

# Aspen Medical Services Ltd Chelsea Bridge Clinic

## Inspection report

Ground Floor Riverfront,  
Howard Building,  
London,  
SW8 4NN

Tel: 02076222252

Website: [www.chelseabridgeclinic.com](http://www.chelseabridgeclinic.com)

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## Overall summary

We carried out an announced comprehensive inspection of Chelsea Bridge Clinic on 2 November 2017 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.

### **Background**

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.

Aspen Medical Services Ltd provides private medical services from purpose built premises at Chelsea Bridge Clinic, Ground Floor Riverfront, Howard Building, London, SW8 4NN. The clinic provides whole health and well-being solutions offering services including physiotherapy, hyperbaric oxygen therapy, dermatology, cosmetic services, weight loss services including nutritional therapy and personal training programmes, acupuncture, coaching, laser aesthetics and blood collection.

The premises consist of a ground floor, level access patient reception and waiting area, second patient waiting room, fitness studio, consultation rooms, treatment room and hyperbaric oxygen therapy room. There are also storage and maintenance areas and staff offices on the ground floor. A mezzanine level provides space for a third patient waiting area, shower room and treatment rooms for the wellbeing services offered.

Clinic services are available to any fee paying patient and is primarily focussed on services for adults.

# Summary of findings

The service has one director and one clinic manager. The clinic staff include physiotherapists, personal trainers, men's health specialist, nutritionist, consultant dermatologist, hyperbaric oxygen therapist, a registered nurse, nurse assistant and reception hosting and administrative assistants. Those staff who are required to register with a professional body were registered with a licence to practice. Relevant staff were also registered for providing specialist services. The clinic outsourced its human resources, accounting, information technology, telephony and legal services, with the clinic manager responsible for monitoring contracts.

The service operates Monday to Saturday and on Sunday by request. Clinic hours run from 11am to 8pm on a Monday, 8.30am to 9pm Tuesday to Friday and 8.30am to 5.30pm on a Saturday. The clinic does not offer out of hours services but does offer patients enquiring about out of hours care contact details for a separate provider for this service.

Since 2008 the clinic has provided services for 16,700 patients across all of its services. The dermatology service is operated by a consultant dermatologist providing one clinic per month with an average of three to seven patients. The majority of appointments are consultation with very few minor surgery procedures being carried out at the clinic. Hyperbaric oxygen therapy appointments are available three to four days a week with an average of six to eight patients per clinic. Hyperbaric oxygen therapy is provided at a level considered as complimentary treatment to alleviate a range of symptoms and support recovery and wellbeing and is not a cure or treatment for specific medical conditions. Complex medical cases are referred to specialist hyperbaric oxygen therapy services.

The clinic manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The clinic is registered with the Care Quality Commission (CQC) to provide the regulated activities diagnostic and screening procedures, surgical procedures and treatment of disease, disorder or injury,

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection.

We received 31 comment cards which were all extremely positive about the standard of care received, across all of the services offered. Comments included that staff, were kind, caring, welcoming, helpful and treated patients with respect. Comments about the service included that the clinic was clean and hygienic, that patients felt listened to, they were given a thorough explanation of treatment options and that the treatment they received was effective. We also spoke with two patients during the inspection who said they were very satisfied with the care they received and told us that appointments ran on time but that they were not rushed, that they were involved in their care and treatment and that the clinic provided an excellent level of service to their whole family.

## Our key findings were:

- The clinic had a clear vision, embedded in the service culture, to deliver high quality care for patients.
- There was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice.
- The service had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- The service had adequate arrangements to respond to emergencies and major incidents.
- Staff were aware of and used current evidence based guidance relevant to their area of expertise to provide effective care.
- Staff had the skills and knowledge to deliver effective care and treatment.
- Staff sought and recorded patients' consent to care and treatment in line with legislation and guidance.
- Information we reviewed showed that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Patient dignity, privacy and respect was highly valued.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The clinic proactively sought feedback from staff and patients and we saw examples where feedback had been acted on.

# Summary of findings

There were areas where the provider could make improvements and should:

- Review how safety alerts are received, reviewed and actioned where appropriate.
- Review the requirement for business continuity arrangements to be available in a single business continuity plan.
- Review how access to services and information may be improved for patients with disabilities.

# 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.

We found areas where improvements should be made relating to the safe provision of treatment. This was because the providers' business continuity arrangements were not amalgamated into one business continuity plan.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice.
- There were systems in place to ensure that when things went wrong patients would be informed as soon as practicable, receive reasonable support, truthful information, and a written apology, including any actions to improve processes to prevent the same thing happening again.
- The service had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The service had adequate arrangements to respond to emergencies and major incidents.

