Dermatology Clinic Community Service LTD

DCCS at Buckden and Little Paxton Surgeries

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 6 April 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 care 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.

Dermatology Clinic Community Service LTD is an independent provider of a dermatology assessment, a minor surgery service, a vasectomy service, and a Lymphoedema clinic. The service holds contracts with the local Clinical Commissioning Group (CCG) to deliver community services, closer to patient's homes and avoid attendances at secondary care. They have been providing these services for approximately 15 years. They treat between 2,000 and 2,500 patients each year.

Dermatology Clinic Community Service LTD is registered with the Care Quality Commission to provide services at Buckden and Little Paxton Surgeries (a GP practice) with locations at Little Paxton (a branch site of Buckden and Little Paxton Surgeries), Warboys, and St Ives in Huntingdon and in Hinchingbrook Hospital Treatment Centre. The services offered are dermatology outpatient opinions, minor surgery including biopsies, vasectomy and cryotherapy and .Lymphoedema

Summary of findings

The lead GP 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 service proactively gained feedback from patients with regular reports compiled from the surveys conducted at each clinic. As part of our inspection we reviewed the results of the patient surveys that had been collected over the previous 12 months. The service undertook these surveys in the individual clinics where patients and members of the public shared their views and experiences of the service.

We received 41 Care Quality Commission comment cards, and all of these were wholly positive about the care and service and positive outcomes the patient had received. We spoke with three patients who reported that they had received excellent care in a timely and efficient manner and by staff who were caring and dedicated.

Our key findings were:

- We saw there was strong leadership within the service and the team worked together in a cohesive, supported, and open manner.
- There was an effective system in place for reporting and recording significant events.
- Information about services and how to complain was available and easy to understand. Although none had been received, we were assured there were systems and processes in place to ensure that complaints would be fully investigated and patients responded to with an apology and full explanation.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- All staff had received a Disclosure and Barring Service (DBS) check.
- Risks to patients were assessed and well managed. We found that the provider had clear oversight of all locations from which they provided their services.
- The service held a comprehensive central register of policies and procedures which were in place to govern activity; staff were able to access these policies easily and all staff had signed each one. This ensured that the provider had oversight to manage the performance of the staff.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge, and experience to deliver effective care and treatment.
- All patients said they were treated with compassion, dignity, and respect and they were involved in their care and decisions about their treatment.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The service proactively sought feedback from staff and patients, which it acted on. Regular surveys were undertaken and reports collated from the findings and action taken where required.
- We noted some medicines were not in a locked cupboard and at times the room was left unoccupied and unlocked. The management team took immediate action following the inspection and was arranging for key pads to be fitted to the rooms.

The area where the provider **should** make improvements is

- Review and improve the arrangements for the safe storage of medicines

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 saw there were systems and processes to manage unintended or unexpected safety incidents. Staff we spoke with detailed how patients would receive reasonable support, detailed information and a verbal and written apology. They would be told about any actions to improve processes to prevent the same thing happening again.
- The service had clearly defined and embedded systems, processes, and services in place to keep patients safe and safeguarded from abuse. All staff received up-to-date safeguarding and safety training to level three. They knew how to identify and report concerns.
- We noted some medicines were not in a locked cupboard and at times the room was left unoccupied and unlocked. The management team took immediate action following the inspection and was arranging for key pads to be fitted to the rooms.
- There were recruitment processes in place. All staff had received a Disclosure and Barring Service (DBS) check. Staff who acted as chaperones had been trained to undertake this role.
- There were various risk assessments in place to ensure that patients and staff were kept safe.
- The service held evidence of Hepatitis B status and other immunisation records for clinical staff members

Are services effective?

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

- Staff had the skills, knowledge, and experience to deliver effective care and treatment.
- All members of staff were suitably trained to carry out their roles. We spoke with the dermatology consultant who attended the monthly dermatology clinic and clinical meetings to support and oversee the GPs undertaking assessments and treatment. They told us that this was valuable as they had direct oversight whilst the patient was in the clinic and where appropriate could offer their expert opinion.
- There was evidence of appraisals, induction processes and personal development plans for all staff which were specific to the services offered.
- The service ensured sharing of information with NHS GP services and general NHS hospital services when necessary and with the consent of the patient. There was a consent policy in place and we saw that written consent was always obtained.
- The staff had carried out audits to monitor and improve their effectiveness in areas such as consent and effectiveness of treatment. These were used routinely to promote and develop the services further.

