

Rippon Medical Services

Inspection report

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

Ratings

Overall rating for this location

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Good 

Are services well-led?

Outstanding 

Overall summary

This service is rated as Outstanding overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Outstanding

Are services responsive? – Good

Are services well-led? – Outstanding

We carried out an announced comprehensive inspection at Rippon Medical Services as part of our inspection programme.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Therefore, we did not inspect or report on these services.

Our key findings were:

- There were comprehensive systems to keep people safe, which took account of current best practice to ensure that care was delivered safely;
- The service was highly proactive in empowering patients, and supporting them to manage their own health and maximise their independence;
- Staff displayed an understanding and non-judgmental attitude to all patients;
- The service responded to patient feedback and their needs and improved their services;
- Access to care was timely;
- Leaders had the capacity and skills to deliver high-quality, sustainable care;
- There was a focus on continuous learning and improvement.

We saw the following outstanding practice:

- There was a demonstrated commitment to best practice performance and risk management systems and processes. Leaders were dedicated to reducing risk and protecting patients from harm, for example there were only two staff employed by the service but there were still arrangements for planning and monitoring the number and mix of staff needed and policies and procedures in place in the event that more staff were hired. The service had made the decision to appoint an external consultant to ensure the service was as safe as it could be.
- The refurbishment of the clinical suite had been carried out to ensure that effective infection prevention and control was at the forefront of the design. The most recent minor surgery audit in July 2021 showed that out of 240 patients undergoing minor surgical procedures at the service in the past 12 months, only two had a subsequent infection of the wound site which required treatment with antibiotics; a incidence rate of 0.83% and therefore lower than the 5% target rate suggested by the National Institute of Health and Clinical Excellence (NICE).

Overall summary

- Feedback from people who used the service, those who were close to them, and stakeholders was consistently positive about the way staff treated people. Since June 2020 the service had received 279 reviews on a secure platform which could only be used by verified patients of the service. Of these, 274 people (98%) gave the service five stars out of five. The lowest score given was four stars out of five. The service employed an external consultant to randomly observe consultations (with the patient's permission) to ensure that customer service was of a high standard. The consultant also completed an independent satisfaction survey with patients and found 100% of patients surveyed said they were treated with courtesy and respect and felt listened to.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

Background to Rippon Medical Services

Rippon Medical Services Limited is registered with the Care Quality Commission to provide the regulated activities of treatment of disease, disorder, or injury (TDDI), and surgical procedures from one registered location at the following address:

- Rippon Medical Services Limited, 2 Spinners Yard, Fisher Street, Carlisle CA3 8RE

We visited this location as part of our inspection.

Rippon Medical Services is an independent outpatient clinic providing private doctor consultations, medical assessments, and the prescribing of medicines relating to treatments for acne, acne scarring, rosacea, alopecia (hair loss), allergic rhinitis (hay fever) and excessive sweating (hyperhidrosis). It also provides minor surgical procedures using local anaesthetic for the surgical excision removal of warts, moles, sebaceous cysts, lipomas and skin tags. It also provides surgical thread lifts. The service also carries out services which do not fall under the regulation of CQC and were therefore not considered during this inspection. They include cryotherapy, skin peels, dermal fillers, and wrinkle reduction treatments.

The core opening times of the service are as follows:

- Monday - 8.30am to 9.00pm
- Tuesday - 8.30am to 6.00pm
- Wednesday - 8.30am to 9.00pm
- Thursday - 8.30am to 6.00pm
- Friday - 8.30am to 5.00pm
- Saturday - 9.30am to 3.00pm
- Sunday – closed

When the service is closed, patients have access to a 24-hour phone number they can call for advice and support.

The service see an average of around 150 patients per week and consists of two members of staff: a service manager and a medical director. All facilities at the service are located on the ground floor and there is level entry to the building. Parking is available directly across the street at a public pay-and-display car park.

How we inspected this service

Prior to visiting this service, we reviewed information from stakeholders (e.g. online reviews, CQC notifications) and data submitted by the provider.

