

The Health Suite Limited

Inspection report

624 Uppingham Road
Thurnby
Leicester
LE7 9QB
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive at The Health Suite Limited on 10 May 2022. This is the first time this service has been inspected by the Care Quality Commission (CQC) following its registration as a new service in February 2020.

A director and GP at the location is the CQC registered manager. A registered manager is a person who is registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- The provider protected patients from abuse and avoidable harm. They had systems and processes for monitoring and managing risk.
- There was a strong focus on providing care, treatment and support to achieve good outcomes for patients based on the best available evidence.
- The service worked within evidence-based practice, whilst providing individualised care.
- There was an established programme of quality improvement and clinical audit to demonstrate the efficacy of patient outcomes. There were proactive communication channels with the patients' registered NHS GPs to ensure continuity of care.
- The provider gave patients follow up options for treatment or tests both on a private basis or by signposting to appropriate follow up via the NHS, further to an initial private consultation.
- We found that the service was caring and compassionate towards patients and we observed many positive comments received from those who had used the service.
- There was a strong, visible person-centred culture. The leadership team were motivated, passionate and inspired to offer care that was kind, accessible and respectful.
- Patients could access services in a way that promoted flexibility, choice and continuity of care
- Leadership and culture were used to drive and improve the delivery of high-quality person-centred care. Leaders worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff said they worked well as a team, felt well supported and they had a common focus on improving the quality and sustainability of care and people's experiences. Staff told us the provider was dedicated to providing an exceptional service for patients. The service had a strong focus on the needs of patients.
- The service had effective governance and assurance processes.

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

Overall summary

- Develop the training matrix so that training records of staff training both employed and those with practising privileges are received and documented as completed and staff immunisations are all recorded.
- Demonstrate that actions from risk assessments and infection control audits are documented when completed.
- Provide leaflets are available in different languages.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection was led by a CQC inspector and a GP Specialist Advisor.

Background to The Health Suite Limited

The Health Suite Limited are located at 624 Uppingham Road, Leicester. LE7 9QB and is registered with the CQC to provide the regulated activities of diagnostic and screening procedures, family planning, surgical procedures and treatment of disease, disorder or injury. The service was first registered with the CQC in 2020 and this is the first inspection of the service.

The Health Suite is an independent organisation which offers consultations, treatment and advice to both private patients and some services to NHS patients under a contract with the clinical commissioning group. For example, adult male circumcision, ultrasound guided pain injections, breast pain and 2 week wait under 35 years breast cancer pathway. (A 'Two Week Wait' referral is a request from your General Practitioner (GP) to ask the hospital for an urgent appointment for you, because you have symptoms that might indicate that you have cancer).

The service holds a list of registered patients who are either referred to the service or contact the provider directly to register as a private patient. The treatments provided by this service that fall into the scope of regulation includes private GP appointments, blood tests, electrocardiogram (ECG), health checks and family planning.

There are three directors who are also clinicians, one health care assistant who are supported by a team of receptionists and administrators.

Some of the patients receiving care at this service are patients of visiting clinicians who use the providers facilities under practising privileges without being directly employed by them. The service also provides a range of other services which are not regulated.

The location is a detached single storey building with disabled access, providing seven consulting rooms, one group meeting room, separate reception and waiting area, accessible toilets as well as staff kitchen and break room. Minor Surgery is also provided to patients.

The service is open from 8am to 8pm Monday to Thursday, 8.30am to 6pm on Friday and 8.30am to 1pm on Saturdays.

Consultations are by prior arrangement via telephone or email.

The service has a team of two GPs with specialisms, a consultant osteopath, one health care assistant, a reception lead and four reception administrators.

How we inspected this service

This inspection was carried out both remotely and by visiting the providers location.

This included:

- Visiting the providers location.
- Reviewing information provided to us before our site visit.
- Reviewing patient feedback.

The provider is not required to offer an out-of-hours service. Patients who need urgent medical assistance out of the service opening hours are requested to seek assistance from alternative services such as their own GP, the NHS 111 telephone service or accident and emergency.

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?