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### **Are services effective?**

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

- Staff were aware of and used current evidence based guidance relevant to their area of expertise to provide effective care.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- The service had effective arrangements in place for working with other health professionals to ensure quality of care for the patient.
- Staff sought and recorded patients' consent to care and treatment in line with legislation and guidance.

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### **Are services caring?**

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

- Information we reviewed showed that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patient dignity, privacy and respect was highly valued.

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### **Are services responsive to people's needs?**

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

We found areas where improvements should be made relating to the service responding to the needs of patients. This was because the provider had not reviewed how patients with disabilities, including patients with hearing and vision impairments, may be better able to access information and use services.

# Summary of findings

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- The service understood its client base and had used this understanding to meet the needs of its clients through improving existing services and introducing new services.
  - The service had good facilities and was well equipped to treat patients and meet their needs.
  - Information about how to complain was available and evidence from examples reviewed showed the service responded quickly to issues raised.
  - Learning from complaints and feedback was shared and acted upon.
  - The clinic provided high levels of discretion, privacy and respect for all service users.
  - Treatment costs were clearly laid out and explained in detail and there were options for purchasing treatment packages providing added value for patients.
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## 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 relating to the provision of well-led services. This was because the service did not have a formal system for receiving and acting on patient safety alerts.

- The clinic had a clear vision, embedded in the service culture, to deliver high quality care for patients.
  - There was a clear leadership structure and staff felt supported by management.
  - The service had policies and procedures to govern activity and held regular governance meetings.
  - An overarching governance framework supported the delivery of and high quality care. This included arrangements to monitor and improve quality and identify risk; however arrangements for receiving and acting on medicines, patient safety and medical device alerts were informal.
  - Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
  - The provider was aware of and had systems in place to meet the requirements of the duty of candour.
  - There was a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
  - The clinic proactively sought feedback from staff and patients and we saw examples where feedback had been acted on.
  - There was a focus on continuous learning and improvement at all levels. Staff training was a priority and staff had protected learning time.
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# Chelsea Bridge Clinic

## Detailed findings

### Background to this inspection

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

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser, service management specialist adviser, hyperbaric services specialist adviser and a second CQC inspector.

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. During our visit we:

- Spoke with a range of staff including the clinic director, clinic manager, nurse, consultant dermatologist, hyperbaric oxygen therapy lead and reception, hosting and administrative staff.

- Spoke with patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed service policies, procedures and other relevant documentation.
- Inspected the premises and equipment in use.

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

### Reporting, learning and improvement from incidents

There was a system for reporting and recording significant events and incidents.

- Staff told us they would inform the clinic manager of any incidents and there was a recording form available. The incident recording form supported the recording of notifiable incidents under the duty of candour; however the service had not had any of these incidents. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Staff demonstrated an understanding of their responsibilities under the duty of candour including informing patients of the incident as soon as reasonably practicable, providing reasonable support, truthful information, a written apology and information about any actions to improve processes to prevent the same thing happening again.
- We reviewed incident reports and minutes of meetings where significant events were discussed and found that the clinic had carried out a thorough analysis of significant events, reviewed policies and procedures and shared findings with relevant staff. However the recording and reporting of incidents and events was not always consistent across all types of incidents, feedback and complaints and these systems should be reviewed.

### Reliable safety systems and processes (including safeguarding)

The clinic had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and the clinic accessed relevant information for patient's local safeguarding teams where necessary. Policies were accessible to all staff and policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and gave positive examples of how safeguarding concerns had been identified, reported and passed on to the relevant authorities. All staff had received training on

safeguarding children and vulnerable adults relevant to their role. Clinicians were trained to child protection or child safeguarding level three and non-clinical staff were trained to level two.

- Notices advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and 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 adults who may be vulnerable).

### Medical emergencies

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was a system of portable panic alarm buttons accessible to all staff and the internal telephone system in all rooms to alert staff to any emergency.
- All staff received annual basic life support training and there was a defibrillator and oxygen with adult and children's masks available on the premises.
- A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had comprehensive business continuity arrangements for major incidents such as power failure or building damage which include buddy systems with other services and supplier and staff contact details. Staff we spoke to knew where to access this information however the clinic had not amalgamated the arrangements into a single business continuity plan.

### Staffing

The clinic outsourced its human resources function and the clinic manager was responsible for recruitment in conjunction with the contractor. We reviewed five personnel files which demonstrated appropriate checks had been undertaken prior to employment and continued at regular intervals during employment. For example, proof of identification, qualifications, registration with the appropriate professional body, appropriate indemnity cover, and the appropriate checks through the DBS. Evidence of satisfactory conduct in previous employments in the form of references was not found for some staff and

# Are services safe?

the clinic told us that this was part of the HR contractor's role and that the clinic manager was assured that appropriate references were taken and checked prior to the staff members being offered for employment.

