Care Quality Commission

Staianoplasticsurgery Ltd

Staianoplasticsurgery

Inspection report

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Overall summary

We carried out an announced comprehensive follow up inspection at Staianoplasticsurgery on 15 October 2018. This was to follow up on progress made by the practice since our previous inspection on 15 February 2018. We also asked the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations.

The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations. The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right.

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.

CQC inspected the service on 15 February 2018 and identified the following regulatory breaches in relation to the Health and Social Care Act (Regulated Activities) regulation 2014: Regulation 17 good governance; Regulation 19 persons employed for the purposes of carrying on a regulated activity must be fit and proper persons; Regulation 18 staffing and Regulation 12 safe care and treatment. We asked the provider to make improvements. We checked these areas as part of this comprehensive follow up inspection and found the provider had made improvements but identified some areas where further improvements were still needed.

Summary of findings

The service provided at the clinic were pre-surgery and post-operative consultations for patients considering and undergoing plastic surgery. The principal consultant specialised in breast and body contouring procedures. Post operative dressings and some minor procedures (under a local anaesthetic) were also carried out on site. Procedures requiring a general anaesthetic were carried out at various local private hospitals.

The principal consultant 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.

We received feedback from 26 patients, 10 through CQC comment cards and 16 via the CQC website. Of the responses 23 were very positive about the care and treatment received and one was mixed in their views.

Our key findings were:

- The provider had made progress to address the concerns identified during our previous inspection however, we identified areas where these still needed to be strengthened.
- We found safeguarding arrangements had been improved to fully incorporate child safeguarding.
- Recruitment checks were comprehensive for most staff but this was not consistently the case.
- The practice had taken action to improve systems and processes for the management of the premises and equipment. The premises appeared clean and well-maintained however, infection control audits introduced were not comprehensive.
- Patient information was well documented, routinely audited and supported the delivery of safe care and treatment.
- Incidents, complaints and safety alerts were used to support improvement and the safety of the service.
- The provider had identified core training requirements and appraisals for all staff were now in place. However, those with lead or key roles were not always up to date with their training.
- The provider actively sought patient feedback and used this to deliver improvements. Feedback was very positive.
- Risks were mostly being managed but action taken to mitigate risks in some areas was not always implemented effectively.

We identified regulations that were not being met and the provider must**:**

- Ensure effective systems and processes are established to ensure good governance in accordance with the fundamental standards of care.
- Ensure appropriate recruitment checks are in place for all staff employed.

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

There were areas where the provider could make improvements and should:

- Review systems for checking age and identity to ensure the information is accurately recorded.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Staianoplasticsurgery

Detailed findings

Background to this inspection

Staianoplasticsurgery registered with CQC in February 2014 to provide the regulated activities of diagnostic and screening procedures and surgical procedures.

The service is located in a converted house in Edgbaston, Birmingham that has been adapted to provide medical services.

The service is open for appointments Monday to Friday between 9.15am to 4.30pm. On a Wednesday the service opening times extend until 8.15pm. The service also opens on an ad hoc basis for Saturday appointments.

During the previous 12 months the provider had carried out 371 consultations at the clinic and 146 minor surgical procedures under local anaesthetic.

Staffing included the principal consultant (plastic surgeon) and two additional plastic surgeons working at the service through 'practicing privileges' (permission granted through legislation to work in an independent hospital clinic). Other staff included a nurse, a clinic manager, a secretary and a small team of administrative staff including IT support.

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

As part of the inspection we reviewed information we held about the service to support the planning of the inspection. We carried out a site visit and spoke with the principal consultant and other staff who worked at the service. We made observations and reviewed documents made available to us.

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?

Our findings

At our previous inspection on 15 February 2018, we found the practice was not providing safe care in accordance with the relevant regulations. We identified risks in relation to child safeguarding, recruitment checks, infection control, legionella, equipment, medical emergencies and safety alerts.

At this inspection we found the practice had made improvements however, these had not always fully addressed the issues previously identified. We identified areas where further improvements were still required including the strengthening of recruitment checks, risks in relation to the availability of recommended emergency medicines and equipment, the storage of some medicines and comprehensive infection control audits.