We interviewed staff and undertook observations and a review of documents both remotely and during a site visit.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good because:

There was a proactive approach to anticipating and managing risks to people who use services and this was embedded and recognised as the responsibility of all staff. People were protected by a strong comprehensive safety system.

Safety systems and processes

There were comprehensive systems to keep people safe, which took account of current best practice. The whole team was engaged in reviewing and improving safety and safeguarding systems. Innovation was encouraged to achieve sustained improvements in safety and continual reductions in harm.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems in place to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The practice had employed an external consultant to assist them with the refurbishment of the clinical suite to ensure that effective infection prevention and control was at the forefront of the design. An evidence-based design of having a clean-to-dirty flow through the room meant that patients were kept away from any potential sources of infection as much as possible. Walls, flooring, equipment and fittings were all designed and chosen with infection control in mind. Regular legionella testing was carried out and audits of infection control and minor surgery infection rates were performed every three and 12 months respectively to ensure infections stayed low. The most recent minor surgery audit in July 2021 showed that out of 240 undergoing minor surgical procedures at the service in the past 12 months, only two had a subsequent infection of the wound site which required treatment with antibiotics. This was a prevalence rate of 0.83% and therefore lower than the 5% target rate suggested by the National Institute of Health and Clinical Excellence (NICE).
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them. They had made multiple changes to keep patients safe during the COVID-19 pandemic, including limiting access to only one patient at a time inside the clinic, Perspex screens at the reception desk, and making hand sanitiser, gloves, and masks available for patients to use.
- The provider had registered for Save Face accreditation. Save Face is an organisation which regulates areas of non-medical cosmetic treatment which is not regulated by CQC.

Risks to patients

A proactive approach to anticipating and managing risks to people who use services was embedded and was recognised as the responsibility of all staff.

Are services safe?

- The service had employed an external consultant to review all the policies and procedures at the practice to ensure they protected patients from harm. We saw that where recommendations for improvements had been made by the consultant these had been implemented. For example, as there were only two staff members and therefore meetings only went ahead when both members were available, team meetings had not been formally documented. Following a suggestion from the external consultant to minute these meetings, in order to have an audit trail to show how decisions had been reached, every meeting was fully minuted. Policies and procedures were continually reviewed by the service and by the consultant to ensure they remained up to date.
- There were only two staff employed by the service, but there were still arrangements for planning and monitoring the number and mix of staff needed. The service manager told us they were able to run the service effectively with the number of staff they had at present, but this was constantly monitored and policies and procedures were in place should the service decide they needed to recruit new staff members.
- There was an effective induction system for agency staff tailored to their role. Although we saw that no agency staff had been used, the systems were in place to ensure they could work safely should there ever be a need to use them.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

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. The service employed an external consultant to carry out audits of the records to ensure they met the standards recommended by national guidelines. Where suggestions for improvements were made, these had been acted on. For example, changes were made to patient record templates to ensure they were standardised and records were therefore consistent for each patient. Prompts were added to ensure all records were signed and dated whenever an entry was made and a regular audit was put in place to ensure this was happening.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

Are services safe?

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. There was a comprehensive risk register which was reviewed annually and included any potential risks related to the premises as well as equipment and products which were used.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses.
- There were systems for reviewing and investigating when things went wrong. No significant events had been identified, but staff fully understood what constituted a significant event and there was a definition outlined in the service's policy. The service had procedures in place to learn, share lessons, identify themes, and take action to improve safety in the service. Significant events were a standing item on the service's monthly meeting.
- 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

When there were unexpected or unintended safety incidents:

- The service told us how they would give affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. We were shown several documented examples of actions taken following the receipt of a safety alert. The service had an effective mechanism in place to disseminate alerts to all members of the team including any sessional and agency staff.

Are services effective?

We rated effective as Good because:

People have good outcomes because they receive effective care and treatment that meets their needs.

Effective needs assessment, care and treatment

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

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The clinician had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. We were given examples of how their work had led to improvements at the service, such as a histopathology audit which had led to improvements in documentation, and a minor surgery audit which helped to maintain low rates of post-procedure infections.