We rated safe as Good because:

Safety systems and processes

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

- The service had systems in place to safeguard vulnerable adults and children from abuse, which included safeguarding policies. The policies outlined who to go to for further guidance, and there was an identified safeguarding lead within the service.
- Employed staff at the service had received up-to-date safeguarding training appropriate to their role. The provider had been assured by the visiting consultants that their safeguarding training in their substantive posts was up to date but they had not provided the service with the evidence at the time of the inspection. Staff we spoke with knew how to identify and report any safeguarding concerns.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff knew how to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect should this arise.
- The provider carried out recruitment checks on new staff and maintained evidence of this. We reviewed files for three staff working at the service and found that full pre-employment checks had been completed. Disclosure and Barring Service (DBS) checks were undertaken where required (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The provider informed us they completed DBS clearance on a three yearly basis with all staff.
- All staff who carried out the role of chaperone had received the appropriate training.
- 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.
- There was a system in place to manage infection prevention and control. The building was visibly clean and free from dust. Cleaning schedules were in place and identified what cleaning had been undertaken and how. The provider had an infection prevention and control consultant who supported them and they had carried out an infection control audit in March 2022. Actions for improvement had been discussed and documented but on the day of the inspection no completion dates had been agreed. Most staff had completed infection control training online, but five staff were overdue their yearly update in accordance with the practice's own training schedule. The management team told us that they would ensure these were completed.
- The management of sharps was appropriate with sharps bins in place, dated, not over filled and partially closed. A sharps audit had been completed in March 2022.
- There were clear and visible risk assessments available to staff to support them when using hazardous substances. This was in line with legislation involving the control of substances hazardous to health (COSHH).
- We saw a legionella risk assessment had been carried out in May 2022. we saw that there were four actions identified, one high, two medium and one low. We were told by the management team and we saw that actions had been taken to mitigate the risks identified on the risk assessment, but they had not recorded that the actions had been completed. Water monitoring testing was carried out.
- We saw a fire risk assessment in place. We saw that there were evidence of four actions identified, one high, two medium and one low. We were told by the management team and we saw that actions had been taken to mitigate the risks identified on the risk assessment but they had not recorded that the actions had been completed.
- The provider carried out appropriate environmental risk assessments which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

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

Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an induction system for staff tailored to their role.
- There was an established process for sending samples for histology (analysis) and receiving results for review. A calendar was used on a daily basis to check blood results that were due.
- The Registered Manager had oversight of the histology process. Results were reviewed by a clinician. All patients were advised at their appointment that their results would be sent out to them by email. They were advised to book a follow up appointment to discuss their results or follow them up with their NHS GP if that was their choice. If abnormal results had been received, most patients contacted the service to discuss but if the service had not heard from the patient, reception would contact them to ensure they had received them and were following the results up with a suitable medical practitioner. If there was still a cause for concern an appropriate referral to the patient's GP would be made.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place for all the clinicians working in the service.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

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. We reviewed three care records during the inspection. These were clearly written, showed evidence of treatment planning and consent which outlined the risks and possible complications of the treatments. Medical records were stored securely.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Patients were asked to consent for the service to send treatment details to their GP and any other relevant healthcare professionals.
- Summaries were completed for any GP referrals for ease of access.
- Blood test results were notified to the clinic email and accessed through a secure pathology portal. These were then uploaded to the patient record and shared with the patient electronically with any actions identified.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading. All records were encrypted by the supplier of the clinical system and stored on a database.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- Doctors prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Staff kept accurate records of medicines.
- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service did not prescribe Schedule 2,3,4 or 5 controlled drugs.
- Processes were in place for ordering, replenishing and monitoring medicines, for example emergency medicines and local anaesthetic and staff kept accurate records of these.

Are services safe?

- Medicines requiring refrigeration were stored in a refrigerator which was monitored to ensure it maintained the correct temperature range for safe storage in line with national guidance.
- Patient identification was confirmed when they requested an appointment. This was important from a safety perspective.
- There were effective protocols for verifying the identity of patients including children.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. These included Fire, Legionella and Health and Safety.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- The provider had an external company who advised on health and safety but they did not use lasers at the clinic.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There were adequate systems for reviewing and investigating when things went wrong. The management team told us that they had not recorded any significant events but had incident reports that were reviewed and investigated. They were able to document changes to the service in response to these incidents. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, incorrect date of birth on a blood bottle. We found the service had provided the correct date to the laboratory and the results were amended, an apology was sent to patient and further training put in place for staff.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The provider had an effective mechanism in place to review and act on medical alerts. If any alerts required action, one of the directors would lead on identifying and contacting the patients. In addition, the provider had a system in place for reporting any adverse incidents relating to medicines and devices using the Yellow Card Scheme within the Medicines & Healthcare products Regulatory Agency. (The Yellow Card scheme is a mechanism by which anybody can voluntarily report any suspected adverse reactions or side effects to the vaccine.)