## **Monitoring health & safety and responding to risks**

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The service had an up to date fire risk assessment and carried out regular fire drills. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises. There were specific protocols and procedures for the clinic hyperbaric oxygen therapy service and a separate fire risk assessment had been carried out.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The clinic had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

## **Infection control**

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The clinic nurse was the infection prevention and control (IPC) lead. There was an IPC protocol and staff had received up to date training from the nurse. The clinic carried out six monthly hand hygiene audits and annual IPC audits and we saw evidence that action was taken to address any improvements identified as a result. For example the clinic had replaced waste bins in all rooms with pedal operated bins.

## **Safe and effective use of medicines**

The arrangements for managing medicines, including emergency medicines, minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- Medicines were prescribed by the consultant dermatologist through private prescriptions as part of their service.
- We noted that other medicines, including emergency medicines and medicines used as part of the cosmetic services offered were stored appropriately, were checked regularly and that these checks were recorded and monitored.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Assessment and treatment

Clinicians were aware of relevant and current evidence based guidance and standards, best practice and current legislation, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Staff had access to guidelines through the clinic computer system, discussed new and emerging guidelines in clinical meetings and used this information to deliver care and treatment that met patients' needs.
- Clinicians monitored their compliance with guidelines through policy and procedure reviews and random sample checks of patient records.

### Staff training and experience

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff carrying out and assisting with the hyperbaric oxygen therapy service.
- The learning needs of staff and the requirement for new staff with particular skills and experience were identified through a system of appraisals, meetings and reviews of service development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching, mentoring and clinical supervision. All staff had received an appraisal within the last 12 months.
- Registered professionals were up-to-date with their Continuing Professional Development (CPD) and were supported to meet the requirements of their professional registration.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules, external learning and in-house training.

### Working with other services

The service had effective arrangements in place for working with other health professionals to ensure quality of care for the patient. There were clear protocols for onward referral of patients to specialists and other services based on current guidelines, including the patients' NHS GP and where cancer was suspected.

Where patients consent was provided, all necessary information needed to deliver their ongoing care was appropriately shared in a timely way and patients received copies of referral letters.

### Consent to care and treatment

Staff sought and recorded patients' consent to care and treatment in line with legislation and guidance.

- Patients using hyperbaric oxygen services had a consultation prior to treatment where the risks, benefits and limitations of the therapy were fully explained. Patients consented to the service providing complementary treatment to alleviate symptoms, promote recovery and improve general wellbeing based on current evidence based guidelines and research.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The clinic did not provide care and treatment for children and young people; however staff demonstrated they understood and would carry out assessments of capacity to consent in line with relevant guidance.
- The process for seeking consent was monitored through patient records audits.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

During our inspection we observed that members of staff were courteous and very helpful to patients, clients and visitors and treated them with dignity and respect.

- Screens were provided in consulting and treatment rooms where necessary to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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. The clinic also had separate waiting rooms for different services offered to maintain privacy and dignity. The clinic offered those patients requiring additional privacy access to the clinic through a rear entrance from the carpark, and were able to close blinds in the fitness studio where required.
- Patients could be treated by a clinician of the same sex where required and were offered chaperones where required and provided with chaperones where requested.

All of the 31 patient Care Quality Commission comment cards we received were highly positive about the experience of patients across all of the services offered.

Patients said they felt the clinic offered an excellent service and that staff were friendly, helpful, caring and welcoming. Comments also included that patients felt their needs were listened to, that they received thorough explanation of treatments, options and costs, that treatments they received were effective and that they would often recommend the service to family and friends. Clinical staff in particular were professional and treated patients with dignity and respect and the hyperbaric oxygen therapy service was highly rated.

We were able to speak with two patients who told us they were very happy with the standard of care provided and their comments reflected those of the comment cards.

### **Involvement in decisions about care and treatment**

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during their appointment or consultation to make an informed decision about the choice of treatment available to them. Costs and payment plans were clearly outlined before treatment began.