Safety systems and processes

The service had systems to keep people safe and safeguarded from abuse. Improvements had been made since our previous inspection although there were areas that needed further strengthening.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and available to staff. Staff received safety information from the service as part of their induction and refresher training.
- The service had systems to safeguard children and vulnerable adults from abuse. The service was available to patients over 18 years old. Systems had been introduced to verify the age and identity of patients as appropriate however, checks made were not recorded. All staff had completed adult safeguarding training and child safeguarding was now part of the service's mandatory training. However, the clinical safeguarding lead for the service had not completed child safeguarding to an appropriate level for their role.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Staff were able to give examples where they had followed up on concerns identified.
- We continued to find a lack of consistency in staff checks that were carried out prior to a new staff commencing work at the service. We reviewed three staff files and found appropriate checks for two new members of staff however, there were gaps in information relating to the new clinical member of staff. Staff told us that they had tried to obtain this information and following the inspection the provider advised that they had put clinics on hold until appropriate documentation had been returned.
- Notices were displayed which advised patients that chaperones were available if required. The nurse acted as a chaperone. They understood their role and had received a DBS check.
- We looked at systems for managing infection control. These had improved since our previous inspection but further work was still required. A nurse had been recruited and had been allocated the infection control lead role for the service. We found the premises appeared clean and tidy. Cleaning was carried out by an external cleaning company and cleaning schedules were in place for the premises and clinical equipment. Staff were able to tell us about action they had taken to improve infection prevention and control in the premises. The nurse had been proactive in developing infection control audits which they undertook three monthly for the minor surgery room but was struggling to identify guidance and tools to support a comprehensive audit of the premises. They advised us that this was not a role they had done before.
- A Legionella risk assessment had been completed since our previous inspection. (Legionella is a bacterium which can contaminate water systems in buildings). The provider was able to share with us action they had taken in response to the risk assessment.
- 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. We saw that calibration checks to ensure equipment was fit for use and electrical safety testing had been completed within the last 12 months.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety. We found some improvements had been made since our previous inspection however, we identified areas where continued improvements were still needed.

Are services safe?

- The provider continued to review staffing needs in order to deliver the service. Holidays were planned in advance and staff were able to cover for each other if needed.
- There was an induction system for new staff. This set out a series of competencies to be covered and signed off as completed.
- We reviewed the arrangements for managing medical emergencies in the premises. The provider did not hold emergency equipment such as a defibrillator or oxygen at the premises and emergency medicines consisted only of those used for treating anaphylaxis during minor procedures. Since our previous inspection the practice had carried out a risk assessment in the absence of a defibrillator but this was not in place for the oxygen or recommended emergency medicines that were not routinely stocked. The provider advised that the risk was low given the demographic of the population seen at the clinic. Patients who attended the clinic were usually healthy. Staff training records (which we had been unable to verify at the last inspection) showed all staff with the exception of a principal clinical member of staff were up to date with their basic life support training which we had been unable to verify at the last inspection although this had only been partially completed by the principal consultant.
- Information relating to sepsis was displayed and the provider reviewed any adverse events for example infections post operatively for learning.
- We saw evidence of professional indemnity arrangements in place to cover potential liabilities.

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 where appropriate to enable them to deliver safe care and treatment.
- Patients consulted directly with the clinicians for their care and treatment which supported the continuity of care.

Safe and appropriate use of medicines

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

- Patients medicines and allergies were checked prior to any care and treatment and any medicines used were documented within the patients records.
- There were systems and arrangements for managing medicines stocked on site to minimise risks. Medicine stock was monitored and items stored were checked to ensure they were in date and fit for use.
- Some medicines needed to be stored at certain temperatures as recommended by the manufacturers to ensure their effectiveness. These were stored in a medicines fridge and temperatures monitored. However, we found a lack of clear processes in place. Staff were not clear about the temperatures the fridge needed to be maintained for these medicines and what action to take should the manufacturers recommended range be exceeded.
- The provider did not hold stocks of prescription stationery. Private prescriptions were used where medicines were needed. Any prescribing was carried out by the doctors only.

Track record on safety

At our previous inspection in February 2018 we identified some issues relating to the systems for monitoring safety within the service. At this inspection we saw that improvements had been made but further improvements were still required.

- There were risk assessments in relation to safety issues for example, in relation to the premises and unforeseen emergencies.
- The service monitored and reviewed activity. Patient outcomes were reviewed to identify areas for learning and improvement.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

Are services safe?