Effective staffing

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

- All staff were appropriately qualified. Despite there only being two staff at the service, the provider had an induction programme prepared for all newly appointed staff in the event that they decided to recruit someone new.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.

Are services effective?

- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The service worked closely with other health professionals in the local area and often took referrals from them to carry out minor surgical procedures. Out of 321 patients seen since November 2020, 77 had been referred to the service by local health professionals, such as GPs or dermatologists.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care. Patients were given maintenance plans which gave them advice on self-care routines to ensure their treatments remained effective for as long as possible.
- We were told that when patients came to the service they were assessed to ensure that the treatment they were requesting was the right one for them, and if a different procedure or treatment was more appropriate for their health needs, this would be recommended instead. We saw testimony from patients that said that this approach was appreciated.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Outstanding because:

Feedback from people who used the service, those who were close to them, and stakeholders, was continually positive about the way staff treated people. People thought that staff went the extra mile and their care and support exceeded their expectations.

Kindness, respect and compassion

Feedback from people who used the service, those who were close to them and stakeholders was continually positive about the way staff treated people. People thought that staff went the extra mile and their care and support exceeded their expectations.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was extremely positive about the way staff treated people. The service had 279 patient reviews on Pabau since June 2020. Of these, 274 people (98%) gave the service five stars out of five. The lowest score given was four stars out of five. Pabau is a secure review platform whereby only patients who can verify that they have attended the service for an appointment are invited to leave a review.
- The service had received multiple awards for patient feedback in recent years, including “Excellence Status” from Save Face for receiving over 100 positive reviews, a Patient Service Award in 2020 for receiving consistently high satisfaction scores from patients, and a Patient Experience Award from Pabau in 2021.
- Staff understood patients’ personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.
- We were told that every patient received a follow-up call on the same day of procedure to check on their wellbeing and to ensure they understood what to do if they felt they required further support or assistance.
- The service employed an external consultant to randomly observe consultations (with the patient’s permission) to ensure that customer service was of a high standard. The consultant also completed an independent satisfaction survey with patients. At the time of the last survey in October 2020, out of 20 patients:
 - 100% said they were treated with courtesy and respect
 - 100% said they felt listened to
 - 100% said they were involved in decision about their treatment and care
 - 100% said they would recommend the service to family and friends

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- We saw from reviews of the service that patients 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.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Are services caring?

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

The provider understood the needs of their patients and improved services in response to those needs. Access to care was timely and we saw that complaints were taken seriously.

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. For example, they made multiple changes to their service in response to the coronavirus pandemic, not only to protect patients' safety but their wellbeing too. We saw a number of audits which were carried out to ensure the service met patients' needs, including audits of returning patients and reviews of patient feedback.
- The facilities and premises were appropriate for the services delivered. The service had employed an external consultant to assist them during the redesign of the clinic to ensure that the facilities best met patient needs.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The building was fully accessible building with all patient areas on the ground floor. There were protocols in place for patients in wheelchairs and accessible toilets. Easy read information was available.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. An audit of missed appointments had been carried out to review why these were occurring and look for ways to prevent these. Between June 2019 and June 2020, the service had 56 missed appointments which could not be offered to anyone else – as a result of changes made following the audit there had been only three missed appointments between June 2020 and June 2021.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The service offered an out of hours line that patients could call when the clinic was closed. This was always operated by a member of staff who could help any patients with concerns at any time.
- Appointments were available to book online or over the phone.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

Are services responsive to people's needs?

- The service had a complaint policy and procedures in place. The service had systems in place to learn lessons from individual concerns, complaints and from analysis of trends. Although there had been no complaints they were included as a standard agenda item to be reviewed at the service's monthly team meeting and we were told how staff would act as a result of a complaint to improve the quality of care.
- The service had signed up to the Independent Sector Complaints Adjudication Service (ISCAS). This is a voluntary scheme that provides independent complaints adjudication for patients who are not happy with how their complaint has been handled by an independent healthcare provider.

