

Transform Hospital Group Exeter

Inspection report

Third Floor, 31-32 Southernhay East
Exeter
EX1 1NS
Tel:

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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?

Good



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? – Good

We carried out an announced inspection of the Transform Hospital Group Exeter clinic on 23 June 2021.

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.

Transform Hospital Group Limited operates from nine clinics across England which are used for initial consultations between patients and surgeons as well as post-operative care. The provider runs two independent hospitals located at Bromsgrove and Manchester. Normally patients are able to choose from one of the two locations where they would like to have their surgical procedure.

We looked at consultation services during this inspection. This service is registered with Care Quality Commission (CQC) under the Health and Social Care Act 2008 to provide treatment of disease, disorder or injury.

Transform Hospital Group Exeter has a 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.

Our key findings were:

- The clinic had adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access advice, consultations and post operative care in a timely way.
- Staff had the information they needed to deliver safe care and treatment to patients.
- Exeter Clinic had a good safety record.
- Quality improvement systems routinely reviewed the effectiveness and appropriateness of pre-surgical consultations, post-operative care and support, and the outcomes for patients.
- Patient consent to care and treatment was obtained and recorded in line with national guidance.
- Staff treated patients with kindness, respect and compassion.
- Patients were respected and their privacy and dignity was maintained.
- The provider took complaints, concerns and comments seriously and responded to them appropriately to improve the quality of care.
- Structures, processes and systems to support good governance were clearly set out, understood and effective. .

Overall summary

The areas where the provider should make improvements are :

Provide staff access to a risk assessment tool to facilitate early identification of and action to take if a patient has suspected early sepsis.

- Review national guidance on the safeguarding training competencies required for registered nurses and implement this.
- Review and standardise post operative assessment of pain and healing for patients being assessed remotely by phone and/or at the clinic.
- Raise awareness of the Freedom to Speak Up (FTSU) scheme including who the named FTSU guardian is for the company.

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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 Transform Hospital Group Exeter

The registered provider of this service is Transform Hospital Group Ltd, based at 192 Altrincham Road, Manchester, M22 4RZ.

Transform Hospital Group Ltd has 10 registered locations with CQC, comprising of nine consultation clinics and two hospitals.

For this inspection we visited the consultation clinic in Exeter:

Transform Hospital Group Exeter

Third Floor

31-32 Southernhay East

Exeter

Devon

EX1 1NS

Website: <https://thehospitalgroup.org/clinics/clinic/exeter-clinic>

Transform Hospital Group Exeter Clinic is registered as an independent doctors consultation service for patients over the age of 18. It is registered with CQC for one regulated activity: Treatment of disease, disorder or injury. Patients attend the clinic for assessment and advice about surgical procedures they wish to have, including gastric band (weight loss), rhinoplasty (plastic surgery to the nose) and breast augmentation (breast enlargement).

The clinic location at Exeter is open and responsive to patient demand between the hours of Monday to Friday 8am to 8pm and Saturday and Sunday 10am to 5pm. Initial discussions and assessments are completed remotely by phone before a face to face appointment is arranged with the consultant surgeon.

How we inspected this service

Throughout the 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. In February 2021, we carried out a call with the provider and key staff to do a remote assessment of the service.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This included:

- Conducting staff interviews
- Requesting evidence from the provider
- A short site visit

Due to the current pandemic we were unable to obtain comments from patients via our normal process of asking the provider to send a CQC survey out to all patients seen in the last three months. We did not receive any feedback from patients as part of this inspection. However, we saw from internal surveys and reviews on social media that clients were consistently positive about the service, describing staff as professional, kind, polite, non judgemental and caring.

At the inspection we looked at feedback the service had received from patients, interviewed staff, toured the premises and reviewed documents.

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

- Is it safe?
- Is it effective?

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

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

Are services safe?

