

Pure Sports Medicine Limited

# Pure Sports Medicine (Finsbury Square)

## Inspection report

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London

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## Overall summary

We carried out an announced comprehensive inspection on 31 October 2018 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.

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 clinic was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

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. Pure Sports Medicine (Finsbury Square) is part of a group of 7 sports and musculoskeletal clinics situated within London. The clinic provides a range of services including consultations with Consultants in Sports, Exercise and Musculoskeletal medicine (SEM), physiotherapy, osteopathy, podiatry, massage therapy as well as strength and conditioning coaching, physiological and lifestyle assessments. Services such as physiotherapy, osteopathy, podiatry and massage therapy are not within CQC scope of registration. Therefore, we did not inspect or report on these services. This inspection focussed on the services provided by the consultants in Sports, Exercise and MSK medicine (SEM).

# Summary of findings

The Operations 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.

13 people provided feedback about the service via CQC comment cards and 15 people provided online feedback directly to the CQC, all of which were positive about the Clinicians and the services provided.

## Our key findings were:

- The clinic had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the clinic learned from them and improved their processes.
- The clinic was appropriately equipped to deal with medical emergencies.
- The clinic reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients commented via CQC comment cards they found it easy to book an appointment and reported the clinic was responsive to their needs.
- There was a clear vision and strategy, along with a strong governance framework in place which included all key policies and guidance.

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

- Review improvement activity to ensure 2-cycle clinical audits are carried out as planned.
- Review the need to have a hearing loop on site to readily meet the needs of people who are hard of hearing.

**Professor Steve Field** CBE FRCP FFPH FRCGP Chief Inspector of General Clinic

# Pure Sports Medicine (Finsbury Square)

## Detailed findings

### Background to this inspection

Pure Sports Medicine (Finsbury Square) has been operating since March 2018 from its registered premises at 12 Finsbury Square, London, EC2A1AS. It is registered by the Care Quality Commission to provide the regulated activities Diagnostic and screening procedures and Treatment of disease, disorder or injury. The clinic occupies the ground and lower ground floors and is accessible at street level. The clinic has consultation rooms, a patient waiting area, a gym, changing facilities, staffing areas and treatment rooms. There are good transport links with regular buses and local tube stations.

The clinic provides pre-bookable and walk-in private appointments for adults and children (over the age of 8) for musculoskeletal and sports related concerns, injuries and advice. Initial consultation appointments are 35 minutes, with SEM consultants, follow up appointments are usually 25 minutes and appointments for the administration of injections are 45 minutes.

Following an assessment process, patients will undergo a consultation with an SEM consultant to discuss the findings of their results, establish a treatment plan and consider any recommended lifestyle changes. Patients seen at the service are either private patients or employees of organisations who are provided with health and wellbeing services as part of their employee benefit package. The services are provided privately and are not commissioned by the National Health Service (NHS).

The service is available Monday-Thursday 7am to 8pm and Friday 7am to 7pm. The clinic is closed on weekends and patients who need to contact the clinic outside of the core business hours are given out of hours contact details.

We inspected Pure Sports Medicine (Finsbury Square) on 31 October 2018. Our inspection team was led by a CQC lead inspector. The team also included a GP specialist adviser.

We gathered and reviewed pre-inspection information before inspecting the service. On the day of the inspection we spoke with an SEM consultant, the clinical director, the operations manager, the clinic manager and administrative staff. We also reviewed a wide range of documentary evidence including policies, written protocols and guidelines, recruitment, induction and training records, significant event analyses and patient feedback.

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

### Safety systems and processes

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

- The Clinical Director was the designated safeguarding lead for the service. The provider had safeguarding policies, protocols and 24-hour contact details for the local statutory safeguarding team. Information was available on how to contact statutory agencies for further guidance if they had concerns about a patient's welfare. All staff understood their responsibilities and had received safeguarding training relevant to their role, for example SEM consultants were trained to safeguarding children level 3, and in safeguarding vulnerable adults. The provider had not had reason to raise a safeguarding alert and we were told the service rarely saw patients who might be vulnerable due to their circumstances, for example patients with dementia.
- The provider had recruitment procedures to ensure staff were suitable for the role and to protect the public. The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. We looked at staff recruitment files for clinical and non-clinical staff and saw appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications and registration with the appropriate professional body. The provider's policy was to request Disclosure and Barring Service (DBS) checks for all staff working in the service. 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 provider maintained evidence of appropriate indemnity insurance and staff members' immunisation status.
- The practice had a documented system in place to assure that an adult accompanying a child had parental authority.
- Chaperone services were available on request; this information was displayed in the reception area and consultation rooms. All staff had been provided with

in-house chaperone training and a DBS check. The provider had a policy for all unaccompanied minors to have a chaperone present during consultations and treatments.