We saw that patient care and treatment plans were highly personalised and focussed on ensuring patient goals and expectations were met through holistic care, treatment, lifestyle changes and general well-being programmes. Patients were encouraged to set and achieve specific objectives to deal with wide ranging issues rather than fulfilling multiple and specific cosmetic treatments.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

- The clinic actively reviewed their business plans in order to develop and introduce new services to meet patient demand. This included the introduction of a hyperbaric oxygen therapy service to complement existing wellbeing services and enhance clinical service provision.
- The clinic had well developed plans to introduce a full GP service and dental service.
- The clinic provided high levels of discretion, privacy and respect for all service users.
- Access to the clinic was suitable for wheelchair users, those with poor mobility and pushchairs and there were accessible facilities available. The clinic did not have specific provision for other patients with additional needs such as those with hearing or visual impairment and had not assessed the additional requirements these patients may have.
- We saw reception and hosting staff actively assisting patients into the service and supporting their movement through the service.
- The reception desk height did not provide a barrier to communication.
- The clinic told us that their patients understood English and that staff also spoke a range of other languages to assist in communication where necessary. For example the clinic was in the process of appointing an Arabic speaking GP following identification of a number of Arabic speaking patients using services.
- There was a clinic leaflet which included arrangements for dealing with complaints and feedback.
- All patients attending the clinic referred themselves for treatment; however referrals and recommendations did also come from other services. The clinic had processes in place to refer patients for onward treatment or to NHS GP services if required.

### Tackling inequity and promoting equality

Clinic services were available to any fee paying person and did not discriminate against any client group. However we were told the services offered were predominantly for adults and the service did not treat children and young people.

Treatment costs were clearly laid out and explained in detail and there were options for purchasing treatment packages providing added value for patients.

### Access to the service

The service was open Monday to Saturday with clinic hours operating from 11am to 8pm on a Monday, 8.30am to 9pm Tuesday to Friday and 8.30am to 5.30pm on a Saturday. Patients could pre-arrange appointments outside of these times.

The clinic provided patients enquiring about out of hour's emergency care with contact details for an on-call out of hours GP service operated by a different provider.

### Concerns & complaints

The clinic had a system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance for independent doctors in England.
- There was a designated responsible person who handled all complaints in the clinic.
- A complaints leaflet was available to help patients understand the complaints system.

Three complaints were received in the last 12 months, none of which referred to the clinical services inspected. However we reviewed examples of the complaints from other services offered and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learned from individual concerns and complaints and action was taken to as a result to improve the quality of care.

# Are services well-led?

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

## Our findings

### Governance arrangements

The clinic had a clear vision, embedded in the service culture, to deliver high quality care for patients. There was an overarching governance framework which supported the delivery of high quality care. This outlined service structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Service specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- The service held regular clinical, non-clinical and whole service meetings which provided an opportunity for staff to learn, share experiences and knowledge and discuss improvements in service provision.
- A programme of continuous internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions; however the system for receiving, reviewing and acting on patient safety, medical device and medicines alerts was informal and we saw that individual clinicians received, reviewed and actioned alerts for their own areas of responsibilities. Following the inspection the clinic manager signed up to receive alerts directly into the service.
- We saw evidence from minutes of meetings that there were structures in place which allowed for lessons to be learned and shared following significant events and complaints. However recording systems differed between some event and incident types which could provide opportunity for inconsistency in reporting, investigation and sharing of learning.

### Leadership, openness and transparency

On the day of inspection the clinic leaders demonstrated they had the experience, capacity and capability to run the service and ensure high quality care. They told us they prioritised safe, high quality and compassionate care and we saw evidence of this throughout our inspection. Staff told us the management team were approachable and always took the time to listen to all members of staff.

There was a clear leadership structure and staff felt supported by management.

- Staff told us regular team meetings were held, and we saw evidence to support this, however some non-clinical team meetings did not always have thorough minutes supporting actions identified.
- Minutes and actions from meetings were always available for staff reference.
- Staff told us there was an open culture within the service and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the clinic manager. All staff were involved in discussions about how to run and develop the practice, and the clinic management encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

### Learning and improvement

There was a focus on continuous learning and improvement.

- The clinic carried out a programme of internal audit which included infection prevention and control and hyperbaric oxygen therapy safety audits.
- Staff training and learning was actively encouraged with protected learning time and staff demonstrating their continuing professional development.
- Patient satisfaction and patient outcome surveys provided information to assist the clinic in making improvements and developing new and existing services.

### Provider seeks and acts on feedback from its patients, the public and staff

The clinic encouraged and valued feedback from patients and staff and proactively sought feedback from:

- Staff through meetings, appraisals and discussion. Year-end review analysis demonstrated very high staff satisfaction levels.
- Patients through surveys, online feedback and complaints received. The most recent patient feedback analysis from July to September 2017 showed that 97% of patients (200 out of 207) rated the service 'very good' or 'excellent' and would recommend the service to others. Data also showed that 23 patients surveyed rated their own improvement between initial review and final review post treatment at 80-100% improvement.

# Are services well-led?

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

- Feedback from staff and patients led to a number of improvements including increasing appointment availability, reviewing the service cancellation policy, staff retraining and ordering of new and improved equipment to meet patient needs.