We rated safe as Good because:

- There were systems which kept people safe and safeguarding from abuse.
- The provider had effective systems to assess, monitor and manage risks to patient safety.
- Patients received safe care and treatment because staff had the information they needed to deliver this.
- Emergency medicines were stored safely. Where needed, patients were prescribed and received medicines in a timely way.
- Infection prevention and control (IPC) measures provided assurance of reduced risk to patients and staff.
- There was a learning culture, which promoted patient safety.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. 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 clinic did not provide services to children and young people under 18 years old, but had systems to safeguard vulnerable adults and children accompanying a parent from abuse.
- The provider had systems in place to assure that patients presenting for consultation were over 18 years old.
- The provider 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.
- We looked at a sample of two staff files and found 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 for all staff as per provider policy (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). Professional registration checks were undertaken on recruitment and annually for example with the General Medical Council and Nursing and Midwifery Council.
- All staff received up-to-date safeguarding and safety training. They knew how to identify and report concerns and shared an example of when they had done this. Staff who acted as chaperones were trained for the role and had received a DBS check. In February 2021, we carried out a telephone assessment with the provider and identified that nursing staff had not completed level three safeguarding training. Minutes of meetings demonstrated the provider reviewed the situation and had decided nurses based in clinic should be trained to level two. However, this does not meet national guidance. Nurses at Exeter clinic were newly recruited and had professional development plans in place outlining mandatory and role specific training to be completed within a year. The induction and nursing forum meetings had provided nursing staff with level two safeguarding training for children and adults.
- There was an effective system to manage infection prevention and control (IPC). In response to the COVID 19 pandemic, the provider carried out a risk assessment and increased IPC measures; Patients experienced remote consultations by telephone; environmental changes were made, such as a perspex screening; when face to face consultations resumed, patients were assessed to rule out any COVID 19 contact or symptoms; extended gaps between appointments were in place allowing cleaning to be done and changes of personal protective equipment to reduce any risks to patients and staff.
- The provider carried out regular IPC audits. They had also established assurance measures to reduce risks from legionella (a form of bacteria, which can cause a potentially fatal disease) in water supplies.
- 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.

Are services safe?

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Staff told us they had received training about identification and management of patients with severe infections, for example sepsis. However, they did not have access to a decision pathway for early identification of risk.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place, for example surgeons were required to demonstrate valid indemnity as part of the practicing privileges with the provider. Nursing staff had valid indemnity insurance through the company policy.
- 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 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, including emergency medicines and equipment reduced risks.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). No controlled drugs were held on site.
- The service kept prescription stationery securely and monitored its use. Prescribing was mostly undertaken on discharge from the hospital location for post operative pain relief. Where post operative infection was suspected, nursing staff told us they took swabs for analysis and liaised with the medical officer at the hospital to prescribe antibiotics for the patient. Patients were given advice on medicines in line with legal requirements and current national guidance. Staff at the clinic checked to ensure patients had then received medicines prescribed from the pharmacy supplying these and that they were effective.
- There were effective protocols for verifying the identity of patients (the clinic did not provide services for under 18s).

Track record on safety and incidents

The service had a good safety record.

Are services safe?

- 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.
- If referral for a surgical procedure was deemed unsuitable for the patient, clinical staff explained the reasons why elective cosmetic or weight loss surgery would not be appropriate for the patient at this time.

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. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, a patient experienced delays in receiving prescribed medicines from the external pharmacy supplier. The prescribing policy was reviewed and changes included carrying out checks with patients to provide assurance they had received the prescription in a timely way and it was effective in meeting their needs.
- 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.
- The provider had reported a cyberware ransom attack on the organisation's IT systems at the beginning of the year. The incident was reported to the National Cyber Security Centre and the Information Commissioner's Office and their guidance and recommendations followed.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Are services effective?

We rated effective as Good because:

- The provider was aware of current evidence-based guidance.
- Staff had appropriate skills and knowledge to deliver effective care and treatment.
- Processes were in place ensuring staff maintained and updated their professional registration.
- Protocols and procedures were in place to ensure patients completed signed consent forms.

