

b2 Chalfont Clinic

Inspection report

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Date of inspection visit: 30 June 2023
Date of publication: 18/07/2023

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 comprehensive inspection at b2 Chalfont Clinic in Chalfont St. Giles, Buckinghamshire on 30 June 2023. The service was registered with the Care Quality Commission (CQC) in November 2021. We carried out this first rated inspection as part of our regulatory functions. The inspection was undertaken to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

b2 Chalfont Clinic provides a wide range of independent health services, including chiropractic and osteopathy, which are not within CQC scope of registration. We did not inspect, or report on, those services that are outside the scope of registration.

The clinic is registered with CQC to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Surgical procedures

Therefore, we only inspected the provision of treatments relating to the surgical removal of skin lesions, lumps and bumps and non-surgical treatments for a range of skin conditions which started in December 2022.

The clinic was originally founded in 2012 by 2 chiropractors, the clinic has expanded and registered with CQC in 2021 following the introduction of services within scope of CQC regulation. Both the original founders are now Directors, they continue to practice and 1 is also the CQC 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:

- There were systems to assess, monitor and manage risks to patient safety.
- The clinic assessed needs and delivered care in line with relevant and current evidence-based guidance and standards. Monthly clinical governance meetings reviewed care, treatment, and outcomes; however, the provider was unable to provide any evidence which demonstrated quality improvement.

Overall summary

- Feedback from patients about the service was positive. The medical suite which housed the dermatology clinic was located away in a separate area from the main clinic and had a separate private waiting area to promote privacy and dignity.
- The clinic was responsive to the needs of their patients. Staff prioritised patients' convenience and ensured appointments ran on time.
- The governance and quality assurance processes were effective and drove improvement in the service provision. However, some improvements were needed to formalise and document this activity. A review was also required in relation to registration with the Information Commissioners Office.

Whilst we found no breaches of regulations, the provider **should**:

- Formalise activity to strengthen quality improvement, including the introduction of clinical audit cycles to audit regulated activity within the dermatology clinic.
- Review their registration with the Information Commissioners Office.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Healthcare

Our inspection team

The inspection was led by a Care Quality Commission (CQC) inspector who had access to advice from a specialist advisor.

Background to b2 Chalfont Clinic

b2 Chalfont Clinic is a registered location for the provider, b2: Chalfont Clinic Ltd and registered with the Care Quality Commission (CQC) in November 2021. The service provides a small range of treatments for people (children and adults) that come under scope of regulation of CQC. These treatments are given via pre-bookable appointments. Patients attend an initial consultation, where a treatment plan is discussed and agreed, and then they are booked in for treatment at a later date. Only specific treatments are regulated by CQC, they include surgical options for the removal of skin lesions, lumps and bumps. For example, skin tags, warts, seborrheic keratosis, dermatofibroma, cysts and lipomas.

Surgical techniques and methods include a combination of:

- Cryotherapy (treatment that involves the use of freezing or near-freezing temperatures)
- Curettage (treatment in which tissue is scraped and removed)
- Cautery (treatment used to burn and remove lesions)
- Excision (treatment that involves the removal of tissue using a scalpel or other cutting tool)

As part of the dermatology clinic, there are additional non-surgical treatments available for a range of skin conditions, including acne and rosacea.

Treatments are provided from:

- b2 Chalfont Clinic, 64 Deanway, Chalfont St. Giles, Buckinghamshire HP8 4JT

The clinic website is: www.b2chalfontclinic.uk

The clinic is located in a renovated design studio and comprises of 6 treatment rooms, a medical suite, a staff area and 2 reception areas. The dermatology service is provided in the medical suite located on the first floor. The clinic is open every weekday, whilst the dermatology clinic is open on Fridays only with core opening hours of 9am to 5pm. This service is not required to offer an out of hours service. However, patients who need medical assistance out of operating hours can access out of hours support via the service and this is detailed in patient literature supplied by the service.