Are services caring?

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

- Patients said they were treated with compassion, dignity, and respect and they were involved in decisions about their care and treatment.
- We were assured that staff treated patients with kindness and respect, and maintained patient and information confidentiality. The service was able to evidence patient feedback from surveys undertaken and compliments received. All the surveys we saw, comments card we received, and patients we spoke with reported positive experiences and outcomes.
- Staff had received training in confidentiality and the Mental Capacity Act.

Summary of findings

- The staff would ensure any patients who had longer waits before or after treatment due to delays such as patient transport were well looked after and made drinks and provided biscuits when required.

Are services responsive to people's needs?

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

- The service offered pre bookable appointments. The electronic referral system into the service did not allow any booking for any patient aged under 16 years old. This ensured that all patients were suitable to be referred in. Staff triaged the referrals immediately to ensure that the referer had included all information needed and that the reason for referral was appropriate for their services.
- Appointment times were available throughout the week and on Saturday morning making the service more accessible those patients who worked or relied on relatives or non-emergency ambulance services for transport.
- Information for patients about the services available to them and post treatment care was easily available and given to each patient.
- The service provided video clips that could be accessed via their website to give patients easy access to information to enable them to understand the different procedures they offered.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. At the time of our inspection, the service had not received any complaints.
- The service had access to interpretation services for patients whose first language was not English.
- There was an information guide and written information was available to patients. This information was available in large print for those patients whose sight or hearing was impaired.

Are services well-led?

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

- There was a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. The business plan was reviewed on an annual basis.
- There was a clear leadership structure and staff felt supported by management. There were a number of policies and procedures to govern activity and discussed and signed by all staff members.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- We spoke with the dermatology consultant who oversaw and supported the GPs providing the treatment and they told us that the relationship between clinical team members was cohesive, supportive, and educational.
- The lead GP and management team encouraged a culture of openness and honesty.
- Staff told us they had received comprehensive induction and training programmes.
- They proactively sought feedback from staff and patients and made changes to the service delivery as a result.

DCCS at Buckden and Little Paxton Surgeries

Detailed findings

Background to this inspection

Dermatology Clinic Community Service LTD is registered with the Care Quality Commission to provide services at Buckden and Little Paxton Surgeries (a GP practice) with locations at Little Paxton (a branch site of Buckden and Little Paxton Surgeries), Warboys, and St Ives in Huntingdon and in Hinchingbrook Hospital Treatment Centre. The services offered are dermatology outpatient appointments, minor surgery including biopsies, vasectomy and cryotherapy and lymphoedema.

There are eight GPs with special interest (GPwSIs) who undertake the services and one nurse who specialises in managing patients with Lymphedoema. Five healthcare assistants (HCAs), a manager, three administration, /secretarial staff and two receptionists support the clinical staff. A Dermatology consultant who is employed at nearby Peterborough City Hospital and funded by the CCG provides support for the GPwSIs and attends the monthly Saturday clinics to provide clear governance, support, and education to the clinical staff.

One Saturday morning each month the dermatology assessment (and treatment) and lympheodema clinic is open and the minor surgery clinic is open three Saturdays per month and Monday afternoons. Further dermatology assessment clinics are held on Monday, Tuesday, Wednesday, and Thursdays. The lympheodema clinic is held all day Mondays, Wednesday mornings, and Thursday afternoons.

After treatment, the staff give each patient treated a direct contact number to call in case of concerns and patients are made aware they can call 111 to access out of hours services. This is detailed on the service website and in its patient guide.

We carried out an announced, comprehensive inspection on 6 April 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive, and well-led? Our inspection team was led by a CQC Lead Inspector and was supported by a GP specialist advisor.

