

Stonegate Medical Clinic

Inspection report

23 Stonegate
York
North Yorkshire
YO1 8AW

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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

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Outstanding 

Overall summary

This service is rated as Outstanding overall. (Previous inspection 29 March 2018 – no rating given).

The key questions are rated as:

Are services safe? – Good Are services effective? – Good Are services caring? – Outstanding Are services responsive? – Good Are services well-led? – Outstanding

We carried out an announced comprehensive inspection at Stonegate Medical Clinic as part of our inspection programme.

The Care Quality Commission previously inspected the service on 29 March 2018 and found that the service was compliant. At that time, ratings for independent consulting doctors were not awarded, following inspection.

Stonegate Medical Clinic offers predominantly private GP consultations.

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 general exemptions from regulation by CQC which relate to particular types of service and these are set out in of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Stonegate Medical Clinic services are provided to patients under arrangements made by their employer with whom the service user holds a policy (other than a standard health insurance policy). These types of arrangements are exempt by law from CQC regulation. Therefore, at Stonegate Medical Clinic, we were only able to inspect the services which are not arranged for patients by their employers.

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

We provided CQC comment cards and asked clients to complete these. We saw that 17 people who were clients of the service provided feedback about the service. All 17 of these comment cards were positive and described how all staff were polite, friendly, helpful and caring.

We have rated this service as outstanding overall.

Our key findings were :

We rated the service as **outstanding** for providing well-led services because:

- The culture of the service and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care.
- Leaders tailored their approach to manage the expectations of patients, while providing safe systems and a smooth interface with NHS services.

We rated the service as **outstanding** for providing caring services because:

- Feedback from patients was consistently positive.
- There was a strong person-centred culture.
- There was a strong ethos of charitable giving.
- Positive patient experiences were a high priority, evidenced through its approach to complaints, information packs, and preparation for appointments.

We also rated the service as **good** for providing safe, effective and responsive services because:

Overall summary

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Services were tailored to meet the needs of individual patients. They were delivered in a flexible way that ensured choice and continuity of care.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector.
The team included a CQC GP specialist adviser.

Background to Stonegate Medical Clinic

Stonegate Medical Clinical, Stonegate, York, YO1 8AW is an independent clinic operated by York Private Medical Limited to deliver predominantly private GP services to patients. All regulated activity is currently delivered from this one, registered location. In addition to its GP services, the clinic offers a range of health assessments and screening including; sexual health, wellbeing, sports injury assessments, and occupational health assessments. The clinic provides vaccinations to children and adults, minor surgery, clinical psychology services and paediatrics. It dispenses a small stock of medicines, privately to patients, and all the handling of dispensed medicines is done by clinical staff.

Stonegate offers a comprehensive range of treatments and services and aims to achieve full responsibility for the clinical care that they provide.

Offering a range of treatments that are also available in NHS services, the aim of the clinic is to help patients receive care that they may struggle to obtain due to the constraints that the NHS is under, whether this be waiting times, limited resources or limitations from changing standards.

Stonegate does not aspire to be a patient's primary care provider or a patient's first line GP. For the majority of patients their first line GP is their NHS GP. For more than 90% of patients, their care at Stonegate Medical Clinic is episodic rather than long-term.

The clinic is open from 8am until 5.30pm Monday to Friday and 8.30am until 12pm on Saturdays. It also delivers its services on some bank holidays and includes details of those opening hours on its website, close to the time of the bank holiday. Home visits and hotel visits are offered as part of its arrangements, where patients require them.

There are currently; three GPs, a paediatrician, an occupational health doctor, two clinical psychologists and two dietitian and nutritional therapists working at the clinic. In addition to this, there is a managing director, service manager, senior patient co-ordinator and two other non-clinical staff.

York is an historic walled city in North Yorkshire which attracts around seven million tourists per year. Patients using the clinic who are resident in England usually retain their NHS GP registration with their own local service but access services from the clinic as they require them. Information is shared with their NHS GP where patients consent to this. Visiting residents from overseas can also access services and receive treatment from the clinic.

Stonegate medical Clinic's website address is which details a comprehensive list of services carried out and a fee structure for every service delivered.

How we inspected this service

Before the inspection we gathered and reviewed information from stakeholders, for example; Healthwatch and the local clinical commissioning group. We also reviewed notifications that came into our organisation. We asked the provider to send us certain information beforehand which included a list of its clinicians' registration with the General Medical Council.

The methods that were used included interviewing staff, observations and review of documents.