Regulated activities (treatments regulated by CQC) are provided by a single clinician who is a Dermatologist (referred to in the report as the clinician) who joined the clinic in December 2022. There are 2 Directors and a practice manager who are supported by a small front of house team who undertake the day-to-day management and running of the service.

How we inspected this service

We carried out this inspection on 30 June 2023. Before visiting the location, we looked at a range of information that we hold about the service. During our inspection, we visited the clinic, and we interviewed staff, reviewed documents and clinical records, and made observations relating to the service and the location it was delivered from. We were shown examples of patient feedback which the provider had collected prior to the inspection. 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 5 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:

- The clinic demonstrated they provided services for patients in a manner that ensured patients' and staff safety.

Safety systems and processes

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

- The provider conducted safety risk assessments. There was a range of appropriate safety policies, which were reviewed and communicated to staff. The policies 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 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.
- Staff had been recruited safely and required checks were carried out at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The clinic had systems to safeguard people from abuse. Staff received regular safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones had chaperone awareness training and when chaperones were utilised, this was recorded within the clinical note template. Chaperones received a DBS check.
- We saw there was evidence of the immunisation status for staff, which included Hepatitis B.
- The clinic was located in a renovated design studio and all areas of the building had been renovated and refurbished to a high medical grade specification. There was an effective system to manage infection prevention and control. There was an infection control policy. We found all areas of the service, including the medical suite and patient areas visibly clean and hygienic. However, we highlighted low level dust away from the medical suite. Staff followed infection control guidance and attended relevant training. The most recent infection control audit took place in June 2023, the Legionella risk assessment had been completed in November 2021 with plans for the next assessment to be completed in November 2023.
- The provider ensured that clinic facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. We saw equipment was tested and maintained regularly, equipment maintenance logs and other records that confirmed this. All portable electrical equipment had been tested and displayed stickers indicating the last testing date which was November 2021.
- There were systems for safely managing healthcare waste.
- Surgical isolation mats and single use medical packs were used in all treatments to minimise the risk of cross infections.

Are services safe?

- The provider carried out appropriate environmental risk assessments which included the risk of surgical plumes (also known as surgical smoke) which are produced by the electrocautery device. Electrocautery is a medical practice or technique. It uses a heated instrument to destroy some tissue in an attempt to stop bleeding and damage.
- The clinic used liquid nitrogen for cryotherapy. Cryotherapy is a treatment that involves freezing or near-freezing temperatures via the use of liquid nitrogen. We found liquid nitrogen stored on site met the storage guidelines in accordance with national guidance. (Liquid nitrogen is a cryogenic liquid and is the liquefied form of nitrogen gas at atmospheric pressure and sub-zero temperature, which is used to treat some skin lesions by freezing them).

Risks to patients

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

- There was a small team, with 1 clinician performing regulated activities. The clinician was supported by the front of house team, who also co-ordinated and booked consultations, treatments and post treatment appointments to ensure suitable availability at all times.
- Although the clinic did not see acutely unwell patients, staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Staff had completed a range of training to manage medical emergencies. The emergency medicines and equipment kept onsite were appropriate for the type of treatments offered to patients. We saw these 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.
- Staff knew how to identify any symptoms of an acutely unwell patient. For example, in the event of anaphylaxis (a severe, potentially life-threatening, allergic reaction).
- All treatments that were within scope of regulation (minor surgical and non-surgical options to resolve skin lesions, lumps, bumps and skin conditions) were of low risk and patients received full medical assessments to determine they were of sufficient good health to undertake the treatments. We saw the assessment contained sufficient information to determine treatment was safe, including past medical history, current medicines and allergies.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements and insurance policies in place.

Information to deliver safe care and treatment.

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

- We reviewed a sample of records and saw patients' individual care records were consistent and 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 clinic had systems for sharing information with staff, the registered NHS GP (if required) and other agencies to enable them to deliver safe care and treatment.
- The clinic had a system to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event they were to cease trading.