During our visit we:

- Spoke with staff including the lead GP who is a local GP, a dermatology consultant from Peterborough City Hospital and the specialist nurse. We spoke with health care assistants, and with the manager and administration, IT and secretarial team members.
- Reviewed the personal care or treatment records of patients.
- Spoke with three patients who had used the service.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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 service had clearly defined and embedded systems, processes and practices in place to keep patients safe, which included:

- The service conducted safety risk assessments. It had a suite of safety policies which were communicated to staff. Staff received safety information for the service as part of their induction and refresher training.
- There were systems to safeguard children and vulnerable adults from abuse and staff could give multiple examples of where safeguarding concerns had been assessed and appropriately responded to. Policies were regularly reviewed and were accessible to all staff. Policies contained service specific information, as well as the name of the local health visitor and safeguarding lead. They outlined clearly who to go to for further guidance within the service and at locality level.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination, and breaches of their dignity and respect.
- The service carried out staff checks, including checks of professional registration where relevant, on recruitment, and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken for all staff including non-clinical 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 reviewed four personnel files and found all appropriate recruitment checks had been undertaken prior to employment including that of the overseeing consultant. For example, proof of identification, training undertaken, qualifications and registration with the appropriate professional body including that of the dermatology consultant.
- All staff received up-to-date safeguarding and safety training appropriate to their role. The GPs and nurses were trained to level three for child safeguarding.
- There was an effective system to manage infection prevention and control. There was an infection prevention and control audit in place. The service provided an annual statement each year which included an audit, and risk assessment in relation to IPC and records of staff training. We saw the last statement was recorded 25 January 2018.
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Equipment had been appropriately calibrated and electrically tested. There were systems for safely managing healthcare waste.
- A notice in the waiting room advised patients that chaperones were available if required. We saw evidence of chaperone training certificates during our inspection. A chaperone policy was in place.
- The management team had oversight of a risk assessment for Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Risks to patients

Risks to patients were always assessed and well managed.

- There was adequate staffing levels in place to meet the demands of the service, staff we spoke with confirmed that levels of cover were appropriate. The management team also supported staff.
- There were effective recruitment and training policies in place. We saw evidence of medical indemnity insurance for the clinical staff.The GPs, nurse, and the healthcare assistants received regular clinical supervision in face to face sessions. The specialist nurse also demonstrated how they shared their experience and knowledge and learnt from a network of other nurses who specialised in the management of lymphoedema. The GPs and nurse had easy access to consultants in the local acute trust for advice and support.

The service had adequate arrangements in place to respond to emergencies and major incidents.

- All staff received annual basic life support training and were experienced in dealing with emergencies.
- Emergency medicines kept on site were appropriate and checks were made weekly on the expiry dates of medicines and equipment. Oxygen was available with children's and adult's masks and a defibrillator were on site.

The service maintained appropriate standards of cleanliness and hygiene. During our inspection we conducted a tour of the premises used by the service which

Are services safe?

included consulting rooms and patient areas. We observed the premises to be very clean and tidy. There was a process in place to ensure these rooms were assessed prior to each session.

- The lead GP and nurse shared responsibility for infection prevention and control and had received infection control training. The service had an infection prevention and control (IPC) policy in place. We saw evidence that the staff considered the importance of IPC; for example, we saw detailed logs that were kept on checks and tasks that were undertaken. These included spill kit usage (spill kits are used to ensure that any blood or bodily fluids including vomit are cleaned effectively and safety). Monthly checks were also carried out for sharp bins management, clinical waste, and room stock checks for consumables.
- The practice used all single use equipment, all the equipment we checked was within its expiry date.
- Suitable processes were in place for the storage, handling, and collection of clinical waste.
- There was a record of Hepatitis B status and other immunisation details for clinical staff members.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. This included when patients moved between services.
- The service had systems for sharing information with staff and the patient's own GP and other agencies to enable them to deliver safe care and treatment.
- The service did not have access to electronic referral systems but we saw that letters detailing the referral recommendation to the patient's own GP included all of the necessary information.

Safe and appropriate use of medicines

- During our inspection we noted that the service held, administered, and used medicines. The service provided NHS prescriptions and we saw that these were stored and monitored appropriately. Information was passed to the patients GP to ensure they were aware of any medicines prescribed. The prescribing by the GPs was monitored by the CCG and by the accreditation service from the hospital dermatology service. We saw evidence that this was safety managed.
- We noted some medicines were not in a locked cupboard and at times the room was left unoccupied and unlocked. The management team took immediate action following the inspection and was arranging for key pads to be fitted to the rooms.
- The service did not hold stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety risks. This included risk assessments for health and safety, fire and legionella. The service held an overall risk register which outlined further risks to the service for premises and staffing. This helped the service to monitor all actions taken and have an overall view of risks in the service. Risks were managed according to the impact they would have.
- The management team monitored and reviewed activity on the risk register regularly at meetings. This helped it to understand risks and gave a clear, accurate, and current picture that led to safety improvements.