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 arrangements in respect of safeguarding, recruitment, risk assessments and medicines kept patients safe.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- There was a policy and an effective system in place for the prevention of the spread of Legionella.
- 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.
- The provider carried out appropriate environmental risk assessments, which considered 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.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for agency staff tailored to their role.
- 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 reporting on medical emergencies, the guidance for emergency equipment was in the Resuscitation Council UK guidelines and the guidance on emergency medicines was in the British National Formulary (BNF).
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- 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.
- 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.

Are services safe?

- 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.
- All prescriptions were holographically marked to prevent fraud.
- The service did not stock controlled drugs.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients including children.
- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action, to improve safety in the service. The service had recorded 11 significant events in the preceding 12-month period. As part of our inspection we looked in-depth at the service's approach to recording, analysing, responding to and disseminating information, about all 11 events. We saw evidence that these had been effectively recorded and reflected upon and the service used these events as a springboard to improve practice. There was evidence of analysis, themes identified, and lessons learned. We saw evidence that these were shared with all 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
- When there were unexpected or unintended safety incidents, the service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff. This was done through a dedicated email inbox, where all alerts were awarded a 'traffic light' colour to indicate at a glance where there were remaining actions.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- 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.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

Are services effective?

We rated effective as Good because arrangements in respect of information sharing, monitoring care and treatment and supporting patients to live healthier lives had a positive effect on patient outcomes :

Effective needs assessment, care and treatment

The service developed a variety of protocols and standard operating procedures underpinned by both NICE guidelines and their own management system to ensure correct and appropriate follow-up of patients needing medical reviews and ongoing clinical advice.

Stonegate Medical Clinic sought consent from all patients attending the clinic, in order to share its medical records. In cases where consent was not obtained (depending on the medication/treatment) clinicians at the service would not agree to provide the requested service without ensuring the NHS GP has been informed, for example, issuing high-risk medicines.

The service adhered to national guidelines when providing long-term or episodic care. Medical alerts, clinical audits and patient feedback were all taken into account. These were reviewed regularly within team meetings.

Although the vast majority of patients (around 90%) received episodic care, the service had a small number of patients who had ongoing medication and treatment reviews with Stonegate's clinicians. We saw evidence that these patients had reviews arranged through the service's internal recall system. Both administrative and clinical staff arranged recall reminders for appropriate follow-up appointments. Reminders appeared one week before the due date, when the administration team contacted the patients and arranged their care.

The provider kept 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).

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.

- Staff assessed and managed 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. The service had a robust continuous audit programme and made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. The provider had undertaken eight clinical audits over the preceding 12-month period including;

- Antimicrobials prescribing
- Data Entry Quality
- Recording of Dispensed Medicines,
- Vaccination Documentation
- Lesion Excision Completeness
- Wound dehiscence in the Minor Surgery Clinic
- Infection rates within Minor Surgery

All this clinical quality improvement activity had at least two cycles of analysis (many had three cycles or more). Audits identified that Stonegate Medical Clinic were meeting the required standards set by national guidelines. We saw evidence that rationale, chosen criteria and standards were clearly documented in all these audits. Data collection, changes, actions and conclusions were discussed with the clinical team and improvements were made in a timely way, where required.

Effective staffing

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

- All staff 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
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up-to-date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Are services effective?

- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

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.
- 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 on each occasion they used the service.
- The provider 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. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- 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 had been referred to other services.

- The service had an effective process for handling pathology results which ensured that any patient with an abnormal result was contacted by the 'doctor for the day' (not necessarily the consulting doctor) via the telephone. This ensured that there were no delays in systems and processes regarding pathology results.

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.

- The provider had an ethos of commitment to health and wellbeing promotion. The clinic held regular educational events which provided those who attended with additional knowledge about certain health issues which impacted on their daily lives.
- Where appropriate, staff gave people advice, so they could self-care.
- Health promotion factors, for example, smoking cessation, were routinely discussed with all patients at every face-to-face contact, if relevant to their lifestyle.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately. There were numerous written consent forms which were individually tailored to the specific treatment being carried out.

Are services caring?

