Elixir Treatments Limited

Inspection report

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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	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Elixir Treatments Ltd. The reason for the inspection was because our current inspection priorities include services that have been registered with the Care Quality Commission (CQC) for over 12 months without being inspected. Elixir Treatments Ltd met this criteria because it registered with CQC on 12 November 2020 and the provider had not been inspected.

Elixir Treatments Ltd provides treatment of hyperhidrosis (excess sweating), headaches and obesity. These treatments are provided via a nurse-led service which also offers other non-regulated aesthetic treatments.

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. Elixir Treatments Ltd provides a range of non-surgical cosmetic interventions, for example dermatological skin care treatments, anti-ageing injectables, dermal fillers and chemical peels which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

Elixir Treatments Ltd is registered with the CQC to provide the following regulated activities:

- Diagnostic and screening procedures.
- Treatment of disease, disorder or injury.

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

Our key findings were:

- Systems and processes to keep patients safe and safeguarded from abuse were operated effectively.
- Systems and processes to identify, manage and reduce infection prevention and control (IPC) and other environmental risks were fully embedded within the service.
- Medicines requiring refrigeration were stored safely and managed in line with recommended guidance.
- Clinical records were written clearly and contained accurate information to ensure care and treatment was provided safely.

Overall summary

- Patients were told of the risks and potential complications or side effects before they received treatment.
- The service supported patients to be involved in and make decisions about their care.
- Care and treatment was patient-centred and delivered kindly and compassionately.
- The service had considered the needs of patients which may need reasonable adjustments to access care and treatment.
- Governance systems existed but were not effective in all areas and did not always follow national guidance.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

The areas where the provider **should** make improvements are:

- Review the emergency medicines and equipment stocked and consider increasing those selected so the service is able to better equipped to manage medical emergencies that may occur.
- Align the services' health screening policy with recommendations in national guidance.
- Review all policies to ensure they contain accurate information and are specific to this service.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist advisor.

Background to Elixir Treatments Limited

The address of the registered location is 4 Northcroft Villas, Englefield Green, Egham, Surrey, TW20 0DZ.

Elixir Treatments was first registered with CQC in November 2020 and is only registered to treat adults. The service provides several services such as treatment of hyperhidrosis (excessive sweating), treatment of migraines and weight-loss or obesity management services. Activities outside of CQC scope of registration include anti-ageing injections, chemical peels and skin care advice.

Regulated activities are provided from 4 Northcroft Villas, Englefield Green, Egham, Surrey, TW20 0DZ. This address is in a residential area which can be accessed via public transport, car or on foot and parking is available at the location.

The premises are a residential property which is accessed at street level. Services are provided from a consultation room on the first floor which is accessed via the stairs. The premises do not have a lift. There is a downstairs toilet and parking is available at the premises and on the road.

The service does not employ any staff and is owned by the registered manager who is responsible for all administration and management duties and, delivering clinical services.

The clinic opening times are:

Monday: 11am to 6pm

Tuesday: 10am to 6pm

Wednesday: Closed

Thursday: 10am to 6pm

Friday: 12am to 5pm

How we inspected this service

Throughout the COVID-19 pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

The inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Speaking with staff in person and on the telephone.
- Requesting documentary evidence from the provider.
- A site visit.

We carried out an announced site visit to the service on 26 January 2023. Before the site visit we requested documentary evidence electronically from the provider.

Due to the current pandemic, we were unable to obtain comments from patients via our normal process where we ask the provider to place comment cards in the service location. However, we asked the provider to provide patients with a link to our give feedback on care page on our website. We did not speak to patients on the day of the 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.

Good

Are services safe?

We rated safe as Good because:

Safety systems and processes

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

- We found the service operated a system of compliance checks to ensure care and treatment was safe for patients. These were done weekly, monthly, bi-annually or annually depending on the need. Where appropriate this followed recommended guidance, for example infection prevention and control (IPC) audits.
- The service had appropriate safety policies and risk assessments, which were regularly reviewed. For example, we found substances which were potentially hazardous were stored securely and in accordance with the Control of Substances Hazardous to Health Regulations (COSHH).
- The registered manager was the safeguarding lead and we found they had completed adult safeguarding training to the recommended level in national intercollegiate guidance. The registered manager had not competed children's safeguarding training, but the service did not treat children and patients were asked not to bring any children to an appointment. We also found the service had details of the local authority safeguarding processes and the registered manager knew how to report concerns should a referral need to be made. None had been made in the 12 months prior to the inspection.
- To ensure any vulnerable adults wanting to use the service were safeguarded from abuse, the service had completed an enhanced Disclosure and Barring Service (DBS) check on the registered manager. (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).
- Because the service only had one clinician, it was unable to offer a chaperone to patients. However, none of the treatments offered involved examination or treatment of intimate areas of the body, therefore the service had decided chaperones were not necessary. Any patient who wanted a chaperone would be given details of alternative services.
- We found there was an effective system to manage IPC which included a programme of audits. These included a bi-annual IPC audit of the whole service, which was last completed in July 2022, a quarterly audit of the environment, which was last completed in October 2022 and, hand hygiene audits for the clinician which were last completed in December 2022. All the audits showed the services' own standards had been met and had no actions. We also found a poster above the sink to remind anyone cleaning their hands of the best practice technique to limit the spread of infection.
- There was a system of daily cleaning which we found was monitored for compliance. All surfaces were clean and free from dust and clutter.
- The provider ensured that the facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. The following tests, risk assessments and checks had been completed:
- Portable appliance testing (PAT) had been completed on 9 June 2022 and all items had passed
- A fire risk assessment was completed 7 June 2021. This contained 3 recommendations to improve the fire safety of the premises. 2 had been completed, which included obtaining a gas safety certificate for the boiler and associated pipework and, testing fire detectors on a regular basis. The remaining action to attach the fire blanket to the wall had been considered but the service had decided not to follow this but instead had placed it in a prominent and easily accessible location in the consultation room.
- Testing for the presence of Legionella was completed on 3 October 2022 and none had been detected. (Legionella is a water bacterium which can contaminate water systems).

Good

Are services safe?

- There were systems for safely managing healthcare waste which involved segregating it into different clinical waste bins depending on the type of waste. None of the clinical waste bins were overfull. Both were pedal operated and stored securely. We also found evidence of an arrangement for the collection and disposal of clinical waste.

Risks to patients

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

- The service did not employ staff and did not have plans to in the future. Therefore, the treatments offered were determined by the skills and competence of the registered manager. When additional treatments were planned, suitable training was completed before they were offered to patients.
- The registered manager understood their responsibility 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. They had completed adult basic lifesaving and anaphylaxis training and we found national guidance was clearly displayed to support them in the event of a medical emergency.
- We saw evidence of a valid indemnity insurance policy which was appropriate for the treatments provided by the service.
- The service did not treat unwell patients, however, a selection of medicines were kept on site to manage a situation where a medical emergency occurred. These medicines were considered against the treatments offered and the likely side effects or complications of those treatments. We found the service stocked adrenaline to treat anaphylaxis and had risk assessed the decision not to stock glyceryl trinitrate to treat chest pain (angina) and diclofenac to treat swelling and pain. Patients were advised to take paracetamol before their appointment to reduce any pain associated with their treatment.
- We found the service stocked an adult pocket resuscitation mask, a basic first aid kit and sterile eye wash. However, we found the service did not keep oxygen or a defibrillator on site. The decision not to stock those items had been risk assessed against the likelihood of a medical emergency requiring this equipment happening and the service had identified the response they would take to manage a situation. After the site visit the service told us they reviewed the decision and had now ordered a supply of oxygen and were considering whether to have a defibrillator onsite.
- There was a system to monitor the expiry dates and stock levels of the emergency medicines and equipment which we found was operating effectively.
- The service had a health screening policy which specified which communicable diseases staff needed evidence of vaccination or immunity for. However, the policy did not follow national guidance fully because it did not require evidence of Diphtheria, Polio or Tetanus (DPT). The registered manager told us they were up-to-date with all their routine vaccinations but we did not see evidence on inspection of a system that gave the service oversight of staffs' vaccination status.

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. We reviewed the records of 6 patients that had received regulated treatment from the service and found all demonstrated that a previous medical history had been discussed between the patient and clinician.
- The service used a computer software system to store patient records and those we reviewed were clearly written, included evidence of treatment planning and confirmed patients had been told about the possible risks and complications of any treatment.
- Where evidence-based guidance for treatments existed, records showed this was followed.