- The provider had infection prevention and control policies and protocols in place and all staff had carried out infection prevention and control training. The provider carried out an infection prevention and control audit every morning before opening the clinic. The premises were clean and tidy and we identified no concerns in relation to infection prevention and control.
- We saw sharps bins in the consultation rooms were securely assembled and dated and were not over-filled. There was also a sharps injury guidance poster on display in the consulting or treatment rooms to provide staff with quick access to information on the steps to be taken in the event of a sharps injury.
- The provider ensured facilities and equipment were safe and equipment was maintained according to manufacturers' instructions. A cleaning schedule was in place and there were systems for safely and appropriately managing healthcare waste.
- The provider had considered relevant health and safety and fire safety legislation and had carried out appropriate risk assessments covering the premises, patients and staff. A risk assessment relating to legionella (a term for bacterium which can contaminate water systems in buildings) had also been carried out in February 2018; which had identified a low risk of the bacterium being present at the premises.

### Risks to patients

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

- The provider understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Clinical staff knew how to identify and manage patients with severe infections, for example sepsis, and non-clinical staff told us that they would call a clinician if they suspected an acutely unwell or deteriorating patient.
- The provider had arrangements in place to respond to emergencies and major incidents, including a risk-assessed business continuity plan.
- The provider had emergency oxygen and a defibrillator, together with a stock of medicines to treat patients in an emergency. We checked the stocks, which complied

# Are services safe?

with good practice guidance. The equipment and medicines were monitored on a weekly basis. On the day of the inspection we noted that not all of the non-clinical staff had received Basic Life Support training. Immediately after the inspection the provider confirmed that it had booked all non-clinical staff on a Basic Life Support training course. The provider sent us certificates confirming that all staff had successfully completed the training on 8 November 2018.

- There were arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs. The provider planned ahead, using a rota, to ensure cover was in place: for example, in advance of SEM consultants taking leave. Cover was usually provided by staff from the provider's other London locations.
- There were appropriate indemnity arrangements in place to cover all potential liabilities, for example the premise was protected by public liability insurance and the SEM consultants had up to date medical indemnity insurance which covered the scope of their private practice.

## Information to deliver safe care and treatment

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

- The provider kept secure electronic patient records of appointments and consultations. Any paper records were stored securely, prior to being added to the electronic records. Patients making an appointment for the first time were asked to complete a new patient registration form with their contact details, date of birth, medical and family history and any current treatment or health conditions.
- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the provider's patient record system and shared computer drives.
- The service had a system in place to retain medical records in line with Department of Health and Social Care guidance.
- The provider requested patients' consent to share information about treatment or referrals with their NHS GP.

- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. We saw an example of a patient who showed potential signs of cancer and they were appropriately referred back to their GP for a 2-week referral.

## 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, emergency medicines and equipment minimised risks. The practice had a policy of not prescribing controlled drugs.
- Staff prescribed, administered and supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking the stock of emergency medicines and staff kept accurate records of this.
- All private prescriptions were processed electronically and signed by the SEM consultants.

## Track record on safety

The service had a good safety record.

- The service was operating from rented premises and maintenance and facilities management was shared by the landlord and the tenant.
- We saw evidence the fire alarm warning system was regularly maintained by both the provider and the landlord. A weekly fire alarm warning system test was undertaken and logged. Fire evacuation tests were carried out six monthly. We saw fire procedure and evacuation guidance displayed in the waiting room.
- We saw various risk assessments had been undertaken for the building, including health and safety, Control of Substances Hazardous to Health (COSHH), Legionella and fire.
- Portable appliance testing (PAT) for the premises was not yet due as all the electronic equipment was brand-new. Calibration of the medical equipment had been undertaken in April 2018.

## Lessons learned and improvements made

The service learned from and made improvements when things went wrong.

## Are services safe?

- There was a system for recording and acting on significant events. The provider understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned from significant events and took action to improve safety in the service. The practice had recorded nine significant events since March 2018. One of the events recorded was regarding a suspected malfunction of the ultrasound machine. This was logged with an engineer and the machine was temporarily put out of use. The engineer found the fault and fixed the machine.
- There were systems for receiving and acting on safety alerts. The Clinical Director was responsible for reviewing the relevance of alerts and disseminating them to staff. Staff were also required to sign and declare that they had read the relevant safety alert(s).

We were shown a recent example of a drug alert advising on new temporary safety measures for medicine used to treat HIV following reports of defects in babies born to mothers who became pregnant whilst taking this drug. The practice told us that it had informed all clinicians to check with patients whether they were taking this medicine and inform them of potential concerns.

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider had a policy on the Duty of Candour which encouraged a culture of openness and honesty. The provider had received one complaint to date which related to a data protection issues. We saw that the practice had apologised to the patient for the error and any inconvenience caused.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

- The provider had systems to keep themselves up to date with current evidence based practice. We saw evidence that the SEM consultants assessed needs and delivered care and treatment in line with current legislation, guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.