Lessons learned and improvements made

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents. This included alerts from the Medicines and Healthcare products Regulatory Agency. We saw evidence of a recent alert that had been appropriately managed. There were clear systems to manage unexpected or unintended safety incidents which would ensure;

- The service gave affected people reasonable support, detailed information and a verbal and written apology.
- They kept written records of correspondence.

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the management team of any incidents or significant events and there was a recording form available.

Are services safe?

- Staff told us they would discuss any significant events. They told us of changes made as a result of development rather than of a significant event. For example, a significant event related to a secondary care provider not actioning a two week wait referral within the appropriate time frame. The investigation was still ongoing, however the service put safeguards in place to ensure this would not happen again. We saw that the service now included in their letter to the patient the details of the referral into secondary care specifying the date the patient should receive their appointment by. If the patient has not received it they are instructed to contact the service who will investigate and respond to them.
- The service held a system to record significant events which included details of investigations and actions taken as a result of the significant event.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The service assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Staff were able to give specific examples of updates relating to dermatology or lymphoedema, the treatment their service provided.

Monitoring care and treatment

- The service held a register of all audits carried out which included timescales for further re-audit.They carried out audits such as audits of effectiveness and consent. For example, the service had completed an audit in relation to certain minor surgical procedures undertaken in the previous 12 months. The results of the audit showed that from 420 excisions performed, two were incomplete. The patients were reviewed for reoccurrence of the lump and no adverse patient safety was identified. Learning included an update for clinicians regarding their incision and excision technique.
- Another audit was undertaken on patient following minor surgery and any post-operative complications. 40 patients were analysed and 35 reported no complication; four had some bleeding which they managed appropriately and one had a post-operative infection and was treated with antibiotics. The service investigated the reason why the patient may have developed the infection but none was found. This was an audit that the service conducted at least annually to ensure the service was safe for patients.
- The nurse who provided the lymphoedema clinics collated accurate data on each patient. This data informed the service of the positive outcomes for patients and included the measurements of leg oedema. Results were very positive; one patient reported that since they had received treatment from the service their mobility had been significantly improved, giving them more independence and increased wellbeing.

Effective staffing

There was a comprehensive induction and training programme for all newly appointed staff. Training covered such topics as safeguarding, hand washing techniques, fire safety, health and safety and confidentiality.

- All members of staff were suitably trained to carry out their roles. Training records showed that staff had received all mandatory training.
- The learning needs of staff were identified through a system of appraisals; we saw evidence that all staff including all the GPs had received a review within the previous 12 months specific to the service. All staff had a continual professional development record held on their personnel file which recorded details of all training undertaken such as basic life support, fire safety and health and safety.
- The management team monitored the training closely and we saw that all staff were up to date with training.

Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the provider's patient record system. This included care assessments, treatment, and medical records.
- The service ensured sharing of information with NHS GP services and general NHS hospital services when necessary and with the consent of the patient. There was a stringent process in place to ensure this happened and consent was audited regularly.All referrals arrive electronically into the service with a relevant medical history from the referring GP on the referral letter. In some instances, if the clinical systems are compatible and the patient has consented, full medical notes can be read directly from the clinical system.
- Staff worked together to meet the range and complexity of people's needs and to assess and plan care and treatment. The GPs and nurse made referrals to NHS services where appropriate.

Supporting patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives. For example the specialist nurse who managed patients with Lymphoedema was proactive in offering advice on weight and exercise to help patients increase their mobility and wellbeing.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

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

- Before patients received any care or treatment they were asked for their consent and the staff acted in accordance with their wishes. The service had a comprehensive consent policy in place. Patients were required to sign a written consent form.
- The staff we spoke with told us that any treatment was fully explained prior to the procedure and that people then made informed decisions about their care and patients comments confirmed this.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Where a patient's mental capacity to consent to care or treatment was unclear the doctor assessed the patient's capacity and, recorded the outcome of the assessment.

Are services caring?

