

SDD Medical Ltd

# Samedaydoctor Manchester Clinic

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 18 February 2016 to ask the service 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 providing safe care in accordance with the relevant regulations

#### **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 providing well-led care in accordance with the relevant regulations

## **Background**

The samedaydoctor Manchester clinic operates a private GP and medical service to patients of all ages in Manchester city centre. The Samedaydoctor group has a number of clinics and its headquarters in London. The Samedaydoctor management team, including the Chief Medical Officer, provides clinical and business leadership and is responsible for all aspects of governance for all the clinics including the Manchester clinic. There are between 500 and 1000 patients currently registered with the Manchester clinic. The clinic manager told us a significant number of appointments were one-off consultations including patients from foreign countries who require medical assistance whilst visiting the UK from abroad and are often privately funded by travel or medical insurance companies. The clinic also specialises in travel vaccinations and sexual health services. Same day appointments and pre-booked appointments are available. The service is open Monday to Friday from 8.00am to 6pm and from 10.00am to 1.00pm on Saturdays. There is no out-of-hours provision or agreement with external providers.

# Summary of findings

The clinic has a doctor's consultation room, a clinic room, a waiting and reception area and an administration office. The clinic is based on the first floor of shared premises and is accessible by stairs or a lift.

A GP is on duty at the clinic each day and is supported by an administrator and the clinic manager. The medical team consists of six GPs, each of whom has a contract with Samedaydoctor as an independent contractor to work one day per week in the clinic. All the GPs also undertake NHS work with other providers. An advanced nurse practitioner provides additional support as required.

We reviewed 20 Care Quality Commission (CQC) comment cards that had been left for patients to complete, prior to our visit, about the services provided. All comments were very positive about the help they received and the manner in which they were treated. Patients attending the clinic on the day of the inspection did not request to speak with the inspector.

The clinic manager 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.

## **Our key findings were:**

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events, incidents and accidents.
- Patients reported they were treated with dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was easily available to patients
- Services were provided from modern, well equipped and well maintained premises in line with patient needs.
- There were systems in place to check all equipment had been serviced regularly.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff maintained the necessary skills and competence to support the needs of patients.
- Staff were up to date with current guidelines and were supported by an accessible and visible leadership team within the Samedaydoctor group.
- Risks to patients were well managed for example, there were effective systems in place to reduce the risk and spread of infection.
- The provider was aware of, and complied with, the requirements of the Duty of Candour.
- There was a clear leadership structure and staff felt supported by management. The clinic proactively sought feedback from patients, which it acted on.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

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

There were effective systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. These included safeguarding children and adults from abuse and responding to medical emergencies. In the event of an incident or accident occurring; the practice documented, investigated and learnt from it. Incidents were shared across the Samedaydoctor clinic locations in a timely manner. Risk management processes were in place to manage and prevent harm.

Staffing levels were appropriate for the provision of care and treatment. There were clear procedures regarding the maintenance of equipment and the storage of medicines in order to deliver care safely.

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### **Are services effective?**

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

The service provided evidence based care which was focussed on the needs of patients. Consultations were carried out in line with best practice guidance such as that from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their health needs which included their medical history. Comments received on CQC comment cards reflected that patients were very satisfied with the assessments, explanations, quality of care and outcomes.

Staff had the skills, knowledge and experience to deliver effective treatment and support; they were up-to-date with current guidance. Staff demonstrated a clear understanding of the Mental Capacity Act 2005 and there was evidence that informed consent was sought and recorded for all care and treatment provided.

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### **Are services caring?**

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

Patient surveys and comments in CQC comment cards showed patients felt they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible.

Policies and procedures in relation to data protection and security and confidentiality were in place and staff were aware of these. We observed staff treat patients with kindness and respect, and maintain patient and information confidentiality.

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### **Are services responsive to people's needs?**

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

Services were planned and delivered to meet the needs of patients and patients could access appointments and services in a way and at a time that suited them. The practice had good facilities and was well equipped to treat patients and meet their needs. There were processes in place to listen to patient's ideas, concerns and complaints. Information about how to complain was available and easy to understand and learning from complaints was shared with staff.