Good

Are services safe?

- 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.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines, however, they were not fully effective in all areas.

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks. This included a monthly medicines management audit to ensure medicines were stored safely and securely. We reviewed audits for the previous 12 months and found there had been no issues or actions identified and the system was operating as intended.
- Medicines requiring refrigeration were stored in a refrigerator which was monitored to ensure it maintained the correct temperature range for safe storage. We checked the monitoring records during our inspection and all temperatures recorded were within the range for safe storage and there were no breaches recorded in the logs.
- There was a system which ensured prescription stationery was kept securely in a locked cupboard. However, the system did not follow national guidance completely because stationery did not have serial numbers and there was no system to audit the stock and identify affected stationery if it was suspected to be lost or stolen from the premises, or to have been misused. After the inspection we were told all paper prescription stationary had been destroyed to remove this risk because it was no longer needed due to the service using a new pharmacy service with different systems and processes. However, there was a risk this situation could be repeated if the service began using paper prescriptions again and had not introduced a system to audit and monitor physical prescription stationery stock.
- The registered manager had completed a qualification to prescribe medicines to patients. We found that regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing had not been completed. We discussed this with the clinician who agreed this would support them and ensure care and treatment of patients was safe and effective. After the inspection the registered manager provided evidence of a planned programme of clinical audits which included prescribing.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- The medicines the service prescribed for weight loss and to treat migraines and hyperhidrosis (excess sweating) were unlicensed. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. These medicines are not recommended by the National Institute for Health and Care Excellence (NICE) or the Royal College of Physicians for the treatment of obesity. The British National Formulary states that 'Drug treatment should never be used as the sole element of treatment (for obesity) and should be used as part of an overall weight management plan'.
- Medicines were prescribed, administered or supplied to patients and advice was given in line with legal requirements and current national guidance. Where there was a different approach taken from national guidance, for example unlicensed medicines, there was a clear rationale for this that protected patient safety, and this was supported by a service policy.

Track record on safety and incidents

The service had a good safety record.

- There had been no safety incidents related to treatments provided by the service in the 12 months prior to the inspection.

Good

Are services safe?

- Where the registered manager was not competent or appropriately qualified to complete risk assessments, external contractors were engaged to complete them. For example, fire safety, Legionella testing, PAT testing and gas safety. However, where it was appropriate to do so, risk assessments were carried out internally, for example the decisions regarding the emergency medicines and medical equipment.

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. We found there had been no significant events related to regulated activity in the 12 months prior to the inspection.
- We reviewed the significant event policy and system to record any significant events and found 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 or changes to the way care was delivered.
- Although no staff were employed by the service, policies we reviewed demonstrated there was a no blame culture and that when things went wrong, the service wanted to learn and make changes or improvements to avoid them happening again. We discussed an example that did not relate to regulated activity and found this culture was established, lessons had been learned and changes made.
- The service 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.
- The service was subscribed to the central alerting system which disseminated patient safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). We discussed the services' system to record alerts and determine whether any action was required in response. We found alerts were being received but the service did not have a system to record all the alerts centrally and log those decisions. We were told the service had reviewed all the patient safety alerts and none had been relevant or affected patients. After the inspection the service provided evidence of a log to record patient safety alerts and decisions about whether any patients using the service were affected. However, the system was not yet fully embedded.

Good

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

The provider had systems to keep 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 registered manager was a member of the British Association of Cosmetic Nurses (BACN) and attended courses and training arranged by the BACN to keep up to date with innovations and changes to care and treatment. The registered manager also met regularly with a network of local peers to share experience and knowledge.
- The registered manager had completed specific training for the treatments offered by the service.
- The registered manager had significant experience of assessing and treating patients.
- We reviewed the clinical records of 6 patients that had received treatment from the service. Patients' immediate and ongoing needs were fully assessed in all the records we examined. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clear, accurate and contemporaneous clinical records were kept with treatment and follow-up plans were fully documented.
- The service had developed a template which detailed the patient journey from initial contact with the service all the way through to treatment being completed. This clearly defined the policies relevant to the treatment and the clinical considerations pre- and post-treatment.
- The service had a policy specifically for patients with body dysmorphia and the registered manager had completed mental health training to support patients with this condition. (Body dysmorphia is mental health condition where a person spends a significant amount of time worrying about flaws in their body which are unnoticeable to others).
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate. No surgical procedures were offered by the service; however, patients were advised to take paracetamol before their appointment to help reduce potential pain and inflammation which may result from certain treatments.