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)

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm when surgical treatment was appropriate for a patient.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- Staff assessed and managed patients' pain where appropriate. However, this did not follow a standard approach for assessment questions, symptoms or recording.
- The provider had systems in place to ensure evidence based practice was followed. Two medical advisory committees reported to an oversight group for assurance of this. An example, shared highlighted changes made to patient screening for the bacteria Methicillin-resistant Staphylococcus aureus (MRSA). The provider's infection prevention and control (IPC) team reviewed evidence and looked at the NHS approach. Their internal policy was then changed to reflect national guidance.

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. Staff showed us a schedule of audits carried out, which included the frequency these were done. Recent and regular audit examples included; Infection prevention and control; Accuracy and completeness of record keeping; Health and Safety. There was clear evidence of action to resolve concerns and improve quality. A recent example highlighted a fridge thermometer was not working. Records documented actions taken and dates completed. The fridge was replaced and a new thermometer purchased. There were no medicines stored in the fridge at the time the concern was identified or during our inspection.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council (NMC) 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.

Are services effective?

- Staff received specific training before being signed off as competent to deliver advanced care and treatment. For example, post operative monitoring regarding gastric band surgery. Staff shared their personal training records and could demonstrate how they stayed up to date.

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. We saw examples where a patients' GP was contacted for more information about existing long-term conditions. These could present an anaesthetic risk and had to be explored before the surgeon agreed to refer the patient for the surgical treatment they wanted.
- 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 surgical treatments that were not suitable for referring if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, onward referral for gender reassignment surgery. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Consent was obtained for the use and retention of photographs used before and after treatments.
- The service monitored the process for seeking consent appropriately.

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.
- Consent forms were individual to each treatment and contained benefits and risks associated with the procedure the patient was being referred for.

Are services caring?

We rated caring as Good because:

- Patient feedback given directly to the provider demonstrated they were treated with compassion, dignity and respect and were well informed.
- Information for patients about the services available was accessible and available in a number of formats. For example, the clinic provided information within leaflets, on their website and verbally within the clinic.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treated them. Their comments highlighted staff were courteous, caring and helpful to clients, and treated them with dignity and respect.
- 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.

Involvement in decisions about care and treatment

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

- Patients had an initial consultation appointment, via an online platform or telephone, to discuss procedures available. Following this, they were provided with information about the procedures, costs, risks and benefits before having a face to face consultation with a surgeon.
- In surveys carried out by the provider, there was assurance 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.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. Time was spent with patients both pre and post procedure to carefully explaining and answering questions about the after care, recovery process and options to reduce any anxieties they may have.
- Privacy was promoted through use of privacy screens and chaperones during examinations. Staff told us doors were closed during consultations so conversations could not be overheard.

Are services responsive to people's needs?

We rated responsive as Good because:

- The clinic was situated on the third floor of a converted building with steps leading up into the building. Once inside patients could use a lift and were made aware of the access limitations on first contact.
- The facilities were clean and well equipped for consultation and post-operative care of patients who had returned home.
- Information about how to complain was available.
- The service offered post-operative care, treatment and support for all patients.

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 had a range of information and support resources which were available to patients. For example, patients were given contact details should they need advice on return home following their surgical procedure. This included urgent access to clinical staff based at the provider's hospital sites.
- The website for the service was very clear and easily understood. In addition, it contained information regarding treatment and procedures available, fees, procedures and aftercare.
- Information on the clinic website outlined core opening times. The clinic provided flexible opening arrangements meet patient demand and needs. For example, working patients were being offered evening appointments.

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 assessments and test results, before being given a date for admission to one of the two hospitals in the group for their surgical procedure.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported through surveys conducted by the provider and online comments, that the appointment system was easy to use.

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 had complaints policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.
- We reviewed a sample of complaints received from patients. They had received an apology where appropriate and informed about changes made as a result of their feedback.
- The clinic had received numerous thank you letters and testimonials on their website.

Are services well-led?