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### **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

# Summary of findings

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There was a clear leadership structure and staff told us they felt well supported and could raise any concerns with the samedaydoctor management team or the clinic manager. There were effective clinical governance and risk management structures in place to monitor the quality of the service.

The service assessed risks to patients and staff, audited areas of their practice as part of a system of continuous improvement and learning and ensured policies and procedures were in place to support the safe running of the service.

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# Samedaydoctor Manchester Clinic

## Detailed findings

### Background to this inspection

We inspected this service as part of our new comprehensive inspection programme 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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015 and to look at the overall quality of the service.

We carried out an announced comprehensive inspection at Samedaydoctor Manchester clinic on 18 February 2016 as part of the independent doctor consultation service inspection pilot. Our inspection team was led by a CQC Lead Inspector who was accompanied by a GP Specialist Advisor.

Prior to the inspection we reviewed a range of information we hold about the service. We asked other organisations, such as the local Clinical Commissioning Group (CCG) to share what they knew about the service; however we did not receive any information of concern from them. We also reviewed information we asked the provider to send us in advance of the inspection.

During our visit we:

- Toured the premises and observed how patients were being cared for
- Spoke with the GP on duty, an administrator and the clinic manager
- Reviewed records and documents
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

### Reporting, learning and improvement from incidents

There was an open and transparent approach and an effective system in place for reporting and recording significant events. Patients affected by significant events received a timely apology and were told about actions taken to improve care where appropriate. Staff told us they would inform the clinic manager of any incidents and there was a recording form available on the clinic's computer system. The service carried out a thorough analysis of significant events. The Chief Medical Officer for Samedaydoctor was informed of all significant events and formally reviewed them every three months to consider trends and ensure learning had taken place. We reviewed the significant events that had occurred since April 2015 and found all had learning outcomes to improve the safety of the service.

The provider was aware of and complied with the requirements of the Duty of Candour. The management team encouraged a culture of openness and honesty. Samedaydoctor had systems in place for knowing about and disseminating information regarding notifiable safety incidents to the Manchester Samedaydoctor clinic in a timely manner.

### Reliable safety systems and processes (including safeguarding)

The clinic had clearly defined and embedded systems, processes and practices in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. The lead GP for safeguarding within the Samedaydoctor group had been appropriately trained for this role. They provided updates and new guidance for staff regarding safeguarding and child protection through the Samedaydoctor intranet and bi-monthly bulletins. For example we saw information in the December 2015 bulletin regarding the mandatory duty doctors have to report female genital mutilation in patients under 18 and guidance on the practical implications of this for GPs working in the service. Staff at Samedaydoctor Manchester clinic told us they had good access to support from the lead professional at all times.

There were up to date child protection and vulnerable adult policies and procedures which were accessible to all staff. These provided staff with information about

identifying, reporting and dealing with suspected abuse. The safeguarding policies included contact details for child protection and adult local authority safeguarding teams. All staff had undertaken adult safeguarding and child protection training in the last 12 months which was appropriate to their role.

A notice in the waiting room advised patients that chaperones were available if required and the GP we spoke with told us a chaperone was offered to all patients. (A chaperone is a person who acts as a safeguard and witness for a patient and healthcare professional during a medical examination or procedure). This was recorded on the patient's clinical record. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (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).

### Medical emergencies

The practice had arrangements in place to respond to emergencies. The administration staff had access to a panic button located in the office to raise the alarm in an emergency. The clinic manager told us there was always a GP in the clinic to respond. Following discussion the manager confirmed they would recommend a panic button or electronic messaging system be installed on all computers or telephones, to further support staff in case of a medical or other emergency.

The clinic had a medical emergencies policy which provided staff with guidance about actions to take in the event of an emergency. Staff had received basic life support training and there were emergency medicines, including oxygen, available in the clinic room. The practice had an automatic external defibrillator (AED) on the premises and oxygen with adult and children's masks. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). This was in line with the Resuscitation Council UK guidelines and the guidance on emergency medicines in the British National Formulary (BNF). A first aid kit and accident book were available. Emergency medicines were easily accessible to staff in a secure area of the clinic and all staff knew of their

# Are services safe?

location. Records completed showed regular checks were made to ensure the equipment and emergency medicine was safe to use. All the medicines we checked were in date and fit for use.

