adult and children's masks. A first aid kit and accident book were available. The premises had a tamper evident sealed box of emergency medicines which were all in date.

The clinic did not have a business continuity plan in place for in the event of major emergencies such as a power cut or damage to the building. Changes Clinic Limited rents space in a building which houses several businesses. As such we asked the manager whether there was an overarching business continuity plan for the building that Changes Clinic Limited followed. The manager was unsure of this but told us that she had previously had to submit contact details for key staff to be contacted in the event of an emergency. The manager was also able to describe the process that staff at Changes Clinic Limited would follow in the event of an emergency and gave examples of scenarios including a power failure and fire alarm. Following our inspection the manager spoke to the buildings maintenance team to identify whether there was an overarching policy for the building. The manager was told that there was none.

Information to deliver safe care and treatment

Clients records were captured via paper based records. There was a filing system in place to access clients' records when required. Records were stored securely via locked filing cabinets in a locked room. Only certain staff had access to the keys for these rooms. Staff knew who these members of staff were in the event of needing records.

We viewed a sample of clients' records as well as blank templates. Clients' records contained consent for treatment and a data capture form containing brief medical history and other information.

The manager had identified that storage of client records would become an issue as the business continued to expand and take on new clients. As such the manager had already begun to identify plans for additional storage on the premises.

Treatment information was shared with other organisations such as GPs in order to maintain continuity of care. For example, clients who had been referred for surgical procedures such as a mole removal received a post treatment summary letter and a copy to give to their GP. We were told that the surgeons also wrote a more formal letter to the GP which contained detailed histology notes.

Safe and appropriate use of medicines

The arrangements for managing medicines in the clinic minimised risk to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

Changes Clinic Limited had a medicines management policy in place. Clinicians were aware of this policy and how to access it.

There were two vaccine fridges on the premises and only one of which belonged to Changes Clinic Limited. Vaccine fridges were located in an area accessible to staff but away from patient access and stored securely. Cold chain processes were followed and we saw evidence that fridge temperatures were being recorded and within acceptable ranges. Staff described the process for in the event there was a failure in the cold chain.

Changes Clinic Limited had a system whereby the doctors' maintained control of their own prescription processes and oversight of security. For treatments that were in CQC scope we were told that the doctor did not typically write prescriptions and in the event he had to this would be on letter headed paper. We were told that for any further medicines the client would be directed back to their GP. We were told this was slightly different for clients who were undertaking corrective ear surgery. At the end of treatment clients received a five day course of antibiotics and this would be recorded in the client records.

Track record on safety

Changes Clinic Limited had identified no significant incidents in the past 12 months and stated in their provider information return that they did not have a definition of what a significant event constituted as and the manager

Are services safe?

explained to us that a discussion had been had as to what constitutes as a significant event and had gone with the interpretation of recording anything resulting in serious impact. We discussed with the manager how they would record a significant incident or near miss. We were told that there were not any arrangements specifically for how a significant event or near miss would be documented or reviewed for learning. However all staff described the need to report anything in the practices accident book and were able to explain where to find this. We were told that anything recorded in this book was discussed at team meetings or via email communication.

However, the surgeon employed by Changes Clinic Limited on a sessional basis had his own system for reporting significant events. He told us that if in the event of an

incident or near miss he would record details in a form which would be handed over to the manager to discuss. He could not recall a time where this had had to be used for a procedure that was in scope for the CQC registration.

Changes Clinic Limited followed the overarching buildings process in the event of responding to a medical emergency which included calling a first aider or dialling 999.

Lessons learned and improvements made

Following a patient having an adverse reaction the clinic reviewed the pre-treatment medical information form that was collected and noticed that information about a-typical symptomology or allergies was not included. The clinic recognised the need for this information to be included and contacted the company that generated the forms. We viewed an example of the new form which now contained the required information.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards. The surgeon told us that in order to maintain an up to date knowledge of guidance he had retained a contract with a local NHS dermatology clinic which abide by guidelines such as the National Institute for Health and Care Excellence (NICE) best practice guidance which he applies to his work at Changes Clinic. He also engaged in meetings and discussions with other clinicians to share knowledge.

There was evidence of a comprehensive assessment to establish clients' individual needs and preferences. This included:

- An up-to-date medical history.
- Explanation of the presenting complaint or purpose of the appointment.
- A clinical assessment (including diagnosis, referral and ongoing management).

Discrimination on the grounds of age, disability, gender reassignment, pregnancy and maternity status, race, religion or belief were avoided when making care and treatment decisions.

Client outcomes were monitored using personalised treatment programmes and in-depth information and after care advice.

Monitoring care and treatment

Staff engaged in audit and quality improvement including medicines audits, review of treatments and record keeping. Clinicians engaged in audits as part of their revalidation, for example a histology audit of patients undergoing minor surgical procedures such as mole removals. The manager maintained oversight of all audits completed.

Improvements had been made as a result of a review of data. We saw an example of an audit of client consultations and treatment, by doctor and how this had been used to review their performance and as part of their professional revalidation.