Monitoring care and treatment

The service was not actively involved in quality improvement activity.

- The service offered a specific range of treatments, of which many were unregulated aesthetic procedures. We found the volume of patients receiving regulated treatments was low.
- We found that audit and quality improvement activity had not been completed to help the service benchmark and improve the quality of care for patients. However, during the interview and inspection activity it was clear that the registered manager understood the process of auditing and the benefits associated, and they told us they would now begin a programme of audits. After the inspection we received evidence of a planned programme of audits.

Effective staffing

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

- The registered manager was the sole practitioner and was appropriately qualified for the role. They had a clear understanding of their learning needs, when they needed additional training and how to identify suitable training courses.

Good

Are services effective?

- We found the registered manager was up-to-date with all mandatory training courses specified in the service training policy. A record of skills, qualifications and training was maintained and up-to-date.
- The registered manager had completed a qualification to prescribe medicines to patients. We found they had a clear scope which they prescribed within.
- The registered manager was registered with the Nursing and Midwifery Council (NMC) and had recently completed the revalidation process to maintain their registration. The service had a system to continually monitor the registration to ensure it remained up to date.
- Because the registered manager was the only member of the service, the appraisal process was tailored to their needs and involved regular professional discussions with peers. These were recorded and had been used to support the revalidation process with the NMC.

Coordinating patient care and information sharing

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

- Patients who used the service received coordinated and person-centred care.
- Before providing treatment, the service ensured it had adequate knowledge of the patient's health and their medicines' history.
- We found that where a patient had unrealistic expectations for a treatment, the service declined to treat them.
- When patients registered with the service, all were asked for consent to share details of their consultation and any medicines prescribed with their registered GP.
- Best practice guidance recommends information about care and treatment is shared with a patients' GP, especially when prescribing medicine. The service requested this information and of the 6 patient records we examined, 4 had details of the patients GP recorded and 2 did not. However, this was because those patients did not have registered GPs. Of the 4 patients, we found all had been asked for permission to share details of their treatment with the GP, but they had not agreed for information to be shared.

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.

- Patients were provided with information about procedures including the benefits, risks and likely success of treatments provided.
- All patients received pre- and post-treatment advice and support. If a patient was unsure about whether to start treatment, they were advised to take time to think before deciding.
- Before beginning a new treatment, the service explored the educational advice given previously and considered repeating the treatment to explore whether it was effective for the patient to continue.
- Where patients' needs could not be met by the service, they would be redirected to an appropriate service or their GP for further advice and guidance. For example, diabetic patients with obesity were not treated for weight-loss by the service because they needed specialist support and expertise.

Consent to care and treatment

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

Good

Are services effective?

- We found the registered manager understood the requirements of legislation and guidance when considering consent. The service had a policy related to consent and, mental capacity training was a mandatory course under the services' training policy. The registered manager was up-to-date with this training.
- The service supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. However, we were told that if there were any concerns about a patient's mental capacity the service would decline treatment.
- All 6 clinical records we examined showed that consent to treatment had been obtained from the patient and recorded.

Good

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service understood patients' personal, cultural, social and religious needs and displayed an understanding and non-judgmental attitude to all patients.
- We found the services' values were patient-centred and focused on providing the most appropriate treatment and delivering high-quality outcomes for its patients.
- We were told that the registered manager had made a deliberate decision to maintain control of the appointment system and did not offer online booking for patients. This was because they had found some patients needed more time than others and the registered manager planned the consultation to meet the needs of each patient. This allowed the service enough time to repeat the treatment plan, take more time or respond to concerns without the patient feeling rushed.
- Feedback we received from patients was highly positive about how caring and compassionate the registered manager was. We heard that patients felt listened to and were confident they would be given accurate advice and guidance. We also heard that patients were confident that if the registered manager did not feel the treatment would benefit them or improve their health, it would not be recommended.
- The service sought feedback at follow-up appointments about patients' satisfaction with the outcome of their care and the feedback was highly positive. We heard from patients that they were prepared to travel for treatment at the service instead of going to a clinic closer to their home.