## Staffing

Samedaydoctor had a recruitment and selection policy in place to support the safe recruitment of staff. The clinic manager was knowledgeable about the recruitment process, including seeking references, proof of identity, immunisation status and checking qualifications and professional registration. The clinic manager told us they carried out DBS checks for all newly appointed staff. We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment.

The clinic manager had a system in place for monitoring that the GPs and nurse had up to date medical indemnity insurance and professional registration. Records we looked at confirmed these were up to date. The clinic manager planned ahead to ensure there were sufficient staff to run the service safely and meet patient needs. GPs had flexible work commitments and were able to cover annual leave for each other.

## Monitoring health & safety and responding to risks

There were procedures in place for monitoring and managing risks to patient and staff safety and to deal with foreseeable emergencies. There were comprehensive risk assessments and health and safety policies and procedures in place to support staff. These included the risk of fire, the health and safety of the environment and personal safety and protection against violence. Records showed these were reviewed each year and action taken as required. For example, fire safety equipment had been regularly serviced and records demonstrated staff had been involved in regular fire drills. Staff undertook health and safety awareness training as part of their induction.

The clinic had a detailed business continuity and disaster recovery plan in place for major incidents such as power failure or building damage. This provided staff with the necessary information to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service.

## Infection control

The clinic maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, hand hygiene, segregation and disposal of clinical waste. All rooms, including the consultation room where patients were examined and treated, and equipment appeared clean, uncluttered and well-lit with good ventilation. There was alcohol gel and liquid soap available for hand hygiene. Staff were knowledgeable about safe handling of specimens.

One of the GPs took a lead role for infection control and staff had received on-line training. The service carried out an infection control audit in February 2016 and we saw evidence that action was taken to address any improvements identified as a result.

A risk assessment for Legionella for the premises in which the clinic was located was carried out in 2015 and the recommended measures advised by the report were in place. (Legionella is a germ found in the environment which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease.

The clinic had an on-going contract with a clinical waste contractor. Clinical waste and sharps were appropriately segregated and stored at the clinic. There was hand washing facilities in the doctor's consultation room and staff had access to good supplies of protective equipment for use by patients and staff members. The clinic had a cleaning schedule in place that covered all areas of the premises. This took into account national guidance of colour coding equipment to prevent the risk of infection spreading.

## Premises and equipment

The clinic leased a suite of rooms in a centrally located office building. The landlord had responsibility for building maintenance and repair and the service had contracts and processes in place to ensure a safe environment for patients and staff. The clinic area consisted of a doctor's consultation room, a clinic room, a waiting and reception area, an administration office and a staff kitchen. A patient

## Are services safe?

toilet was available in the clinic for providing specimens and disabled toilet facilities were located in the main building. The clinic was based on the first floor and was accessible by stairs or a lift. The administration staff ensured the clinic was cleaned each day.

Items of equipment were serviced annually and, if required, calibrated to ensure they were working properly. A portable appliance test (PAT) had been carried out in 2015 by an appropriately qualified person to ensure electrical equipment was safe to use. There was a system in place for the reporting and maintenance of faulty equipment and staff confirmed repairs were carried out promptly which ensured there was no disruption in the delivery of care and treatment to patients.

The service had a variety of risk assessments in place to monitor the safety of the premises such as fire, moving and handling of loads and safe use of equipment. Fire testing was carried out throughout the building each week and evacuation fire drills were conducted every three months. Evacuation instructions were available in the waiting area and staff were knowledgeable about their role in the event of a fire. The building had in-built security such as CCTV and security doors with keypad access.

