# Pain Consultants Ltd

## Inspection report

Link 665 Business Centre
Todd Hall Road, Haslingden
Rossendale
BB4 5HU
Tel: 07458302521

Date of inspection visit: 19 November 2021
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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? | Requires Improvement |
| 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? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Pain Consultants Limited as part of our inspection programme. This was the first CQC inspection for this location.

Pain Consultants Limited is a private clinic that offers outpatient services for adults. The service specialises in pain management and treats all chronic pain conditions including: headache, facial, neck, shoulder, arm, spinal, lower back, sciatica, joints, pelvic and neuropathic pain. The provider is also able to help with conditions causing widespread body pain such as fibromyalgia and sports injuries.

The clinic has a fully equipped theatre with ultrasound, a laser guided x-ray machine and recovery area.

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

Comment cards to gather patient feedback were not distributed to the provider prior to the inspection in order to minimise the risks associated with the COVID -19 pandemic. One patient attended the clinic on the day of our inspection.

**Our key findings were:**

- The service was offered on a private, fee paying basis only and was accessible to patients who chose to use it. Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs.
- The provider was aware of current evidence-based guidance and they had the skills, knowledge and experience to carry out their role.
- Clinical records viewed provided evidence that care and treatment was provided effectively.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- Systems, processes and records had been established to seek consent and to offer coordinated and person-centred care.
- The provider and staff team demonstrated a positive culture and a commitment to the delivery of person-centred care and treatment.
- Patients were encouraged to provide feedback and systems were in place to respond to significant events, safety alerts and to act on and learn from any complaints should they occur.

# Overall summary

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

- Demonstrate that all equipment used by the service is properly maintained. For example, in relation to the C-arm x-ray machine, the ultrasound equipment and the radio frequency lesion machine.
- Ensure that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 is available for each person employed.

You can see full details of the regulations not being met at the end of this report.

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

- Document and record training for all staff and clinic checks for emergency medicines and other drugs used and stored in the clinic, water temperature checks, water flushing and routine cleaning undertaken by staff.
- Develop a fire policy to ensure an appropriate response in the event of a fire.
- Update clinical records to indicate whether a chaperone has been offered to patients and any involvement and ensure staff who act as chaperones undertake training in this role.
- Ensure information on how to make a complaint or raise concerns is displayed in the clinic, detailed in the practice brochure and uploaded to the clinic website for patients to view.
- Review the practice website to ensure the information on the clinic team, opening hours and other information available to patients is up-to-date.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**
Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector**.** The team included a CQC specialist adviser.

## Background to Pain Consultants Ltd

Pain Consultants Limited is a private clinic providing a range of diagnosis and treatment options for pain related conditions. The clinic offers outpatient services for adults only.

The service is located at Link 665 Business Centre, Todd Hall Road, Haslingden, Rossendale, Lancashire, BB4 5HU.

The clinic team consists of two pain consultants, a registered nurse, a diagnostic radiographer and a practice/personal assistant.

The clinic is open 9.00am to 1.00pm on a Tuesday and Wednesday and 9.00am to 5.00pm on a Friday.

Website: www.pain-consultants.co.uk/

The service is registered with CQC to undertake the following regulated activities:

- Treatment of Disease, Disorder or Injury.
- Diagnostic and Screening Services.
- Surgical Procedures.

**How we inspected this service**

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

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result if the pandemic, and in order to reduce risk, we have conducted our inspections differently. This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Requesting a provider information return and additional evidence from the provider prior to the site visit.
- Conducting staff interviews remotely using telephone calls.
- A shorter site visit to enable us to undertake a tour of the premises, interview the provider, review clinical records and other documents relating to the service.
- Further communications for clarification.

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.

Requires Improvement

# Are services safe?

**We rated safe as Requires improvement because:**

The service did not have effective recruitment or maintenance systems in place as records required under the Health and Social Care Act were not maintained or available for inspection (see full details of the action we asked the provider to take in the Requirement Notices at the end of this report).

There were some gaps in records relating to safety checks undertaken, and we found there was no fire safety policy in place..

Staff who acted as chaperone did not have a DBS nor had they completed training prior to undertaking this role.