Clients' feedback was collected at the end of treatment and used to improve services.

Effective staffing

All staff had completed an induction programme which upon completion was stored in staff members' personnel files. Induction training contained training that all staff were to complete as well as role specific. All staff underwent a probationary period.

The manager had a training matrix in place to monitor what staff had undertaken. Staff on this were either client coordinators or aesthetic practitioners. The doctors training was not recorded on this document. We viewed the training matrix and saw that there were gaps in each staff members training and therefore could not be certain that these staff members had the knowledge and understanding expected. For example, only two out of five staff had a record of having completed confidentiality training and only one out of five having completed record keeping training.

We discussed with the manager the gaps in the training record and we were told that there had been a turnover of staff and that the clinic was catching up with everyone's training and that training was prioritised by need. For example, the two individuals involved with room cleans or setting up of clinics had completed the infection control training. One member of staff had joined the clinic a week before the inspection and their safeguarding training was scheduled for Monday 15 January 2018.

The doctors completed their training as part of their revalidation. The manager had a process in place to ensure the doctors had completed relevant training although the mechanism to ensure that update training had been completed in a timely manner was not fully embedded.

All staff received quarterly performance reviews which were documented in staff personnel files. Staff spoke of being able to ask for a one to one meeting at any time.

The manager completed audits and performance reviews for any clinicians that currently did not practice in the NHS to ensure they met their standards for professional revalidation.

Coordinating patient care and information sharing

When a client contacted the service for consultation they were asked whether their details and treatment plans

Are services effective?

(for example, treatment is effective)

could be shared with the individuals GP. We were told that the majority consented to this but for those who did not there was a note made on their record to alert any staff who were viewing details.

The clinic received referrals from GPs to undertake minor surgical procedures such as skin lesion removal. Following treatment a summary letter was written to the patient and a copy to be provided for the GP. A further more detailed treatment letter was sent directly to the GP which contained full details of results for any biopsy which was sent to the laboratory for testing.

The clinic had a process in place to refer to other organisations for further treatment and monitoring.

We saw an example of a patient file which contained personalised care and treatment plans which were discussed with the individual at each consultation and treatment session.

Supporting patients to live healthier lives

Staff were proactive in helping clients' live healthier lives and supported them in monitoring and managing their own health and wellbeing post treatment. Changes Clinic offered assessment and treatment plans which were tailored to each individual based upon the screening information that was collected at the initial consultation.

We were told that for procedures that were within CQC scope, clients would be referred back to their GP for follow up reviews and additional support. Clients received an end of treatment summary letter.

Consent to care and treatment

There was clear information available to clients with regards to the services provided and costs. This information was available in a variety of formats including hard copy and through the website.

All staff sought patient consent and documented this in their records. The process for seeking consent was monitored through audits of client records.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the ten patient Care Quality Commission comment cards we received were positive about the service experienced with many commenting that they received excellent, exceptional or efficient services. Comments reflected how professional yet friendly staff were.

At the end of treatment and consultations all clients were asked to complete a short survey or place feedback on an online reviews system about the satisfaction of service received.

Involvement in decisions about care and treatment

Client feedback via interviews and CQC comment cards reflected that clients were satisfied with how they had been involved in treatment decisions including being fully informed about costs and expectations from treatment.

Changes Clinic website clearly documented pricing structures and details about each treatment offered. This included what type of aesthetic would be required (if any), treatment time, risk level, recovery time, and duration of the results post treatment.

Privacy and Dignity

The staff at the clinic respected clients' privacy and dignity.

- Consultation treatment room doors were closed during consultations. Conversations during consultations could not be overheard.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Changes Clinic Limited made it clear to patients what consultation and treatment options were available. They provided a service to any individual over the age of 18 who requested and paid the appropriate fee. They did not discriminate against protected characteristics such as race or gender.

Changes Clinic Limited was located on the second floor of the building. Clients were required to sign into the building via the main entrance lobby area. Clients would be given a visitors badge which doubled up as a security pass to pass through gates and access other areas of the building. Lift access was available to access Changes Clinic Limited.

Discussions with staff indicated that the service was person centred and tailored to meet each individual's needs.

Timely access to the service

Changes Clinic Limited was open from 8am to 8pm Monday to Friday and 9am to 5pm on Saturdays. The clinic was closed on Sundays. Clients could choose what appointment time would suit them best including outside of working hours or weekends.

Clients were able to book appointments by calling the clinic directly. There was also a virtual 'livechat' link on the

website for quick access to client coordinators. Clients could book an appointment for a date suitable for them. We saw examples of how the appointment system worked for booking in clients.