### **Safe and effective use of medicines**

The arrangements for managing medicines, including emergency drugs and vaccinations, in the clinic kept patients safe (including obtaining, prescribing, dispensing, recording, handling, storing and security). Staff we spoke with were knowledgeable about the policies and protocols. The Chief Medical Officer for the Samedaydoctor group was the named lead for medicines management. Audits of the

medicines and treatment provided were carried out to ensure prescribing was in line with best practice guidelines for safe prescribing. Feedback was given to individual GPs and lessons learnt shared amongst the team.

Regular updates regarding medicines and vaccinations were available to the GPs on the Samedaydoctor intranet. The clinic manager brought all updates to the attention of each of the part time GPs to ensure they were fully informed of any changes in protocols. We reviewed the most recent bulletin for staff and it included guidance regarding repeat prescribing and new medicines available for patients.

The GPs relied on the information provided by the patient to make safe prescribing decisions. The GPs did not routinely contact the patient's NHS GP unless they gave permission to do so. The GP we spoke with told us 95% of prescriptions issued at the clinic were one-off. There were systems in place to safely prescribe on a repeat basis and some medicines such as Opiates and Benzodiazepines were identified as being unsuitable for repeat prescriptions.

Medicines were stored securely and at the appropriate temperature. The fridge temperature was appropriately monitored and recorded on a daily basis. We saw evidence of clear, accurate and auditable patient records in instances where medicines were administered on the premises. The service packaged and labelled medicines dispensed in accordance with legal requirements. Private prescriptions were stored on computer and printed by the doctor as required. The GPs recorded information about any prescription issued and medicines dispensed within the patient's clinical record. The clinic manager kept a secure record of prescriptions which were dispensed to provide a clear audit trail.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Assessment and treatment

Patients who used the clinic initially completed a self-assessment document which requested medical history information and included patient consent. This information was inputted and scanned into the patient's electronic care record. The clinicians undertook face to face and telephone consultations. The service assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

The practice had systems in place to keep all clinical staff up to date. This included monthly updates and bi-monthly bulletins on the Samedaydoctor intranet regarding current clinical protocols, policies and guidelines. For example the December bulletin included new information regarding HIV testing and pneumonia vaccination. Staff had access to guidelines from NICE and NHS and government travel information websites and used this information to deliver care and treatment that met patient needs. The Samedaydoctor organisation monitored these guidelines were adhered to through routine audits of patient's records.

### Staff training and experience

Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

The learning needs of all staff working at the clinic were identified and monitored through an annual competency and skills review. For clinical staff, this was discussed with the Chief Medical Officer (CMO) in the Samedaydoctor group to ensure staff had the skills necessary to do their work.

The CMO provided the clinical staff with ongoing feedback about their clinical decisions in relation to best practice. For example they routinely conducted patient record audits and presented clinicians with a number of clinical scenarios to respond to. General learning points were shared across the team to ensure there was continual

improvement of the quality of care provided. All clinicians at the Manchester clinic also worked in the NHS and the clinic manager kept up to date records of their continuing professional development and appraisals.

Non clinical staff completed an annual review of their skills and were supported to maintain and develop them through a system of annual appraisals. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. All staff had had an appraisal within the last 12 months. Administration staff received day to day supervision and support from the registered manager. The GP we spoke with told us they had easy access to telephone support from the CMO and other GPs who worked in the clinic. Meetings were held with the staff on duty as required and the clinic manager ensured information was shared with staff on duty on other days.

### Working with other services

The service had systems to provide staff with the information they needed. Staff used the electronic patient record to coordinate, document and manage patients' care. This software enabled scanned paper communications, such as those from other services, to be saved in the system for future reference.

The service requested permission to share information with the patient's GP at the point of registration and GPs were advised to review this with patients as appropriate, for example where there was a change of medication or if the patient was receiving regular treatment from the clinic. The service shared relevant information with the patient's permission with other services, for example, when referring patients to other services or informing the patient's own GP of any test results. Doctors were unable to make direct referrals to NHS services except for HIV NHS services and emergency 999 services. Patients were referred to a private hospital for further investigations or to see a specialist if required.