Are services well-led?

We rated well-led as Outstanding because:

The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Comprehensive and successful leadership strategies were in place to ensure and sustain delivery and to develop the desired culture. Leaders had a deep understanding of issues and priorities in their service and beyond. They understood the challenges and were addressing them.
- The small team of one service manager and one clinician worked well together to manage the service. They had policies in place to ensure they would work closely with staff and others to prioritise compassionate and inclusive leadership if more staff were to join the team.
- The provider had effective processes to develop leadership capacity and skills.

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. The service had a realistic strategy and supporting business plans to achieve priorities. Strategies and plans were fully aligned with plans in the wider health economy, and there was a demonstrated commitment to system-wide collaboration and leadership. For example, the service had begun to offer surgical procedures following the closure of a local NHS-run minor surgery service.
- The service developed its vision, values and strategy jointly with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care. Leaders had an inspiring shared purpose and strived to deliver and motivate staff to succeed.

- There was a strong emphasis on the safety and well-being of all staff.
- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers had policies in place to act on behaviour and performance inconsistent with the vision and values, which could be used in the event of more staff being employed.
- Openness, honesty and transparency were demonstrated when we discussed with staff how they would respond to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were given protected time for professional time for professional development and evaluation of their clinical work.
- Staff had received equality and diversity training. Staff felt they were treated equally.

Are services well-led?

- There were positive relationships between staff.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. Governance arrangements were proactively reviewed and reflected best practice. A systematic approach was taken to working with other organisations to improve care outcomes.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. The service had employed an external consultant to review all the policies and procedures at the practice to ensure they protected patients from harm. We saw that where recommendations for improvements had been made by the consultant these had been acted on.
- Staff were clear on their roles and accountabilities.
- External companies had been sourced to provide human resources, legal, public relations, and accountancy advice or services.
- The service used performance information, which was reported and monitored, and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

There was a demonstrated commitment to best practice performance and risk management systems and processes. The organisation reviewed how they functioned and ensured that staff at all levels had the skills and knowledge to use those systems and processes effectively. Problems were identified and addressed quickly and openly.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. Leaders were dedicated to reducing risk and protecting patients from harm, for example they had sought the advice of a consultant when redesigning the clinical room at the service to ensure that it reduced the risk of infection as much as possible. The success of this was reflected in the low of rates of post-operative infections among patients. There was clear evidence of planning for future risks as well. For example, there were only two staff employed by the service, but there were still arrangements for planning and monitoring the number and mix of staff needed and policies and procedures in place in the event that more staff were hired.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Are services well-led?

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.

Engagement with patients, the public, staff and external partners

There were consistently high levels of constructive engagement with staff and people who use services. Rigorous and constructive challenge from people who use services, the public and stakeholders was welcomed and seen as a vital way of holding services to account.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. Innovative approaches were used to gather feedback from people who use services and the public and there was a demonstrated commitment to acting on feedback. Feedback from patients was consistently positive.
- There were only two members of staff but there were systems in place for feedback opportunities for staff and for the findings to be fed back to them. We saw both members of staff were actively involved in the running of the service.
- The service was transparent, collaborative and open with stakeholders about performance.
- The service received a number of patients following referrals or recommendations from other patients or external partners. Out of 321 patients seen since November 2020, 77 had been referred to the service by local health professionals, such as GPs or dermatologists, and 68 said they visited the service following recommendations from other patients.
- The service also audited return patients as a measure of patient satisfaction. Between June 2020 and July 2021, a total 1,803 patients used the service for more than one treatment.

Continuous improvement and innovation

Safe innovation was celebrated. There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care. Improvement was seen as the way to deal with performance and for the organisation to learn.

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work, such as:
 - Audits to reduce cancelled appointments and thereby increase access to the service;
 - Improvements to the clinical room to improve infection control measures;
 - Records audits improved standard of record keeping and referrals;
 - Minor surgery audits monitored infection rates to ensure they remained low;
 - Patient feedback and patient retention was monitored to ensure people who used the service were satisfied.