Listening and learning from concerns and complaints

Changes Clinic Limited had a system in place to process client complaints. Complaints ordinarily were received via email through to the manager who would respond to the client directly. We saw examples of complaints being logged and responded to in a timely and satisfactory way. The complaints most recently collected by the practice did not relate to treatments that were in the scope of CQC registration. Some complaints received by the manager related to other organisations who rent out room space at Changes Clinic Limited. We saw evidence that the manager had responded to the client complaining acknowledging the complaint and explaining that the service related indirectly to Changes Clinic but also gave assurances to the client that the matter would be investigated. Other mechanisms to respond to monitor concerns and complaints was through the online feedback tool that clients had access to post treatment.

Complaints that had been received in the past 12 months related to clinicians who were undertaking aesthetic procedures which are not in CQC scope for registration. These had been discussed with relevant team members.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

Leadership capacity and capability

On the day of the inspection the provider demonstrated they had the capacity and skills to deliver high-quality, sustainable care.

- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Regular clinical discussions were held with the lead clinician undertaking surgical procedures to ensure that the clinic maintained safe practices.
- The manager was visible and approachable. They worked closely with staff to make sure they prioritised compassionate and inclusive leadership.
- The clinic had effective processes to develop leadership capacity and skills.
- There had been a high turnover of client coordinators recently but this was attributed to staff moving on through personal development rather than unhappiness in the role.

Vision and strategy

Changes Clinic Limited had a clear vision to deliver high quality responsive care to their clients. This included providing clients with the information required for them to make an informed decision and choice.

Culture

Changes Clinic Limited had an ethos of openness and transparency. Staff told us they felt confident in reporting issues or concerns and felt they would be supported through the process.

Staff described the manager as approachable and that they received all the support required including receiving regular appraisals and performance reviews. They also explained that the manager had an open door policy to discuss anything in between formal meetings. Staff were supported to meet the requirements of professional revalidation where necessary.

Changes Clinic Limited had a whistleblowing policy which was stored in the policies file in the manager's office.

Staff spoke of enjoying working at the clinic as it maintained a patient first approach and that there were lots of opportunities for staff to learn and develop.

Governance arrangements

There were systems and processes in place to mitigate risk. However, these were not always fully embedded into practice for example having a clearly documented business continuity plan for in the event of an emergency. Changes Clinic Limited did have strategies in place and arrangement with the overall building but this was not formally documented. For business continuity the manager had identified an individual who would act as a temporary manager or leader in the event that the manager of Changes Clinic was unavailable. This individual was not employed directly by Changes Clinic Limited however was based at the clinic in relation to specialist aesthetic treatments. We were told that this individual knew all the policies, procedures and processes and that both managers shared desk space.

The majority of policies and procedures were stored as a hard copy in the manager's office. Most of these had been reviewed but there was a lack of a process to ensure that all policies were documented, reviewed and fully embedded into practice. For example, whilst staff were able to explain to us how they would report an accident or what to do in the event of an emergency there were no formal arrangements in place to document and learn from significant events. There was also no clearly documented process to follow in the event of an emergency which may affect business continuity. Not all staff spoken to on the day of the inspection were aware of where to find the policies and procedures but told us they would ask the manager if they needed to see a particular policy.

Changes Clinic Limited held meetings to discuss service delivery. Meetings were minuted and distributed to all staff to review. We were told by staff that the frequency of these meetings had declined in recent months although there was one held the previous week prior to our inspection. One staff member told us that they wished that these meetings were more frequent. Staff told us that in between meetings information was communicated via emails and informal discussions.

Managing risks, issues and performance

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Changes Clinic Limited had processes in place to manage risk issues and monitor performance. Audits were completed for clinical and administrative processes to review performance and make changes to practice.

There were also systems in place to monitor risk including recording accidents and policies for medicines and clinical waste management. However, not all of these were clearly documented in an accessible format. For example, the doctor who undertakes minor surgical procedures had a small portable generator to use in the event of a power failure in the building and the building had a directory of contact numbers for managers of businesses leasing space on the property. However, none of these processes were formally documented for staff to review.

Staff were aware of systems and processes to record risk issues. The provider did not have a standardised incident reporting form to review risk issues and learn from incidents but did have a mechanism to document these. The surgeon had his own formalised process for recording incidents to share with the manager.

Appropriate and accurate information

Systems were in place to ensure that all client information was stored confidentially. There was a dedicated member of staff responsible for maintaining the filing system and

ensuring records were stored securely. The clinic was short on storage space and had developed a plan to address this by converting a disused room into additional storage facilities.

Engagement with patients, the public, staff and external partners

Clients were actively encouraged to provide feedback post treatment. Changes Clinic Limited used a generic reviews and ratings website to capture feedback for the provider. The provider was in the process of expanding this to using 'google reviews' in order for patients to provide more detailed feedback and ratings in ways similar to those utilised on the NHS choices website.

Continuous improvement and innovation

Changes Clinic Limited has steadily been building its client base. Management had a plan to in the future expand service provision on a larger scale and at various different locations. The manager was in the early stages at looking how other providers had made this transition in order to learn from them.

Changes Clinic Limited hoped to develop their brand and strengthen relationships with GPs to further increase referrals for certain treatments such as mole removal or biopsies.