**Safety systems and processes**

**The service did not have adequate recruitment or maintenance systems for some key equipment, although systems were in place to safeguard people from abuse.**

- The provider conducted safety risk assessments. For example, in relation to the environment, fire and legionella. It also had appropriate safety policies such as health and safety, incident management and infection control, however a fire policy had not been developed. Staff received safety information from the service as part of their induction and ongoing training. The service had systems to safeguard vulnerable adults from abuse.
- The service understood the need to work with other agencies to support patients and protect them from neglect and abuse when necessary. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider had developed a staff recruitment policy. We asked to view the files of three staff members (a consultant, a registered nurse and the practice / personal assistant) who worked at Pain Consultants Limited. We noted that information required under Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was either missing or incomplete. For example, there were no application forms or curriculum vitae to provide a full employment history and enable the provider to identify and explore any gaps in employment; no proof of identity (the practice / personal assistant later provided sight of her passport whilst on site); no satisfactory evidence of conduct in previous employment and no Disclosure and Barring Service (DBS) checks. (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). The practice / personal assistant attempted to obtain a copy of a DBS for the registered nurse via the on-line DBS update service during our inspection but was unable to access the information. Following our inspection, the provider confirmed that action had commenced to address the missing records.
- Training records received indicated that staff had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. We noted that one employee had acted as a chaperone. This employee had not completed chaperone training and was unable to provide evidence of a DBS check. We received assurance that this training would be completed without delay and that the training certificate would be forward to us. The certificate was not received following the inspection.
- There was a system to manage infection prevention and control however this needed further attention. For example, the provider had arranged for a legionella risk assessment and water testing to be completed during June 2020 which was due for review in June 2022. Records had not been maintained to provide assurance that water temperature checks and weekly routine water flushing had been undertaken as recommended in the report. Likewise, records of routine cleaning undertaken by staff had not been consistently documented. Following our inspection, the provider confirmed via email that they would ensure adherence to maintaining appropriate records to provide a clear audit trail.

Requires Improvement

# Are services safe?

- The provider was unable to provide assurance that all equipment was appropriately maintained. For example, there was no certification to confirm the C-arm x-ray equipment had received an annual service since it was commissioned on 20 September 2019. We saw documentation recommending annual servicing for this equipment. Likewise, there was no evidence that the ultrasound equipment or the radio frequency lesion machine had been serviced. We were informed that the radio frequency lesion machine was on loan to the provider. Following our inspection, the provider informed us that they had contacted the relevant suppliers to request a response.
- There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments.

**Risks to patients**

**There were mostly 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 induction system for staff tailored to their role.
- Clinical staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Staff 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. Systems for recording these checks needed to be formalised via documentation. Upon completion of our inspection the provider sent us a copy of a template that they proposed to use to record checks in the future.

**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 systems for appropriate and safe handling of medicines.**

- The systems and arrangements for managing medicines (apart from documented checks), controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely on computers. The provider informed us that the service rarely prescribed medicines as these were generally prescribed by GPs with future management plans

**Track record on safety and incidents**

**The service had a good safety record.**

Requires Improvement

# Are services safe?

- There were comprehensive risk assessments in relation to safety issues. We looked at a range of these including fire, health and safety and legionella.
- 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.

**Lessons learned and improvements made**

**The service had systems in place to make improvements should things go wrong.**

- Although there had been no significant events, there was a system for recording and acting on significant events should they arise. Staff understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating incidents in the event things went wrong.
- 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 service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had established a mechanism to receive, log and manage any safety alerts relevant to the clinic. The provider maintained an alerts database and action tracker to record the date of any alerts, key information and action taken.

Good

# Are services effective?

**We rated effective as Good because:**

The provider assessed needs and delivered care in line with current legislation, standards and evidence-based guidance. The service was involved in quality improvement activity. Staff mostly had the skills, knowledge and experience to carry out their roles. Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence. The provider obtained consent to care and treatment in line with legislation and guidance.

However, we found records of training completed by staff were not always up to date.

Clinical records were not updated to indicate whether a chaperone had been offered to patients and any involvement.

**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 British Pain Society and 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.
- Clinicians 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.
- A patient spoken with confirmed that they had been offered a chaperone although it was not clear in clinical records viewed whether a chaperone had been offered to patients and any involvement.
- The clinic was equipped with four clinic rooms, a fully equipped theatre with a laser guided x-ray machine and a recovery area. A range of other equipment was also available for clinicians such as ultrasound, a radio frequency lesion machine, a platelet rich plasma (PRP) centrifuge (a device needed for separating the different cell types from concentrated platelets needed for PRP), blood pressure monitors, patient monitoring equipment, pulse oximeters (a non-invasive device that estimates the amount of oxygen in your blood) and temperature monitors.

**Monitoring care and treatment**

**The service was actively involved in quality improvement activity**.

- The service used information about care and treatment to make improvements. For example, we were provided with examples of audits that had been completed at different intervals throughout the year to monitor operational activity and to ensure treatments were effective and appropriate. Examples of audits viewed covered areas such as: a quality of treatment audit; a patient record audit; health and safety and infection prevention and control audits. The quality of treatments audit indicated that there had been no post-operative complications such as infections and that 89% of procedures undertaken had resulted in a clinically significant / positive effect for patients. We noted that two cycles had been completed for the infection control audits only due to the limited time the clinic had been operating and the impact of the Covid-19 pandemic lock down.