Our findings

Kindness, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Results from the survey in relation to the vasectomy clinic showed 99% would recommend the service to family and friends. Patients reported that they were seen and managed in calm, professional, and timely manner at were put at ease quickly.
- The staff would ensure any patients who had longer waits before or after treatment due to delays such as patient transport were well looked after and made drinks and provided biscuits when required.

Involvement in decisions about care and treatment

- Results from one of the surveys undertaken in relation to the dermatology clinic showed that all of the responses were positive about the service experienced. 100% of patients reported they would recommend the service to family and friends. Patients reported they received information to help them make informed decisions about their care and treatment.
- Results from the survey in relation to the vasectomy clinic showed 99% would recommend the service to family and friends. Patients reported that they were seen and managed in calm, professional, and understood the treatment they were undergoing.
- Results from one of the surveys undertaken in relation to minor surgery which was conducted two weeks post-operative by mailing to patients showed 100% of patients were happy with the service they had received. Patients reported that they had received very quick and friendly service and had been put at ease immediately. They had been given appropriate information to understand the procedure they were having.
- The service provided video clips that could be accessed via their website to give patients easy access to understand the different procedures they offered.

We received 41 CQC comment cards and the service had their own feedback survey reports which they asked patients to complete. 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 consultations to make an informed decision about the choice of treatment available to them.

Privacy and Dignity

- The consulting rooms were suitable and maintained patients' privacy and dignity during examination. All staff had received training in confidentiality. Staff we spoke with understood the importance of confidentiality and had signed a confidentiality agreement.
- Results from one of the surveys undertaken in relation to the dermatology clinic showed that all of the responses were positive about the service experienced. 100% of patients reported they would recommend the service to family and friends. Patients said they were offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- Access to the service was suitable for disabled persons. All consultation rooms and patient toilet facilities were on the ground floor.
- The service was fully aware of those patients who experienced transport difficulties and adjusted appointment times to accommodate these. For example, the service understood that patients using NHS patient transport service would often be late for appointments or need to wait longer awaiting transport home. Staff would ensure these patients were kept comfortable and made drinks if required.
- The service had access to interpretation services for patients whose first language was not English. The staff made this clear to patients or their relatives and ensured that patients understood the process and consent requirements before they agreed to treatment.
- There was a comprehensive service information guide which included arrangements for dealing with complaints, arrangements for respecting dignity and privacy of patients and the service available. This was available in large print; this ensured patients who had sight or hearing impairments had the information they required.

Timely access to the service

- The service offered pre-bookable appointments. The electronic referral system into the service did not allow any booking for any patient aged under 16 years old. This ensured that all patients were suitable to be referred in. Staff triaged the referrals immediately to ensure that the refer had included all information needed and that the reason for referral was appropriate for their services.
- One Saturday morning each month the dermatology assessment (and treatment) and lymphoedema clinic was open and the minor surgery clinic was open three Saturdays per month and Monday afternoons. Further dermatology assessment clinics were held on Monday, Tuesday, Wednesday, and Thursdays. The lymphoedema clinic was held all day Mondays, Wednesday mornings, and Thursday afternoons.

Listening and learning from concerns and complaints

- The service had an effective system in place for handling complaints and concerns.
- Its complaints policy and procedures were detailed and thorough.
- The manager was the designated responsible person who handled all complaints in the service.
- They had not received any complaints but staff we spoke with were knowledgeable about actions they would take should they receive any.
- A complaints leaflet was available to help patients understand the complaints system. There was information on how to complain in the patient guide, patient waiting area and on the website.

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;

All the staff had the experience, capacity, and capability to run the business and ensure high quality care. They prioritised safe, high quality and compassionate care and were visible in the clinic. There was a clear leadership structure in place and staff felt supported by management. There was evidence that they worked as a cohesive team.

- Staff told us there was an open culture within the service and they had the opportunity to raise any issues and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the lead GP. All staff were involved in discussions about how to run and develop the service, and the lead doctor encouraged the staff to identify opportunities to improve the services delivered by the provider.
- Staff were encouraged to participate in training and develop their skills.
- The GPs were proactive in sharing their experience and knowledge and often provided educational sessions to local GPs, and GPs registrars. They held general talks with children in the local schools promoting a career as a doctor.
- The staff regularly met for meetings such as clinical governance, dermatology team meetings, and other team meetings. Detailed minutes of these meetings were kept ensuring actions were followed through and completed. Regular agenda items including incidences however minor were discussed; patient feedback was also included.