- 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 had been five reported incidents in the last 12 months.
- There were adequate systems for reviewing and investigating when things went wrong. The service reviewed incidents, complaints and individual patient outcomes for learning. We saw action taken to improve stock control when an item had run out and policies reviewed to strengthen information governance following an incident.

The service acted on and learned from external safety events as well as patient and medicine safety alerts. Since our last inspection the provider had signed up to receive routine safety alerts such as those from the Medicines and Healthcare products Regulatory Authority (MHRA) and Central Alerting System (CAS). Staff told us that any relevant alerts were discussed at staff meetings and we saw examples of this.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 15 February 2018, we found the practice was not providing effective care in accordance with the relevant regulations. We identified risks in relation to the management of tissue samples and in relation to effective staffing.

At this inspection we found the practice had made improvements and was providing effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

We discussed with the provider how they kept up to date and made use of evidence based guidance and standards.

The provider offered specialist services and kept up to date with any relevant information in their area of expertise and procedures carried out which they shared with their patients. The provider had a network of clinicians that they worked with at the private hospitals along with other allied specialities. They offered second opinions with another consultant if patients were unhappy with the care and treatment they received. We saw no evidence of discrimination when making care and treatment decisions.

- The provider was routinely sending all tissue samples for histology following an excision for a skin lesion. Systems were also introduced to monitor the receipt of results for tissue samples taken to ensure they had been received.
- Patients needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. There was a registration form completed by the patients which enabled staff to obtain relevant details about the patients past medical history, medicines and allergies to support care and treatment. The provider advised that surgery would not go ahead if they had any concerns which may impact on patient outcomes.

Monitoring care and treatment

The service was involved in quality improvement activity. The provider advised us that patient feedback was their main system for monitoring the service and improving outcomes for people. All patients were asked for feedback following consultation and at two weeks and six weeks following a procedure.

The provider maintained records for anything that occurred out of the ordinary following a procedure, for example revisions, infections or other complications. These were reviewed to identify any specific action needed or learning for example, better information to patients of the possible risks. The provider offered revisions of procedures if patients were not entirely satisfied with the outcome of their procedure.

The provider carried out monthly audits of patient notes to check the completeness of information recorded.

Effective staffing

We reviewed information available relating to staff having the skills, knowledge and experience to carry out their roles and provide effective care and treatment.

- Records showed that staff were appropriately qualified.
- There was 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 and records seen showed they were up to date with revalidation. (Revalidation is the mechanism by which doctors and nurses demonstrate their fitness to practice).
- Since our previous inspection the provider had identified their mandatory training requirements for staff and introduced systems for monitoring this. We saw that most staff had now completed their training requirements however we identified areas of training that had yet to be completed by key members of staff with lead roles.
- Staff were encouraged and given opportunities to develop. We saw that appraisals were now being carried out for staff with the opportunity for them to discuss any learning and development needs.

Coordinating patient care and information sharing

Staff worked well 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,

Are services effective?

(for example, treatment is effective)

other services when appropriate. For example, the practice made use of and referred patients for psychology support where appropriate prior to any surgical procedure.

- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health and their medicines history. If patients decided to go ahead with surgery it was made clear that their GP would be informed so that information could be shared appropriately to support continuity of care.
- Patients were provided with written aftercare advice following a surgical procedure. This informed them who they should contact when the clinic was closed should they have any concerns.

Supporting patients to live healthier lives

Staff were proactive in empowering patients, and supporting them to obtain the best outcomes for them.

Where appropriate, staff gave people advice so they could self-care. The provider also used their website and other methods of communication to update patients on current information related to procedures carried out by the provider.

- The provider aimed to improve the wellbeing of patients through improving self-esteem and were keen to ensure patients made the right decisions for themselves. The provider used various channels of communication (for example, through their website, open days and opportunities for further consultations) to ensure patients were well informed about the procedure they were undergoing and that it was right for them.
- The provider carried out a comprehensive assessment prior to a patient undergoing a surgical procedure. Patients who attended the clinic were generally healthy however, where risk factors were identified staff advised that patients would be signposted back to their GP. They would also see patients at one of the private hospitals if it was more appropriate for minor procedures.
- Patients attending for a surgical procedure at the clinic were given written instructions and guidance relating to after care to take away with them.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Patients were given time to consider and obtain further information to make an informed decision regarding their care and treatment. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- Evidence seen showed consent was sought appropriately.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback received from patients via our CQC comment cards and through our website was very positive about the way staff treat people.
- Our conversations with staff indicated that they were sensitive to and 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.