Are services safe?

- In line with in-house protocols, the clinic did not make referrals. Patients were advised to see their NHS GP if their condition required treatment not provided by the clinic.

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 minimised risks. This included the management of prescription stationery.
- The service carried out a medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The clinician advised antibiotics were sometimes prescribed and described the safeguards used to support antibiotic stewardship (antibiotic stewardship is an approach to monitor the use of antibiotics to preserve their future effectiveness).
- Due to the nature of the service and treatments provided, it did not hold any stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues and to support the management of health and safety within the premises.
- The clinic monitored and reviewed their activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system to report incidents using the Yellow Card system. The Yellow Card system is used for reporting issues with medicines and medical devices in the UK.

Lessons learned and improvements made.

The service had systems to learn and make improvements when things went wrong.

- There was a system for recording and acting on significant events.
- No serious incidents had occurred since the service registered in 2021, we were therefore unable to assess whether the system was effective. However, staff were aware of the system and told us they would have no hesitation in submitting an adverse incident report.

Are services safe?

- The staff were 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.
- There was a system for receiving safety alerts, such as those relating to the use of medicines. Both the registered manager and the clinician received the alerts and assessed whether they were relevant to the service and acted upon them when necessary. We noted the service had not received any safety alerts that were relevant to the regulated activities we inspected.

Are services effective?

We rated effective as Good because:

- The clinic had systems to keep up to date with current evidence-based practice. Staff were appropriately qualified and had been trained to deliver services within their competencies.

Whilst we found no breaches of regulations, the provider should:

- Formalise activity to strengthen quality improvement, including the introduction of clinical audit cycles to audit regulated activity within the dermatology clinic.

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 staff assessed needs and delivered care and treatment in line with current legislation, standards and guidance relevant to treatments regulated by the Care Quality Commission (CQC).

- The provider had effective systems to keep up to date with current evidence-based practice. We saw evidence they assessed needs and delivered care and treatment in line with relevant current legislation, standards and guidance. These included the National Institute for Health and Care Excellence (NICE) and British Association of Dermatology (BAD) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. The clinician also advised this assessment considered any previous problems with wound healing or if the patient had any long-term conditions that may impact wound healing, for example diabetes or rheumatoid arthritis.
- We saw the provider ensured non-discriminatory approach when making care and treatment decisions.
- There were arrangements to ensure effective outcomes for repeat patients and those patients on a course of treatment.
- Staff assessed and monitored patients' comfort during treatments to ensure patients were comfortable and pain control (where appropriate) was effective.
- Most consultation appointments were 30 minutes long and surgery appointments were between 45 and 90 minutes long. This allowed flexibility of timings based on complexity of the surgical procedure and site of lesion.
- The clinic used a range of technology and digital photo software as part of the skin assessment, this included the use of a handheld dermatoscope. A dermatoscope is similar to a magnifying glass and used in the field of dermatology to examine and diagnose various skin conditions, it also records images for future comparison. The clinician advised this enabled a more accurate diagnosis of the skin condition and severity of the condition.

Monitoring care and treatment

The service was involved in quality improvement activity. However, this activity should be formalised to support a clinical audit programme.

Are services effective?

Every month, the provider held clinical governance meetings, to review all areas of the business, both regulated and non-regulated services. This included monitoring outcomes of care and treatment alongside other standing agenda items. All activity, including medicines prescribed and procedures completed was logged. For example:

- In the 3 months before the June 2023 inspection, there had been 83 completed procedures for treatments regulated by CQC. Of the 83 procedures, 29 (35% of total procedures) involved cryotherapy and 54 (65% of total procedures) involved curettage or cautery.

Both the provider and clinician advised the benefits of the meeting and discussing activity on a monthly basis, they advised this analysis helped the service understand risks and gave an accurate and current picture of activity. For example, the meeting discussed individual patients, any complications, and any post-surgery infections. The meeting was also used to discuss and agree changes as a result of updates to guidance and improve outcomes.