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Clinicians with practicing privileges also worked at the service with specialities such as gynaecology, plastic surgery, breast examinations, orthopaedics, rheumatology, anaesthetics, psychiatry, urology, dermatology, along with clinicians in radiology, midwifery, physiotherapy, dietician, speech and language. They had high levels of skills, knowledge and experience to deliver the care and treatments some of which came within scope of registration with CQC that were offered by the service.
- Patients' immediate and ongoing needs were fully assessed as well as their expectation from treatment. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinical records were kept, with treatment planning and information fully documented.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients of any side effects and risks, including pain, and understood how to assess patients' pain where appropriate

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. Clinical audit was used to demonstrate a positive impact on quality of care and outcomes for patients. There was evidence of actions taken to resolve concerns and improve quality.

Clinical audits included health and safety, consent, clinical notetaking, intrauterine insertion and removal. The service had also carried out a third cycle prescribing audit in April 2022. The audit demonstrated that medicines were being prescribed in line with Leicester Medicines Strategy Group (LMSG) guidance.

- documentation included the risks and benefits of a prescribed medicine being discussed with the patient.
- consent being recorded appropriately where unlicensed medicines had been prescribed.
- ensuring that privately issued prescriptions matched the written information provided to patients and their own GP.

Effective staffing

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

- All staff records we looked at were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation

Are services effective?

- The provider understood the learning needs of staff and provided protected time and training to meet them. Records were kept of skills, qualifications and training. However, we found on the day of the inspections gaps in training records and the management team told us they would ensure the relevant staff who were employed by the service would complete training relevant to their role over the next three months. For example, infection control, fire safety, safeguarding.
- Staff were encouraged and given opportunities to develop.
- Staff with practising privileges and whose role included family planning and immunisations were able to demonstrate that they had received specific training relevant to their role.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Staff were encouraged and given opportunities to develop.
- We asked for training records of staff who worked at the practice under practice privileges but not all records were available on the day of the inspection. For example, safeguarding training but they had assured the provider that their training was up to date in their substantive roles.

Coordinating patient care and information sharing

Staff worked together, and worked well 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, appointment summaries (with the patient's consent) were sent to the patient's GP. Where appropriate the service could communicate with the patient's GPs about further care needed.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP.
- 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. For example, if any suspicious or cancerous lesions were identified at consultation or via histology, the patient would immediately be referred into an urgent cancer care pathway either by the service's doctor or by their own GP. The provider had a system to monitor this.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, the provider gave people advice so they could self-care. There was a focus on a holistic approach to patient care. For example, hay fever.
- Information about procedures, including the benefits, risks and likely success of treatments provided were documented on the consent form. All patients received pre and post treatment advice and were given advice on how to contact someone should they require support following treatment.
- Risk factors were identified, highlighted to patients and where appropriately highlighted to their normal care provider for additional support.

Consent to care and treatment

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

Are services effective?

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- We saw, on the service website, feedback by patients who were highly satisfied with the care and treatment received.
- The service sought feedback on customer satisfaction and feedback on the quality of clinical care patients received. The service asked every patient for feedback 24 hours after their appointment. They sent an email containing a link, so they could leave a review. Since January 2022 they had received 936 reviews from patients via email and 125 reviews by a social media platform. Out of the 936 reviews received by email 864 were given five stars and only 13 reviews were rated under three stars.
- The service gave patients timely support and information.
- We saw an example when the feedback was less than a three, they contacted the patient to discuss why they were not completely happy with the care and treatment given.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. Patients were told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care. We did not see any notices about the interpretation services in the reception areas, and the leaflets seen were only in English.
- The service opened in January 2020 and at the time of the inspection 102 mostly positive reviews had been received. They were positive about care and treatment and said staff were friendly, professional, efficient and they felt they were treated with dignity and respect.

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.

Are services responsive to people's needs?

We rated responsive as Good because:

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 service provided a wide range of services but not all were within the CQC scope of registration.
- Patients were provided with options for their treatment. They were also signposted to secondary care if required following a consultation.
- The service sought feedback on the quality of clinical care patients received and their experience. We were told patients would be asked about their experience after treatment and if any concerns were raised these could be addressed immediately.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, disabled toilet facilities for those who had mobility problems.
- The service website had been redesigned with a view to being easy to use, in line with the service mission and values.

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.
- Appointment times varied and were dependent on the patients' reason for attending the service. GP appointments ranged from 15 minutes up to an hour. The emphasis was on individualised care and treatment.
- Appointments for consultants with practising privileges were available every week. Patients could book appointments directly online or by telephone. Patients could speak to an administrator to facilitate this between 8am and 8pm Monday to Thursday, 8am to 6.30pm Friday and Saturday 8.30am to 1pm. Some appointments were also available on a Saturday morning. The majority of appointments were carried out face to face but they do carry out home visits and video consultations where needed. At the time of our inspection the service was looking to recruit additional clinicians to expand the appointments available.
- Referrals and transfers to other services were undertaken in a timely way. For example, patients requiring onward referral to secondary care services for specific treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

Listening and learning from concerns and complaint

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.
- Staff treated patients who made complaints compassionately and informed them of any further action that may be available to them should they not be satisfied with the response to their complaint.
- We were sent a summary of complaints that had been received in the last 12 months. There were 19 complaints and we saw that these were dealt with promptly and compassionately. 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.