Staff we spoke with were clear about how they could raise safeguarding concerns with local authority adult and child protection teams.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the

# Are services effective?

(for example, treatment is effective)

Mental Capacity Act 2005 (MCA).The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

They were aware of their responsibilities to ensure patients had enough information to make informed consent. For example the clinic provided patients with detailed written information about specific blood tests and vaccines.

The service's consent policy provided staff with guidance and information about when consent was required and how it should be recorded. The clinic had a range of

consent forms and associated information sheets for patients. Records confirmed consent was recorded and the consent form scanned into the patient's record before treatment began.

Staff explained to us how valid consent was obtained for all care and treatment and described the role family members might have in supporting the patient to understand and make decisions. For example, where a patient's mental capacity to consent to care or treatment had been unclear to the GP they ensured appropriate family support was in place before proceeding. This was fully documented in the patient's records.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We observed that members of staff were courteous and helpful to patients arriving for their appointment and were discreet and respectful to patients on the telephone. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. The consultation room door was closed during consultations and conversations taking place in this room could not be overheard.

The service had electronic records for all patients which were held securely. The day to day operation of the service used computerised systems and the service had an external backup for this system. Staff members demonstrated to us their knowledge of data protection and how to maintain confidentiality.

Staff we spoke with were aware of the importance of protecting patient confidentiality and reassurance. The design of the reception desk ensured any paperwork and the computer screen could not be viewed by patients

booking in for their appointment. They told us they could access a room away from the reception area if patients wished to discuss something with them in private or if they were anxious about anything.

20 patients completed CQC comment cards to tell us what they thought about the service. All of the comments were positive about the service experienced. Patients said they felt the clinic offered an excellent service and staff were efficient, helpful, caring and knowledgeable. They said staff treated them with dignity and respect. All told us they were satisfied with the care provided by the service.

### **Involvement in decisions about care and treatment**

Patients were given verbal and written information to support them to make decisions about the treatment they received. Patient feedback from CQC comment cards and the patient surveys carried out by the clinic in 2015 showed patients felt involved in decision making about the care and treatment they received. Patients commented 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.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The clinic facilities were on the first floor of an office building, accessed by a lift or stairs. The clinic provided patients with information about the services they offered on the phone and on their website, including the opening hours and fees.

The service offered flexible opening hours over six days each week and appointments to meet the needs of their patients. There was an effective appointment system in place to respond to patients' needs and patients were offered an appointment at a time and day of their choice, including same day appointments. The range of services was kept under review to meet demand, for example following feedback from patient's ear irrigation was now available. The clinic was designated as a yellow fever centre, which meant it was able to accommodate patient needs around the demand for this vaccine. The GP we spoke with reported the service scheduled enough time for them to assess and undertake patients' care and treatment needs. Routine consultations lasted 15 minutes however longer appointments of 30 minutes were available.

The facilities at the clinic complied with the Disability Discrimination Act 2005; they were comfortable and welcoming for patients, with a manned reception area and waiting room. The treatment and consultation areas were well designed and well equipped. The service had effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. Test results were available in a timely manner which ensured delays in treatment were avoided.

### Tackling inequity and promoting equality

Samedaydoctor had an equality and diversity policy in place to support staff in understanding and meeting the needs of patients. A disability access audit and risk assessment was carried out in 2015 for the premises in which the clinic was based to ensure access to the building and the services met the needs of disabled patients. The service was offered on a fee basis only and was accessible to people who chose to use it.

The building was accessed through electronically operated doors, and there was a lift to the first floor. The premises had an accessible toilet available for all patients attending the service.

We asked staff to explain how they communicated with patients who had different communication needs such as those who spoke another language. Although they had not used an interpreter service the clinic manager was confident they could access translation services if required. Staff told us they treated everybody equally and welcomed patients from many different backgrounds, cultures and religions.

### Access to the service

The clinic was open between 8.00am and 6.00pm Monday to Friday and on Saturdays from 10.00am until 1.00pm. Same day and prebooked appointments were available in the clinic in addition to telephone consultations. The length of appointment was specific to the patient and their needs.