Good

# Are services effective?

- The provider had produced a quality improvement programme document which outlined quality improvement activity and strategies to improve quality management in the clinic. For example, designing a detailed quality inspection program, ensuring that equipment is regularly maintained and scheduling periodic internal audits for the future.

**Effective staffing**

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

- All clinical staff were appropriately qualified for their role. 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. Plans were in place to address any outstanding training needs.
- Up to date records of skills, qualifications and training were not available for the practice / personal assistant. We also noted that the practice / personal assistant had not completed chaperone training despite having offered this service. We received assurance that this training would be completed without delay.

**Coordinating patient care and information sharing**

**Staff worked together, and 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. For example, with patient's own GP.
- 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.
- The provider had risk assessed the treatments they offered.
- There were systems in place to ensure care and treatment for patients in vulnerable circumstances was coordinated with other services should the need arise.
- The service monitored the process for seeking consent appropriately.

**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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs. For example, psychiatrists, psychologists and physiotherapists.

**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.

Good

# Are services effective?

- Staff supported patients to make decisions. Where appropriate, they would assess and record a patient's mental capacity to make a decision.

Good

# Are services caring?

**We rated caring as Good because:**

Feedback from patients confirmed they were treated with kindness, respect and compassion. Staff helped patients to be involved in decisions about their care and treatment. Staff understood the needs of patients and respected their privacy and dignity.

The practice website contained some information which was not fully up-to-date.

**Kindness, respect and compassion**

**Staff treated patients with kindness, respect and compassion.**

- The service periodically sought feedback from patients about their experience of using the service. For example, we were provided with the results of a patient survey that had been sent to 15 patients between May to August 2021. The survey included six questions which were: Why did you contact Pain Consultants? How did you hear about the clinic? What treatment did you receive and how has it helped your pain? Would you say your experience at Pain Consultants was a positive one? Would you recommend the service to family and friends? and Do you have any further comments? Overall, feedback received via the survey results and a patient spoken with during our inspection confirmed patients were positive about their experience of using the service.
- Feedback from patients was also positive about the way staff treated people.
- 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.**

- The provider had systems in place to assess the needs of patients during the initial enquiry stage so that appropriate support could be offered. For example, in relation to people who did not have English as a first language or required additional support.
- The service was able to produce patient information in easy read formats such as larger print or alternative languages subject to individual need.
- A patient we spoke with and feedback shared with the provider via surveys confirmed their experience at Pain Consultants Ltd was positive. The patient spoken with confirmed they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand so they could make an informed decision. For example, the provider had produced a range of patient information, and had access to anatomical charts and models to help explain and articulate information to patients as clearly as possible.
- Links to videos and a range of patient information had also been uploaded to the clinic's website to help patients understand the service and range of treatments available. Some information was in need of review which was brought to the attention of the provider during the inspection. For example, in relation to opening hours and details of the clinic team.

**Privacy and Dignity**

**The service respected patients' privacy and dignity.**

Good

# Are services caring?

- 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.

Good

# Are services responsive to people's needs?

**We rated responsive as Good because:**

The service organised and delivered services in response to patients' needs. Patients were able to access care and treatment from the service within a timescale suitable for their needs. Procedures were in place to ensure an appropriate response should any complaints or concerns arise.

However, we did note information about how to make a complaint or raise concerns was not displayed in the clinic, nor detailed in the practice brochure or on the clinic website for patients to view.

**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 service was offered on a private fee-paying basis. It was accessible to people who chose to use it and who were assessed as suitable to receive treatment and procedures.
- The facilities and premises were appropriate for the services delivered. Consultations took place in a modern clinic environment which was equipped with a reception area, four consulting rooms, a theatre and recovery area. The provider had invested in a range of equipment such as ultrasound, a laser guided x-ray machine and a radio frequency lesion machine etc.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, the building was accessible from both the front and rear entrance, there was a disabled access toilet located on the ground floor near to the clinic and there were disabled parking bays located around the building.

**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.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. For example, a patient informed us that the provider had made arrangements to refer them to another service for investigations, prior to offering any treatment.

**Listening and learning from concerns and complaints**

**The service had a complaints policy in place to ensure any complaints received were taken seriously and acted upon to improve the quality of care.**

- The service had a complaint policy and procedures in place. The provider informed us that no concerns or complaints had been received since the service opened.
- Staff spoken with assured us that in the event they received any complaints or concerns they would record, act upon and learn from any incidents to improve the quality of care provided to patients.
- Information about how to make a complaint or raise concerns was not displayed in the clinic, detailed in the practice brochure or highlighted on the clinic's website.