Are services responsive to people's needs?

- The service had a complaint policy in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, a machine appeared to be faulty on three separate occasions. On investigation this was found not to be the case, it had not posed a clinical risk but learning on how to get the patient ready for the procedure was discussed and staff was advised of the updated process.
- The service also reviewed patient feedback and turned any feedback less than three into a complaint so that they could review the care given, speak to both patient and clinician and make improvements to the quality of care given. For example, booking process online found to be cumbersome with website hard to navigate. Changes have since been made to make the website more user-friendly. Some patients found it difficult to find the location of the service. The service ensured they sent pictures with directions on the booking form confirmation, had put contrasting signs on the roadside along with a picture of the building displayed on the practice website.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Staff told us that leaders at all levels were visible and approachable. Leaders worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff told us that the leadership team were dedicated to providing an exceptional service for their patients. They said that care and attention to detail was provided and was a lifelong passion and not just work.
- As a new service registered with the CQC in February 2020 there was a commitment from the leadership team to be able to demonstrate how they adhered to the fundamental standards of care as part of their CQC registration. On the day of the inspection they demonstrated a willingness to achieve and seek advice where they felt there was room for further and ongoing improvements.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values to provide a more holistic, patient centred approach to care which utilises a multi-disciplinary team approach. The service had a mission statement and provided bespoke, integrated, patient-centred healthcare.
- The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners (where relevant).
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service demonstrated that their main focus was 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.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received an annual appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- There were positive relationships between staff and teams and was evident on the day of the inspection.

Are services well-led?

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 mostly clearly set out, understood and effective. We found that some processes needed further embedding, for example, no set agenda for team meetings minutes, discussion of areas such as significant events, complaints, infection control, health and safety.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Policies and procedures were provided by the provider's national governance and audit teams. Staff knew how to access these on the service intranet.
- Staff were clear on their roles and accountabilities.
- The service used performance information which was reported and monitored. The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

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

- There were processes in place to identify, understand, monitor and address current and future risks including risks to patient safety. However, on the day of the inspection we found that actions required from risk assessments such as fire safety, legionella and health and safety had not been documented as completed. It was confirmed that most had been completed prior to the inspection and they would ensure that going forward documentation would be completed in a timely manner.
- 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.
- Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- 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.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- 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.

Are services well-led?

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- There were systems to support improvement and innovation work. Over the past year the service had produced public information videos on topics such as breast cancer and proper breast self-examination online. They had plans for the coming year which included open days for the public on important issues such as breast cancer, nutrition, sleep, relaxation and the benefits of blood pressure checks.
- The management team were in the process of looking into teaching Hyperbaric Oxygen Therapy (HBOT). They had a chamber within the premises and were looking at teaching HBOT safety, incorporating best practice.
- Staff could describe to us the systems in place to give feedback. Staff meetings for reception, administration and health care assistant were held every Friday but did not have a formal agenda in place. They also had a group on a social media platform which enabled them to advise staff of any urgent updates that they needed to know straightaway. Agreement had been gained from staff before this group had been set up.
- We saw a staff update for 26 April 2022 which was sent to all staff and included information on health and safety, infection control, complaints overview from July to December 2021, prescribing and consent audit overview and patient feedback. The management team told us these detailed updates were sent out every six months to all staff including those consultants who attended the service under practising privileges. Regular conversations and updates were held with these consultants on the days they worked at the service.
- We saw that staff received a monthly staff newsletter which included new staff, new services being provided, staff birthdays and positive feedback from patients and the management team.
- A staff survey was undertaken in April 2022 (for staff who were employed by the service). We saw evidence of the mostly positive feedback and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service had a lone worker policy in place and there was always at least two people in the building whilst it was open for appointments.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a strong focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The management team had plans to build an extension to increase administration and storage space. Planning permission had recently been approved.
- The practice carried out regular price comparisons for the work they carried out to ensure they were competitive with other providers and to continue to increase footfall.
- The service was continually looking at new ways to promote the service provided and had plans to offer support to the local community. This would enable them to build on relationships, understand what services the community needed and further build on the good reputation already in place for this service.