### Monitoring care and treatment

- There were performance indicators in place for monitoring care and treatment. For example, the quality of consultations with patients was monitored through a clinical notes audit conducted by the management team; this looked at whether the SEM consultants had recorded all relevant information such as patient's medical history, diagnosis, patient goals and treatment plans. The practice carried out quarterly audits for the ultrasound machine to assess whether the machine's data had been backed up, whether the machine's filters were being cleaned and whether ultrasound probes were readily available.
- Staff confirmed that there were corporate plans in place to carry out 2-cycle clinical audits over the coming year to help improve patient outcomes.

### Effective staffing

- Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.
- The provider had an induction programme for newly appointed staff. This included mandatory training covering safeguarding, infection prevention and control, fire safety, health and safety and information governance.
- The provider could demonstrate how it ensured role-specific training and updating for relevant staff. The learning needs of staff were identified through a system of appraisals and more informal discussion between staff members and their managers. The SEM consultants

maintained a folder of educational sessions as part of their annual appraisal process and other staff members' training needs were monitored by the practice manager using a computer system. Staff had protected time to complete mandatory training courses and received regular update training that included safeguarding, fire safety awareness, basic life support and information governance.

### Coordinating patient care and information sharing

Staff worked together with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, we saw the practice would write letters to NHS GP's informing them of the patient's consultation and treatment plans.
- Before providing treatment, the SEM consultants at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- Where patients agreed to share their information, we saw evidence of communication with their registered GP in line with GMC guidance. The SEM consultants had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long term conditions such as asthma.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who have been referred to other services.

### 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.

- One of the key aims and objectives of the service was to provide the best treatment to patients to enable them to lead active lives. This was achieved through a process of assessment and screening and the provision of



# Are services effective?

(for example, treatment is effective)

individually tailored advice and support to assist patients. Each patient was provided with a detailed report covering the findings of their assessments, recommendations for how to manage the symptoms they currently were experiencing. Patients were also provided an action plan to reduce future re-occurrences of symptoms and to improve their general health and well-being.

- From our discussions with staff on the day of inspection, we saw the service encouraged and supported patients to become involved in monitoring and managing their health and discussed the care proposed or treatment options with patients themselves as necessary. Staff were trained in providing motivational and emotional support to patients to encourage them to make healthier lifestyle choices and improve their health outcomes. Where appropriate this included sharing information about other services provided by the NHS or other private healthcare providers.
- The Pure Sports Medicine website contained a variety of information for patients regarding sports and musculoskeletal conditions and general health and wellbeing advice. For example, we saw information was available which highlighted tips on how to train and prepare for a marathon. The website also gave information about specific events taking place at Pure Sports Medicine, for example Pilates classes and strength and conditioning classes.

## **Consent to care and treatment**

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- We saw that the service gained written consent from the patient (or their representative/guardian if under 18) before treatment commenced.
- The service displayed in full, clear and detailed information about the cost of consultations, assessments, tests and further appointments. Prices were not displayed on the website, but prospective patients were informed of prices by reception staff or by email when they first contacted the service to make an appointment.
- The service monitored the process for seeking consent appropriately and carried out regular consent form audits which looked at whether all patients undergoing treatment had provided their informed written consent.



# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- We were unable to speak with patients on the day of the inspection, however 13 patients had provided feedback via CQC comments cards and 15 patients had provided feedback through the CQC website, all of which were positive about the way staff treat people.
- As an independent doctor service, the provider did not participate in the annual National GP Patient Survey. However, the provider received feedback from patients via a third party independent review website. We saw that in the provider's most recent survey 91% of patients answered that they were treated with compassion, kindness, dignity and respect.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

### Involvement in decisions about care and treatment

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

- The service gave patients clear information to help them make informed choices which included comprehensive information on the service's website and a patient leaflet.
- The written 'patient management plan' allowed the patient to specify what their health goals were. This was discussed with a clinical member of staff, who (following

further consultation with the patient) would be able to give a diagnosis of the patient's needs. An estimate of a recovery time as well as the next steps to achieving the identified goals was also discussed.

- Patients told us through comment cards, 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.
- The provider told us an interpreter service could be made available to patients who required one to understand the care and treatment offered and to be fully involved in decisions concerning their care.
- The clinic did not have a hearing loop available on the premises. However, we were told that if a hearing loop was required then this would be borrowed from another Pure Sports Medicine clinic, which was a five-minute walk away.

### 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.
- The service had data protection policies and procedures in place and there were systems to ensure all patient information was stored and kept confidential. The service had acted in accordance with General Data Protection Regulation (GDPR). We saw evidence staff had undertaken relevant training and had access to guidance. The service was registered with the Information Commissioner's Office (ICO) which is a mandatory requirement for every organisation that processes personal information.