Patient surveys and feedback from CQC comments cards showed patients were satisfied with how they could access care and treatment. There was no out of hour's service provision. Patients were advised to contact the NHS 111 service or the emergency services, if required, out of office hours.

### Concerns & complaints

The practice had an effective system in place for handling complaints and concerns. A complaints policy provided staff with clear guidance about how to handle a complaint. Information for patients about how to raise a concern or offer suggestions was available in the waiting room. The clinic manager was the designated responsible person who handled all complaints in the clinic and all complaints were reviewed by the Samedaydoctor senior management team to ensure lessons were learnt and action taken to improve the quality of care.

We reviewed the complaints system and noted that all comments and complaints made to the service were recorded. We read the service procedure for acknowledging, recording, investigating and responding to complainants and found the three patient complaints which had been received over the past 12 months had received an appropriate investigation and response.

# Are services well-led?

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

## Our findings

### Governance arrangements

The clinic manager was the registered manager and was responsible for the day to day running of the service. 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. They led on the individual aspects of governance at the Manchester clinic, such as responding to complaints and managing risks. They were supported by the Samedaydoctor management team, including the Chief Medical Officer (CMO), who provided clinical leadership and reviewed all aspects of governance for Samedaydoctor clinics.

There was a clear staffing structure and staff were aware of their own roles and responsibilities. All staff had access to up to date policies and guidance in the clinic and on the Samedaydoctor intranet which contained information that further supported them in the workplace. A programme of continuous clinical and non-clinical audit was used to monitor quality and to make improvements. For example we looked at the most recent annual audit of the clinic's performance which was carried out in April 2015. It looked at a range of indicators of the quality of the care provided at the clinic such as complaints, significant events, clinical audits, patient feedback, record keeping and clinical decision making. All staff had access to the results and it gave a clear picture of where things were working well and suggested areas of improvement. Staff we spoke with told us this was a useful overview for the team. There were robust arrangements for identifying, recording and managing risks and implementing mitigating actions.

### Leadership, openness and transparency

The service was part of the Samedaydoctor group which had an extensive governance and management system. This provided a clear framework with effective systems to run the service and ensure high quality care. There was a clear leadership structure and staff felt well supported. Staff told us the management team were approachable and always took the time to listen to them.

The clinic staff were aware of and complied with the requirements of the Duty of Candour. The Samedaydoctor group encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents. Staff told us if there was unexpected or unintended safety incidents the service gave affected patients' reasonable support, truthful information and a verbal and written apology.

The service did not hold regular team meetings as clinical staff worked at the clinic for only one day each week. However there were systems in place to ensure staff were kept up to date with any changes. The clinic manager told us there was time each day to speak with the GP on duty and bring to their attention any updated information. Staff told us there was an open culture within the service and they had the opportunity to raise any issues with the registered manager or the CMO.

### Learning and improvement

There was a strong focus on continuous learning and improvement within the Samedaydoctor group and the Manchester clinic team. Staff were supported to maintain and develop their skills in line with service needs. There was a comprehensive series of e-learning training modules in key areas such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Ongoing learning was also managed through significant event analysis, scenario training and learning from complaints. For example, following an incident staff were given clear regarding advising patients about the cost of assessments and treatment on the telephone.

A programme of audits also ensured the service regularly monitored the quality of care and treatment provided and made any changes necessary as a result. This included the audit of patient records to check for quality of content and to ensure appropriate referrals or actions were taken. For example, following a notetaking audit of sexual health consultations, clinical staff were reminded of the service's requirement to include six key questions when taking the medical history. There was evidence of repeat audits to monitor that improvements had been maintained.

### Provider seeks and acts on feedback from its patients, the public and staff

The service encouraged and valued feedback from patients and staff. The clinic gathered feedback from patients

# Are services well-led?

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

through post consultation feedback, an annual survey and complaints received. These were then analysed and appropriate actions implemented, for example by introducing new treatment options such as Hay Fever injections. Colleague feedback was gathered annually and used to improve the quality of care provided.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the clinic was run. Following discussion the clinic manager told us they would recommend introducing a staff survey to further support staff involvement about how the clinic was run.