Although the monthly meetings discussed and reviewed care, treatment and outcomes, the provider was unable to provide any information or evidence which demonstrated quality improvement. Both the provider and the clinician were aware of this and advised now the dermatology service had been embedded into the clinic since its introduction in December 2022, they would formalise the quality improvement and commence documented quality improvement exercises. The clinician advised they would use audit templates from the British Association of Dermatology and also implement audit templates to formally document the discussions held each month in the clinical governance meetings.

Patients were advised about possible expected and unexpected side-effects following treatment. For example, some patients may experience localised pain, blistering, redness or skin irregularity following treatment.

Treatment results were monitored via face-to-face appointments. If the patient required an earlier follow up appointment due to concerns, this was arranged urgently. The follow up appointment monitored wound margins, how the wound was healing, any concerns regarding infection and the stitches/sutures (if applicable).

Effective staffing

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

- Staff were appropriately qualified. We saw the provider had an induction programme and the clinician who joined the clinic in December 2022, advised the induction was welcoming and supportive.
- The clinician was registered with the General Medical Council (GMC) and was up to date with revalidation. This meant they met regulatory standards and were subject to revalidation of their registration to ensure the delivery of safe and effective care and treatment to patients.
- The clinician who provided regulated activities had extensive additional qualifications in dermatology including membership with the European Academy of Dermatology and Venerology, the International Dermoscopy Society and the St. John's Dermatological Society (an internationally recognised centre of excellence in education and research of skin disease).
- 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?

- Regulated activities were provided by 1 clinician, they were conscious their work and reviews needed objectivity. As a result, they accessed regular peer support from colleagues within the sector.

Coordinating patient care and information sharing

When appropriate, staff worked 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.
- Before providing treatment, the service ensured they had adequate knowledge of the patient's health, their medicines, family history and details of any previous procedures. The provider advised they signposted patients to more suitable sources of treatment where this information was not available to ensure safe care and treatment. For example, patients would be encouraged to speak to their NHS GP or secondary services if a skin concern was suspicious, for example a skin mole was found to be malignant.
- All patients were asked for consent to share details of their consultation, any procedures undertaken, and any medicines prescribed with their registered NHS GP on each occasion they used the service.
- The clinic sent all samples, lesions and tissues removed during minor surgery to histology (histology is the study of tissues and cells under a microscope). One of the front of house team was the designated lead to ensure all histology results were managed, monitored and actioned effectively. This included a daily report, a monthly report (for the clinical governance meeting) and worked with the dermatologist.

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.
- Advice about improving the outcome of treatment was shared with patients, which included wound care advice.
- The clinic website and social media channels provided information to patients and included information and photos of the range of skin lesions treated at the clinic. This included the characteristics of different skin conditions.
- Consent was obtained for the use and retention of photographs before and after treatments. This included specific consent for the use of photographs for marketing purposes.
- 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.

Consent to care and treatment

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

Are services effective?

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a specific decision.
- The service used a 2-factor consent process, patients were asked to sign consent forms to indicate they understood the treatment fees and any risks (albeit minimal) involved at the initial consultation and then again prior to treatment.

Are services caring?

We rated caring as Good because:

- Patient feedback from a variety of sources was overwhelmingly positive and there were clear arrangements to protect patients' dignity and privacy.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Prior to the launch of an in-house patient survey (due in August 2023), the clinic encouraged patients to post feedback on approved and validated consumer review websites. The registered manager then received a notification once feedback, a rating or review was submitted. For example:

- There had been 416 different reviews on a consumer review website. The overall score was 4.9 stars (the maximum score was 5 stars out of 5). We reviewed feedback (20 ratings/reviews) shared between April 2023 and June 2023; 19 reviews provided a 5-star rating whilst 1 rating provided a 1-star review. Patient feedback indicated staff understood their individual needs and displayed an understanding and non-judgemental attitude to all patients. However, it was unclear as to what element of service the feedback related to. We highlighted this during the inspection and were advised the new survey would clearly indicate which service the feedback aligned to.