The provider routinely asked for feedback from patients who had used the service to help support improvement. We looked at the results from the provider's own patient survey from the previous 12 months:

- Following their initial consultation patients were asked to rate on a scale of one to ten as to whether they would be likely to recommend the service to a friend (with ten being the most likely). Of the 54 patients that responded 50 (93%) rated the experience as a nine or ten.
- Two weeks following a surgical procedure patients were asked again for feedback about their experience: 96% of patients who responded said they received a warm or very warm welcome at the clinic and 100% of patients rated the treatment that they received at the clinic as good or excellent.
- Six weeks following a surgical procedure patients were asked for general feedback and a rating was made based on whether the feedback was positive or negative. The rating for the last 12 months was five out of five stars.

Involvement in decisions about care and treatment

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

- Staff told us that patients who did not have English as a first language who required interpretation services would be seen at one of the private hospitals where this could be arranged.
- Information was made available to patients in a variety of formats to help them understand their care and treatment options. This included written information, information videos and social media. Patients were invited to consult or ask questions as many times as they wanted before making any decisions.
- Patients' specific needs, wishes or outcomes were discussed as part of their consultation.
- Patients told us through comment cards, that 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.
- Results from the provider's own patient survey showed that 100% of patients who responded felt they were given enough time and information during their first clinic appointment and 98% said they were given enough support following their consultation.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Privacy screens were provided in the treatment rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Confidentiality agreements were signed on induction by staff. Staff also undertook information governance training.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. The provider actively encouraged patients to obtain information without obligation before going ahead with any surgery to ensure they got the outcome they wanted.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments were made so that people in vulnerable circumstances could access and use services on an equal basis to others. The provider had disabled toilet facilities and had consulting rooms on the ground floor. There was a portable ramp and buzzer to alert staff if anyone needed assistance entering the premises. There was flexibility to use one of the private hospitals for consultations if it was difficult for a person to attend the clinic.
- Staff told us that any patients who had received surgery were never discharged from the clinic and were able to attend for further consultations for advice or to discuss any concerns they may have.
- Contact was also maintained through newsletters and social media if patients wanted to receive them.

Timely access to the service

The service provided to patients from the clinic was that of elective surgery (non-urgent). 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, information and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The provider asked patients about their wait for their consultation as part of their in-house patient survey. Of patients who responded 96% said they found it easy or very easy to make contact and arrange a consultation with the service; 83% said they waited less than 15 minutes, 96% said they waited less than 30 minutes and none said they had waited more than 45 minutes.
- Feedback received through our CQC comment cards and website did not raise any concerns about the appointment system.
- Referrals and transfers to other services were undertaken in a timely way. The provider referred patients to a psychologist if required prior to them having surgery. They also helped arrange admissions at the local hospital.

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 to patients. Examples seen showed that staff treated patients who made complaints compassionately.
- The service had a complaint policy and procedures in place. There had been three complaints received in the last 12 months and we saw that the service took appropriate action in response to them.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

The provider monitored and reviewed any outcomes that were not straight forward regardless of a complaint to help support and improve the quality of care.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

At our previous inspection on 15 February 2018, we found the practice was not providing care that was well-led in accordance with the relevant regulations. We identified risks in relation to the recruitment, learning and development needs of staff and management of risks relating to the premises and equipment.

At this inspection we found the practice had made improvements in providing well-led care in accordance with the relevant regulations, although further improvements were still needed. Those with lead roles had not completed all appropriate training to support them in their roles; recruitment checks although in place were still not being consistently followed for all staff; risks in relation to the absence of recommended emergency medicines, emergency equipment and comprehensive audits of infection prevention and control had not been fully completed.

Leadership capacity and capability

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

- The service was led by the principal consultant supported by a small staff team which included a clinic manager and secretary.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They continually evaluated the care provided to ensure patients received a good service and to help patients achieve the outcomes they wanted.
- Leaders at all levels were visible and approachable.

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. These were displayed in the premises. They focussed on the patient and in providing them with the best experience.
- The service had a realistic strategy and plans to achieve priorities. The provider shared with us their plans for the future and how they wanted the service to develop.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against their vision and values through patient feedback.