Vision and strategy

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

- There was a clear vision and set of values to provide high quality care to all patients who used the service. The service had a realistic strategy and supporting business plans to achieve priorities and these were regularly reviewed and risk assessed.
- The service developed its vision, values, and strategy jointly with patients, staff, and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. Staff were confident that they had the skills and training opportunities to further develop.
- The strategy was in line with health and social priorities across the region. The management team planned its services to meet the needs of the health economy and to bring care that could be provided outside of the hospital to patients closer to their home.
- The service monitored progress against delivery of the strategy closely and reviewed it regularly in management and team meetings.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the service and many staff had worked there a long time.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty, and transparency were demonstrated when responding to incidents and complaints. For example, a delay for a patient receiving a secondary care appointment had been identified and the patient was informed of the investigation and changes made as a result.
- The provider was aware of, and had systems to ensure, compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed and were able to give examples of incidents they had raised and the learning from these events.
- There were processes for providing all staff with the development they need. This included regular appraisal and career development conversations. All staff received regular annual appraisals in the last year and there were clear goals and outcomes documented. Staff were supported to meet the requirements of professional revalidation where necessary, for example for nurses and GPs revalidation.
- There was a strong emphasis on the safety and well-being of all staff. The service operated a zero

Are services well-led?

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

tolerance policy on abusive behaviour which protected staff. However, they told us that this had never been necessary to use, they believed their staff were able to manage difficult situations well.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally. Staff were provided with training for equality and diversity.
- There were positive relationships between staff and teams.

Governance arrangements

The service had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- The management held a register of all professional registrations for clinical staff such as the General Medical Council (GMC) and Registered General Nurse (RGN). The register included details of medical indemnity insurance, renewal dates, dates checks were undertaken, Hepatitis B status, and held training certificates.
- Service specific policies were implemented and were available to all staff. They held a comprehensive central register of policies and procedures. During our inspection we looked at policies which included consent, confidentiality, health and safety, chaperone, equal opportunities and safeguarding. All policies and procedures were available to staff.
- A comprehensive understanding of the performance of the service was maintained through continual audit and meetings.
- There were arrangements in place for identifying, recording, and managing risks, issues, and implementing mitigating actions.

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor, and address current and future risks including risks to patient safety. The service held an overall risk management register to closely monitor their performance. This was reviewed regularly to ensure action plans were carried out.
- The service had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. The management team had oversight of safety alerts, incidents, and complaints and discussed these regularly in meetings.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change service to improve quality.
- The service had plans in place, and had trained staff, for major incidents. A business continuity plan was in place which detailed the numbers for external contractors in the event of an emergency.
- The service implemented service developments and where efficiency changes were made; input from clinicians was included to understand the impact on the quality of care. The service monitored their performance against the relevant regulations to ensure they were meeting them.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information, including audits, which was reported and monitored; management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service submitted data or notifications to external organisations as required, including to the Care Quality Commission.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management system.

Are services well-led?

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

Engagement with patients, the public, staff and external partners

- The service encouraged and valued feedback from patients, the public, and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.
- They had gathered feedback from patients through feedback forms and questionnaires. Patients were encouraged to give feedback about the service they had received including their views on the professionalism of the service, cleanliness, privacy and dignity, the quality and speed of the service and their overall rating of the service.
- The service had also gathered feedback from staff. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with the management team. Staff told us they felt involved and engaged to improve how the service was run.We observed a notice in waiting room to promote and welcome feedback.
- The service was transparent, collaborative, and open with stakeholders about performance and regularly communicated with the clinical commissioning group regarding sustainability and development of the service.

Continuous improvement and innovation

- There was a strong vision for the future development of the service and their values were clearly embedded. They completed a business plan to continually review the future development of the service and regularly discussed this with the Clinical Commissioning Group. There was a strong focus on continuous learning and improvement at all levels within the service. The lead doctor and overseeing dermatology consultant encouraged and participated in training and development of their skills.
- The service was open to feedback and offered patients the opportunity to reflect on their experiences. They also had an audit programme to monitor their effectiveness and safety.