Good

# Are services well-led?

**We rated well-led as Good because:**

The provider had the capacity and skills to deliver high-quality, sustainable care. The service had developed a mission statement and a set of values which outlined the standards patients should expect to ensure the delivery of good quality care. The service had a culture of high-quality sustainable care and there were clear responsibilities, roles and systems of accountability to support governance and management. There were clear and effective processes for managing risks, issues and performance. The service sought patient feedback and there was evidence of systems and processes for continuous improvement and innovation.

**Leadership capacity and capability;**

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

- The provider was knowledgeable about issues and priorities relating to the quality and future of services.
- The provider was 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.**

- The provider had developed a clear vision and mission statement. The stated vision of the provider was "We thrive to provide the best available multidisciplinary pain management interventions according to national (British Pain Society) and international (world Institute of Pain) standards. We believe that we can reduce patients' pain and suffering and improve their quality of life". Likewise, the stated aims of the clinic were "We aim to deliver evidence-based, patient – centred, cost – effective pain management service following the S.T.E.P plan: **Safe**: Safety is in the heart of everything we do; **Timely**: Fast access to excellent patient care; **Effective** pain treatment to reduce suffering and improve quality of life and **Personal** and professional care".
- The service did not have a documented strategy or a business plan to achieve priorities. However, the provider delivered a comprehensive presentation at the beginning of our inspection and was able to clearly articulate their aims and objectives for the service.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The provider monitored clinical performance through internal audit.

**Culture**

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- There had been no incidents or complaints since the clinic opened. However, the provider demonstrated a positive commitment to the management of any incidents and / or complaints should such events arise
- The provider was aware of and had a policy to ensure compliance with the requirements of the duty of candour.
- There was a whistleblowing policy for staff to reference and staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Good

# 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 who had worked for the clinic for over 12 months had received an annual appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses and administration staff, were considered valued members of the team.
- There was a strong emphasis on the safety and well-being of all staff.
- The training matrix received prior to our site visit indicated that staff had not received equality and diversity training. However, one staff member spoken with confirmed they had received training in this subject and we saw evidence of the training completed. Staff told us that they were treated equally and that the service actively promoted equality and diversity.
- There were positive relationships between staff.

**Governance arrangements**

**There were clear responsibilities, roles and systems of accountability to support governance and management, although the management of some key records were in need of review.**

- Some records were missing or had not been appropriately maintained. For example, in relation to clinical meetings, recruitment, staff training, routine cleaning and testing and the servicing of clinical equipment. Following our inspection, the provider confirmed that action would be taken to address the issues highlighted and detailed that Clinical Governance meetings had now been scheduled every two months and the minutes of the meetings would be recorded electronically.
- The service was overseen by the Medical Director who had a good understanding of the required accountability and governance processes to ensure safe care and treatment.
- The provider had established a range of policies, procedures and activities to provide guidance to staff.
- The service used performance information which was reported and monitored.
- The service understood the need to submit 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 were clear and effective processes for managing risks, issues and performance.**

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints should they occur.
- Clinical audit had a positive impact on quality of care and outcomes for patients.
- The provider had plans in place for managing 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.

**Engagement with patients, the public, staff and external partners**

Good

# Are services well-led?

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

- The service was transparent, collaborative and open about performance.
- Staff could describe to us the systems in place to give feedback. For example, via clinical governance meetings, ongoing informal discussions and appraisals.
- The service sought the views of patients via patient feedback surveys.

**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.
- There were systems to support improvement and innovation work. For example, the provider was able to articulate their plans for the future development of the service and ways to market the service. For example, through health shows and contacting NHS providers and Trusts directly.
- The provider had been recognised for his work and had previously been awarded prizes by the Manchester Medical Society and the Royal Society of Medicine. Furthermore, the provider had been a top ten finalist of the Guild of Health Writer Awards.

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<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment<br>The registered person had failed to ensure that all equipment used by the service was properly maintained.<br>In particular: there was no certification to confirm the C-arm x-ray equipment had received an annual service since it was commissioned on 20 September 2019. Likewise, there was no evidence that the ultrasound equipment or the radio frequency lesion machine on loan to the provider had been serviced. |

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed<br>The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular: there were no application forms or curriculum vitae to provide a full employment history and enable the provider to identify and explore any gaps in employment; no proof of identity, no satisfactory evidence of conduct in previous employment and no Disclosure and Barring Service (DBS) checks. |