Involvement in decisions about care and treatment

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

- We found the service had considered how it could provide information in an accessible format for all patients that wanted to use the service so they could be involved in decisions about their care and treatment. Documents could be translated for patients that did not speak English as a first language or converted to large print for partially sighted patients. Where a patient had different communication needs, for example deaf patients, the service was able to meet these by communicating via text messages or email.
- Interpretation services were available for patients where English was not their first language.
- The service policy was that patients should not be accompanied by friends or family. We discussed this during the inspection and found the decision was because the registered manager wanted to be clear that the patient had made their own decision to have treatment and were concerned there could be pressure from friends or family members. If a patient needed more time or more information treatment could be delayed or more information given to help the patient make their decision.
- We received 6 pieces of feedback via our Give feedback on Care section on our website. All were positive and commented on how professional the registered manager was and that the room was clean, calming and comfortable. Other themes involved patients' confidence with the advice they received, the professional judgement of the clinician and satisfaction with the results of their treatment.

Privacy and Dignity

The service respected patients' privacy and dignity.

Good

Are services caring?

- The service recognised the importance of patient's dignity and respect. There was only one consultation room and patients did not wait for appointments inside the premises, therefore conversations could not be overheard.
- The consultation room was on the first floor of the premises and to protects patient's privacy the glass was frosted which prevented anyone in an overlooking neighbouring property seeing into the room.
- Chaperones were not available because the service was a sole practitioner. However, we found the service had considered the impact of this on patients. Consultations did not involve any examinations or treatment of intimate areas of the body, and because of this the service had decided chaperones were not necessary.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

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. We found patients had initially attended the service to receive non-regulated aesthetic treatment (anti-ageing injections of botox). However, the patients found that treatment had improved their headaches or migraines. Once the service was aware of this outcome, they began offering the treatment specifically for that medical condition as well as aesthetically.
- The premises were a residential property and the facilities were appropriate for the services delivered. However, they were not suitable for patients that used a wheelchair because the treatment room was on the first floor of the premises and there was no lift or stairlift available in the premises.

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 consultation and treatment. The registered manager told us they managed the booking system and had some flexibility to offer appointments at alternative times outside of the services' opening hours.

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 clearly visible to patients when they attended the clinic, however the information was not available to patients on the website. The complaints information included details about an external mediation service where a complaint could be escalated should the patient not be happy with the response from the service.
- The service had not received any complaints in the 12 months prior to the inspection therefore we were unable to review examples of responses to complaints. However, we reviewed the complaints policy and found it contained clear instructions about how a complaint would be investigated and managed.

Requires Improvement

Are services well-led?

We rated well-led as Requires improvement because:

Leadership capacity and capability;

The service had the capacity and skill to deliver high-quality, sustainable care.

- The registered manager was knowledgeable about issues relating to the quality of care provided by the service. For example, they explained the weight-loss injection treatment had received some negative publicity from the media. In response the registered manager had conducted research into the concerns and spoken about the treatment with peers to gain more understanding. The registered manager had decided the service would continue to offer the treatment.
- The service did not employ staff to consult with and did not have a leadership team, but the registered manager had a clear vision of the skills required to ensure high-quality, sustainable care.
- The service did not have plans to expand to any other locations or increase its staff levels which meant a succession plan for future leadership was not required.

Vision and strategy

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

- The service had a clear vision and set of values which included respecting and supporting patients, treating them with dignity and, offering a safe and positive experience. We found the delivery of the service was supportive of these values.
- The service had an embedded system to monitor progress against delivery of its strategy through audit of feedback and complaints to identify themes and trends. However, no complaints had been received which indicated the service was achieving its strategy.

Culture

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

- The service culture had developed from the vision and values of the registered manager and the relationships they had built with patients. Feedback from patients was clear that they appreciated the culture and we found the registered manager was proud of how the service had evolved.
- The service focused on the needs of patients. For example, there had been demand from patients for a medicine to treat hay fever and the service had offered this in response. However, after a reduction in demand this was reviewed, and the service had stopped offering the treatment.
- The service complaints policy was that openness, honesty and transparency would be demonstrated when responding to incidents and complaints. Because no complaints had been received, we were unable to review responses, however feedback received indicated those principles were embedded.
- The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.
- There was a system to ensure the registered manager could get the development they needed. This included protected time for learning, appraisal and career development conversations. This system supported the registered manager to meet the requirements of professional revalidation.