Culture

The service had a culture of high-quality sustainable care. They had made improvements since our previous inspection although further improvements were still needed.

- Staff felt respected, supported and valued. They told us that they worked well together as a team and regularly communicated.
- There was a strong focus 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. For example, patients were offered further treatment or second opinions where unhappy with their outcomes. Patients were not discharged from care and could return for further advice at any point after surgery.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with felt able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing staff with the development they needed. Since our pervious inspection the provider had identified mandatory training needs of all staff which had most cases been completed. Staff were now receiving annual appraisals which enabled them to discuss any learning needs. Staff were supported to meet the requirements of professional revalidation where appropriate. However, we identified some areas of learning and training for those with lead roles which had not been up dated to an appropriate level including basic life support, infection control and child safeguarding training.
- Staff, including nurses, were considered valued members of the team. There were positive relationships between team members.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- There was an emphasis on the safety and well-being of all staff. Various policies were in place and action was taken following incidents to improve staff safety.
- The service actively promoted equality and diversity. Staff had received equality and diversity training.

Governance arrangements

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

- There were structures, processes and systems in place to support good governance which were understood by staff and effective.
- The governance and management arrangements promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities. Staff were also able to support each other if needed.
- Leaders had established proper policies, procedures and activities to ensure safety, however we saw examples of where these were not effectively embedded, for example, with regards to recruitment checks, monitoring of fridges and risk assessments of emergency equipment.
- Since our previous inspection we saw that staff meetings were structured to ensure important information and learning was shared.

Managing risks, issues and performance

We found improvements had been made since our previous inspection for managing risks, issues and performance although some areas needed further strengthening.

- The provider had made improvements in relation to the areas identified at our previous inspection. This included: child safeguarding arrangements; recruitment and on-going staff checks; legionella; equipment; unforeseen medical emergencies; management of safety alerts and for monitoring infection prevention and control. However, further work was needed to assess and ensure all staff had received appropriate training and support to effectively carry out their lead roles and responsibilities; for ensuring appropriate recruitment checks were in place for all staff; for risks in relation to the absence of recommended emergency medicines and emergency equipment; storage of medicines and for comprehensive audits of infection prevention and control.
- We found areas that were well managed in relation to supporting patients outcomes. There was good oversight of incidents, safety alerts and complaints to support learning.
- There were systems to monitor the quality of care and outcomes for patients.

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.
- Records seen contained appropriate information to support care and treatment. The provider undertook notes audits to check important information was accurately recorded.
- Patient outcomes following surgical procedures were routinely monitored to help support improvement.
- The service shared information as appropriate with relevant health and care professionals for example, the patients usual GP or when referring to psychologist to support continuity of care.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- The publics', patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The provider focussed on the patient experience and actively sought feedback to monitor and ensure this was being achieved. If patients were not happy the provider helped support them to achieve the outcome they wanted.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- Staff were able to describe to us the systems in place to give feedback. Ongoing patient surveys were carried out and patients were asked for feedback on what they did well or what they could do to improve the service. Patient feedback was very positive.
- Staff felt confident in feeding in new ideas to the service. We also saw evidence of feedback opportunities for staff through the appraisal process.
- The service worked closely with external stakeholders to ensure patients received a good experience.

Continuous improvement and innovation

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

- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- There were systems to support improvement and innovation work. The provider continued to ensure patients received a good patient experience and outcomes they wanted. They used various methods for communicating with patients to ensure they received accurate information such as social media, newsletters, consultations and buddy systems for patients who had undergone surgery to share experiences. The provider ensured patients were able to access consultations when they needed before and after surgery.

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 Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: • Infection control audits did not take account of all areas of the premises and potential risks. • Risks in relation to the absence of recommended emergency medicines and all emergency equipment (oxygen) had not been fully assessed with mitigating actions. • There was a lack of clear systems and processes in place for the appropriate storage of medicines requiring refrigeration. • There were gaps in training and learning needs in particular for staff with lead or key roles for example in relation to basic life support, infection control, child safeguarding and in relation to medicines storage. Regulation 17 (1)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met:

This section is primarily information for the provider

Requirement notices

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 persons employed. In particular:

- There was an inconsistent approach for undertaking recruitment staff checks.

Regulation 19 (3)