We rated well-led as Good because:

Leaders had the skills, capacity, capability and enthusiasm to deliver the service.

- A governance framework supported the delivery of good quality care. This included systems to follow up and monitor outcomes for service users.
- The provider was aware of the requirements of the duty of candour.
- The provider encouraged a culture of openness, honesty and staff engagement. The service had systems for acting on and learning from notifiable safety incidents.

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. Leaders had informed the Care Quality Commission (CQC) promptly about the proposed restructure of the organisation and delivery of services registered in 2020. This was formalised through CQC registration changes. They told us the changes were made to ensure the organisation remained open during the pandemic and also delivered services safely according to patient and wider community demand. This included supporting NHS services by allowing access to use both of the provider's hospitals.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

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, which staff said was an aspiration to be the best provider of cosmetic treatments. The service had a realistic strategy and supporting business plans to achieve priorities during the COVID 19 pandemic and beyond.
- The service developed its vision, values and strategy jointly with staff and external partners (where relevant).
- 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.

- Staff felt respected, supported and valued. Some we spoke with were new to the team and felt proud to work for the service.
- The service focused on the needs of patients.
- 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.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us there were positive relationships between teams and they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Are services well-led?

- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals. Clinical staff were supported to meet the requirements of professional revalidation where necessary. They were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work. For example, learning needs were identified for a new team member who asked to shadow and to learn about bariatric care (specialist care and treatment of patients with obesity). Arrangements were put in place and they had completed a bariatric course.
- There was a strong emphasis on the safety and well-being of all staff.
- 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 we spoke with felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities. There was clear oversight of clinical competency. Practising privileges and adherence to evidence based practice and training, were closely monitored.
- Leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service used performance information which was reported and monitored. Management and staff were held to account. The governance team had oversight, along with the clinic manager, of the completion of company mandatory and specific role training. The clinic in Exeter was closed during lockdown periods, staff were furloughed and some had returned to work along with two new members of staff all of whom were focussing on completing the annual training schedule. The training matrix showed staff had completed mandatory training requirements, and staff said other training was underway or booked for later in the year.
- 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 arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. In the last 12 months, the service had submitted a notification advising CQC of a cyber security incident which had been reported to the police.

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 provider had advisory committees reporting directly to professional groups and the company board.
- 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 in line with agreed practising privileges. Leaders had oversight of safety alerts, incidents, and complaints.

Are services well-led?

- 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.
- Patient safety alerts were acted on and records demonstrated changes made. For example, checks were carried out to determine whether a particular clinical wipe was being used that could cause a reaction in some people.
- The provider had plans in place and had trained staff for major incidents.

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. Minutes were kept and disseminated to all staff.

Engagement with patients, the public, staff and external partners

The service involved patients, staff and external partners to support high-quality sustainable services.

- The provider encouraged and acted on feedback from the patients, staff and external partners to shape services and culture. The reorganisation of the company required an amalgamation of policies and procedures, which all staff groups were involved with.
- Staff could describe to us the systems in place to give feedback. A monthly newsletter to staff shared regular learning from incidents and events across the organisation. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open. Normally, patients were able to give real-time feedback about the services received via a tablet in reception. Staff told us improvements arising from feedback via this system could often be initiated quickly, which patients appreciated. However, the provider had reviewed the risk of cross infection during the pandemic and it was temporarily unavailable until such time as it was safe to use again.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. Nurse meeting minutes held monthly demonstrated this forum was also used to share learning. For example, in April 2021 the team covered a number of areas such as safeguarding and professional developments.
- 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. In February 2021 CQC conducted an assessment call with the provider. They told us they were implementing the Freedom to Speak Up arrangements seen in the NHS services. The Governance Manager for Clinics (a senior nurse who has received training from the national guardian's office) was now the appointed Freedom to Speak up Guardian. At this inspection, we spoke with staff who had mixed awareness of this scheme or who was the Guardian for the company. Following inspection, the nominated individual verified information about the scheme and key contacts would be included in the induction programme for all new staff.