Requires Improvement

Are services well-led?

- There was a strong emphasis on the safety and well-being of all staff. The opening hours were designed to ensure the registered manager had enough time for administrative and management duties and could maintain their own well-being.
- The service actively promoted equality and diversity and the registered manager had completed equality and diversity training. Service policies focused on ensuring care and treatment was available for all patients and where possible reasonable adjustments would be made to ensure this.

Governance arrangements

Responsibilities were clearly known and there were systems to support governance and management. However, some systems and processes had not been fully considered or did operate effectively in all areas.

- The registered manager was clear of their roles, responsibilities and accountabilities.
- Structures, processes and systems to support governance and management existed. However, we found examples of processes which were not completely effective, and which did not follow national guidance. For example, the process to manage blank prescription stationery did not provide the registered manager with complete assurance that they could account for any missing stock should there be a concern that it was lost or stolen. After the inspection we were told the current prescription stationery stock had been destroyed to remove this issue and the service was considering using a paper prescription pad. However, no change was made to the system to manage physical prescription stationery which meant it continued to not be in line with national guidance and the risk that the service could not identify lost, missing or stolen prescriptions remained.
- We also found the service had a programme of audit to ensure compliance with its own systems and policies which operated effectively and consistently. However, clinical audit had not been used to identify and drive improvements to the quality of care for patients.
- The registered manager understood the services' responsibility to receive patient safety alerts. However, there was not a system to log decisions about whether action was required by the service or if patients were affected by an alert. There also was not a system to ensure this was continually reviewed. However, after the inspection the registered manager sent us a newly developed process to record this information.
- Some policies had been adopted from other similar healthcare services. In some cases these had not been reviewed fully to determine whether the whole policy was relevant to the service, if the information was completely accurate or if amendments were needed to ensure it was appropriate and service specific. This applied to the safeguarding, whistleblowing and waste management policies.
- The service monitored performance information and ensured compliance, but quality improvement activity was limited.
- The service had not needed to submit any notifications to statutory bodies; however, the registered manager was clear of their responsibilities.
- 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 were clear processes for managing known risks, issues and performance. However, some processes were not as effective as intended and needed improvement to ensure risk were fully managed or mitigated appropriately.

Requires Improvement

Are services well-led?

- When risks were identified, the service reviewed them and acted if required. For example, we found the decision not to stock certain emergency medicines and equipment had been risk assessed against the likelihood of an incident occurring and the severity if it did, before choosing not to stock them. We also found the service was responsive to feedback because after the inspection, it purchased an emergency oxygen supply and was reviewing whether to stock a defibrillator on site.
- However, we found some risks had not been fully considered or managed. For example, the process to manage blank prescription stationery had not followed national guidance and had not completely mitigated the risk of the stationary being misused.
- Although the service told us no patient safety alerts received had been relevant to the service, the management process of these alerts did not effectively ensure risks to patients' safety were managed or mitigated appropriately.
- Prior to the inspection, service performance was demonstrated through patients' satisfaction with outcomes. However, after the inspection we received evidence of a planned programme of quality improvement audits to include consultations, treatment plans and prescribing.
- The registered manager had a system to provide oversight of incidents and complaints.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure performance.

Engagement with patients, the public, staff and external partners

The service involved patients to support high-quality sustainable services.

- The service encouraged and heard views and concerns from patients. In the 12 months preceding the inspection there had been 3 5-star reviews on an online consumer review platform. None were negative or contained any feedback which could be used to shape the service or the culture. However, all had been responded to which demonstrated the value the service placed on feedback and patients' views.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The registered manager spoke of networks and peer groups they belonged to and conference and events they attended to increase their awareness and understanding of treatments.
- We found no significant events had occurred that related to regulated treatments. However, we discussed an example of negative feedback related to unregulated treatment and found there had been reflection about what had happened, learning had been taken and changes had been made.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The registered provider had failed to ensure there were effective systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. Specifically: • The process to manage blank prescription stationery was not in line with national guidance. • Audit was not used to identify and drive improvements in quality and outcomes for patients. • The process to manage patient safety alerts did not manage the risk to patient's safety effectively or provide oversight of patients that may be affected by alerts. This was in breach of regulation 17(1)(2) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.