# 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 facilities and premises were appropriate for the services delivered. All patients were offered and had access to refreshments.
- The service was located on the ground and lower ground floor, the clinic did not have a lift, but we were told that patients who had disabilities would be seen on the ground floor.
- Patient security had been considered and the waiting area was visible from the reception area.
- The service website listed all clinical services available, staff members at each of its locations, opening times, well-being pages, a Pure Sports Medicines blog and a list of upcoming events.

### Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment. Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported via CQC comment cards the appointment system was easy to use.
- Appointments were available on a pre-bookable basis and the service also offered walk-in appointments.
- Patients could contact the service in person, by telephone or by the service website. The service opened

between the hours of 7am-8pm (Monday -Thursday), 7am-7pm (Friday) The week day opening hours of the service reflected the service awareness that many of its patients would come to the service either before work or after they had finished work.

### 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.

- There was a lead member of staff for managing complaints at corporate level and a second member of staff at local level.
- The service had a complaints policy which was in line with recognised guidance and provided staff with information about handling formal and informal complaints from patients.
- We saw that information was available to help patients understand the complaints system. Information for patients about how to make a complaint was available in the waiting area of the clinic and on the clinic's website. Contact details were also available of other agencies to contact if a patient was not satisfied with the outcome of the investigation into their complaint.
- Complaints were discussed and learning was shared at the quarterly all staff meeting.
- We reviewed one complaint from a patient which related to a data protection issue. We found the response to the complaint was satisfactorily handled and in a timely way. As a result, all staff were reminded to make sure patient details recorded are full and accurate.

# Are services well-led?

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

## Our findings

### Leadership capacity and capability;

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

- The service is provided by Pure Sports Medicine who have seven sites in London. All sites follow a corporate set of reporting mechanisms and quality assurance checks to ensure appropriate high-quality care.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services.
- Processes were in place to check on the suitability of and capability of staff in all roles. Staff in a range of roles told us that managers were approachable, listened to and supported them in their roles and responsibilities.
- There was a clear leadership and staffing structure, and staff were aware of their roles and responsibilities. Staff we spoke with felt well supported and appropriately trained and experienced to meet their responsibilities. Staff had been provided with training opportunities linked to their roles and responsibilities and professional development goals.

### 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. The service had a realistic strategy and supporting business plans to achieve priorities.
- The provider told us its vision included 'to provide clinical excellence, optimal patient outcomes and experience and excellent customer services'. The provider told us that their aim was to provide the public with the same quality of care and the same collaborative approach that you would find in the medical team at a sports club.
- All staff we spoke to were aware of and understood the vision, values and strategy and their role in achieving the vision.

### Culture

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

- Staff we spoke to felt respected, supported and valued. They were proud to work for the service.

- Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary. Staff at all levels were considered valued members of the organisation. They were given protected time for professional development and evaluation of their work.
- There was a strong emphasis on the safety and well-being of all staff. We were told that the clinic held a 90-minute staff event every week which they called 'Team Fitness'. During this session, the clinic would be closed and staff would take part in a range of activities such as team building exercises in the clinic gym.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

### Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

### Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

# Are services well-led?

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. Leaders had oversight of safety alerts, incidents, and complaints.
- Systems were in place for monitoring the quality of the service and making improvements. This included the service having a system of performance indicators, carrying out regular audits, carrying out risk assessments, having a system for staff to carry out regular quality checks and actively seeking feedback from patients.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.
- The provider had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

The service acted on appropriate and accurate information.

- There were policies and IT systems in place to protect the storage, confidentiality and use of all patient information. Business contingency plans were in place which included minimising the risk of not being able to access or losing patient data.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The service submitted data or notifications to external organisations as required.

## 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.

- Staff views and concerns were encouraged, heard and acted on to shape services and culture. For example, we were told that staff had suggested to add an additional plug socket in the consultations room to make the handling of the ultrasound machine easier and this was complied with by the management.
- Patients were asked to complete a survey about the service they had received. Feedback was monitored and action was taken if feedback indicated that the quality of the service could be improved. The service conducted patient satisfaction surveys twice a year as another tool to gauge patient opinions of their experience of staff in different roles at the service. This feedback was used to see if there were any areas of the service which might require improvement. We were given an example of patient feedback requesting a seating area on the lower ground floor. This feedback was acted on and a bench was placed outside the consultations room on the lower ground floor.

## Continuous improvement and innovation

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

- Staff told us that there was a strong emphasis on continuous learning and improvement.
- The service made use of internal reviews of incidents. Learning was shared, minuted and used to make improvements.
- The provider told us they regularly took time out to review individual and business objectives, processes and performance.