We saw the provider discussed the feedback and any themes at the monthly meeting.

Involvement in decisions about care and treatment

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

- The clinic provided patients with information to enable them to make informed choices about their treatment. The clinician we spoke with told us how they took time to explain treatment to patients. We saw written information was available on specific treatments.
- Although not yet required, interpretation services were available for patients who did not have English as a first language.
- Patient feedback left on consumer review websites highlighted 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.
- Before providing treatment for a skin condition, patients attended for a consultation, where the clinician discussed with them the risks and benefits of any treatment and answered any questions. This included a discussion on realistic outcomes and costs. The website also included information about prices, payment and what was included within each treatment option.

Privacy and Dignity

The clinic respected patients' privacy and dignity.

- Staff recognised the importance of respecting people's dignity and respect. Staff displayed an understanding and non-judgemental attitude when talking to patients receiving treatment.

Are services caring?

- Staff gave patients the time they needed to explain their concerns.
- The medical suite which housed the dermatology clinic was located in a separate area from the main clinic and had a separate private waiting area. Appointment times for the dermatology clinic were staggered to reduce the likelihood of a busy reception area.
- We were told time was spent with patients both pre- and post-treatment to carefully explain the aftercare, recovery process and options to reduce any anxieties they may have.
- Staff complied with the clinic's information governance arrangements. For example, processes ensured that all confidential electronic information was stored securely on cloud-based IT platforms accessed through secure password protected devices.

Are services responsive to people's needs?

We rated responsive as Good because:

- The clinic was responsive to the needs of their patients, staff prioritised patients' convenience and ensured appointments ran on time.

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs.
- Staff prioritised patient convenience and ensured appointments ran on time and patients were not kept waiting. Staff told us the appointment schedule allowed sufficient time for the treatment to be carried out and time for recovery.
- Regulated activities were delivered every Friday between 9am and 5pm from the clinic located in Chalfont St. Giles, Buckinghamshire.
- The facilities and premises were appropriate for the services delivered. The medical suite used for the dermatology clinic was located on the first floor and was not suitable for those with mobility difficulties, this was explained to all prospective patients. If required, the clinic could advise on alternative local services.

Timely access to the service

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

- From the feedback we reviewed, patients reported timely access to initial assessment and treatment.
- We saw waiting times, delays and cancellations were minimal and managed appropriately. At the time of our inspection in June 2023, appointments were still available for the day of our inspection. All appointments for treatments regulated by the Care Quality Commission (CQC) were pre-booked.
- Referrals and transfers to other services were generally not necessary.

Listening and learning from concerns and complaints

The clinic had systems to take feedback, complaints and concerns seriously and would respond to them appropriately to improve the quality of care.

- There was a designated responsible person who handled complaints. If required, the clinician had a peer support network for objectivity and independence, and they could be included in the investigation of any clinical complaints if required.
- Information about how to make a complaint or raise concerns was available. There was a suggestion box in the reception area and the in-house survey, due to launch in August 2023, included an option to feedback compliments and make suggestions on the provision of services.

Are services responsive to people's needs?

- There was a complaint policy and procedure. The service would inform patients of any further action that may be available to them should they not be satisfied with the response to their complaint. This included reference to external services from whom additional advice and support may be sought.
- All patient feedback was positive and there had been no formal complaints relating to the service provided. Therefore, we could not test whether the procedure had been followed or identify any learning from complaints. However, the provider advised they had recently received some feedback, which depending on the next contact with the patient, may progress and meet the threshold for a formal complaint.

Are services well-led?

We rated well-led as Good because:

- The governance and quality assurance processes were effective and drove improvement in the service provision. However, some improvements were needed to formalise and document this activity.

Whilst we found no breaches of regulations, the provider should:

- Review their registration with the Information Commissioners Office.

Leadership capacity and capability

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

- The clinic was originally founded in 2012 by 2 chiropractors, the clinic had expanded and registered with CQC in 2021 following the introduction of services within scope of CQC regulation. Both the original founders were Directors, continued to practice and 1 was also the CQC registered manager.
- Regulated activities (treatments regulated by CQC) are provided by a single clinician who was an experienced dermatologist with extensive additional qualifications in dermatology and membership of different dermatology societies.
- They worked closely as a small team to make sure they prioritised compassionate and inclusive leadership. Through conversations, evidence collected during the inspection and a review of correspondence, it was evident the leadership of the service had the capacity and skills to deliver high-quality, sustainable outcomes. They were knowledgeable about issues and priorities relating to the quality and future of services.
- There were effective processes to develop skills, including planning for future changes and additional services within the clinic.

Vision and strategy

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

- The clinic had a clear vision and wanted to be '*a one-stop clinic for all healthcare needs*'. The provider advised with the introduction of different services including a range of non-regulated services, the vision had now become reality.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. This included staff feedback from services not regulated by the Care Quality Commission (CQC).
- The provider monitored progress against delivery of the strategy and continued to look at different services to add to the collection of services available at the clinic.

Culture

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

- Staff felt respected, supported and valued. They were proud and happy to work for the clinic.

Are services well-led?

- The service aimed to be open, relaxed, friendly whilst professional, focusing on the needs of patients; staff told us they always put the patient's best interest before any financial consideration. This was evident through our discussions with the clinician.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- There was an awareness of and systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal, career development conversations and evaluation of their work.
- The service actively promoted equality, diversity and inclusion.

Governance arrangements

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

- The governance arrangements were appropriate to the range of services provided and the small team delivering these services. Structures, processes and systems to support good governance and management were clearly set out, understood and effective. However, during the inspection, we highlighted an area of improvement that the internal governance processes did not formally capture quality improvement information. Both the provider and clinician responded positively and agreed to use the information discussed at the clinical governance meetings to support quality improvement.
- Staff were clear on their roles and accountabilities.
- Although a small team, regular meetings were held, and learning and actions from meetings documented and recorded.
- The clinic had established policies, procedures and activities to ensure safety and assured themselves they were operating as intended.

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.
- Health and safety assessment processes had been established to identify, manage and mitigate risks. This included risk assessments of storing liquid nitrogen and risk of surgical plumes (produced by the electrocautery device).
- The clinic had processes to manage current and future performance.

Are services well-led?

- The clinic had a business interruption plan and had trained staff for major incidents.

Appropriate and accurate information

The clinic acted on appropriate and accurate information.

- Quality and operational information was discussed each month and performance information was combined with the views of patients.
- The service used performance information, which was reported and monitored, and management and staff were held to account.
- The clinic 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. However, the service was not registered with the Information Commissioner's Office (ICO). The ICO upholds information rights in the public interest, promoting openness by public bodies and data privacy for individuals. The provider advised they would review this at the next business meeting.

Engagement with patients, the public, staff and external partners

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

The clinic encouraged and heard views and concerns from patients, staff and the public. For example, the clinic:

- Monitored social media, online comments and reviews. We saw these were acknowledged, shared and, when appropriate, celebrated with staff.
- Was active within the local village and community, this included articles within the local village magazine.
- Had a visible presence on online and social media platforms. These platforms were used to share and communicate messages with patients. For example, the provider had recently shared a video with instructions to find the additional overflow carpark that patients may not have been aware of.

Continuous improvement and innovation

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

- There was a focus and dedication on continuous learning and improvement. Staff attended regular conferences in their field of expertise and kept their training up to date, for example there was planned attendance at a European conference on the latest dermatoscope to improve skin analysis.
- Furthermore, there was a willingness to try new services and new treatments and introduce them into the clinic. For example, in December 2022 the dermatology clinic was introduced, this aligned to the overall clinic vision of being '*a one-stop clinic for all healthcare needs*'.