We rated caring as Outstanding because arrangements in respect of privacy and dignity, the kindness shown to patients, and patients' involvement in their own care were evident in several areas of the service's operation.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- We received feedback from 17 patients during our inspection which described a caring, efficient and friendly service.
- 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.
- The provider actively sought its own patient satisfaction data. It aimed to audit all patient feedback on a six-monthly cycle, however sometimes response rates were too low to provide a valid audit every six months.
- It collated data from a random selection of ten patients, over a six-month period in 2018. The results showed;
- 100% of respondents stated the doctor was friendly and welcoming.
- 90% received satisfactory answers to their questions during their consultation.
- 100% of respondents were asked their reasons for attending Stonegate Medical Clinic.
- 100% of respondents felt the receptionist was well informed.
- 100% of respondents felt they had sufficient information about the service prior to their visit.
- 90% would recommend the clinic to others.
- 87.5% of respondents who needed treatment or diagnostic services felt that their options were fully explained to them.
- As a result of the satisfaction rates gathered, the provider generated action and learning points to try to improve any figures which were below 100%. For example, actions included holding discussions with clinicians about clarity in answering patient questions, and discussing treatment and diagnostic services more clearly.

- There was an ongoing programme of team participation in community charitable events and regular donations to local charities.

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 told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- The service had a system for pre-checking a child's likes and dislikes prior to coming for immunisation. As such, this allowed the clinic to prepare distraction techniques (TV programmes, books, toys) which were in line with the child's favourite TV character, for example.
- The service demonstrated a good understanding of the needs of a child and made efforts to minimise the potential fear and anxieties experienced in a health care setting. The provider told us it was paramount that the child had a good experience of a clinical episode, and put strategies in place to secure their positive experience.
- There was a comprehensive information pack in the clinic, which provided key information ahead of any treatments.
- We saw that there was a full educational section within the pack, for parents, on how best to prepare a child for immunisations, in order to reduce family anxiety.
- Once a patient had secured an appointment for a particular treatment, they were sent a tailored email (subject to having given General Data Protection Regulation consent) which outlined information about what to expect from the appointment, along with a biopic about the clinician. This provided an opportunity for them to ask or note any questions.

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 caring?

- Telephone calls were routinely transferred to a private office when the patient or receptionist perceived that the nature of the call was sensitive.
- We saw that responses to complaint letters were dignified, respectful and apologetic.
- Staff told us that patient satisfaction was a high priority and they felt personally upset when a patient had any negative experience. This was their main driver to delivering a high standard of care.

Are services responsive to people's needs?

We rated responsive as Good because arrangements in respect of service delivery, timely access, and learning from complaints were tailored to the individual needs of patients.

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. For example, it had reviewed its processes and systems to further expedite the sharing of notes to the NHS GP (where consent to this had been agreed)
- The facilities and premises were appropriate for the services delivered. As an historic grade one listed building, there was very little that the provider could alter about the building, to make it wheelchair or pushchair accessible. However, it had carried out a full disability access assessment in order to make as many adaptations as possible (for example, installing a grab rail and an emergency assistance alarm in the bathroom). It had a vision to ensure that any additional premises in the future could be wheelchair accessible.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. There was accessible care guidance and a disability discrimination policy.
- Patients could attend Stonegate Medical Clinic at a time and date which was convenient to them, with a clinician of their choice.
- The service set out its pricing structure very clearly on its website and in the waiting room so that patients knew exactly what their package of care would cost.
- The clinicians were not afraid to challenge patients' requests for private care and treatment when it was felt that the clinic was not the most appropriate place for them to be treated.
- The clinicians were very supportive of NHS services and were mindful to work alongside existing services for the patient, not to supersede them.
- Clinicians and managers had good relationships with their secondary and primary care NHS colleagues. This helped to ensure a smooth patient journey and timely service delivery where NHS services were needed.

- Clinicians told us that some of their patients worried about accessing independent healthcare as they felt a sense of disloyalty to NHS services. Clinicians gave reassurance and explanations about this to patients, demonstrating a cohesive approach and high regard for the NHS, with the patient at the centre of the care.

Timely access to the service

Patients were able 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 with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. The majority of routine referrals were made to a local private hospital. We saw evidence that any patient presenting with symptoms or signs of suspected cancer were immediately referred through to secondary care in the NHS, under the NHS two-week-wait referral rule. This safeguarded patients with potential malignancy from experiencing any delays.

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.


- The service had received four complaints in the preceding 12 months. We looked at all four of these in depth and saw that they were accurately recorded, well analysed and responded to in a timely way.
- Information about how to make a complaint or raise concerns was available and actively encouraged. Staff treated patients who made complaints 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.
- The service had a complaints policy and procedure in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It

Are services responsive to people's needs?

acted as a result to improve the quality of care: For example, when there was a miscommunication about a patient's requested laboratory procedure, the service introduced a new tracking system to minimise the chance of the error recurring. The patient received a written apology and a further test was carried out at no cost to the patient.

- Staff, clinicians and leaders felt a personal sense of regret when complaints were raised and did everything in their power to rectify the situation and maintain patient satisfaction.

Are services well-led?

We rated well-led as Outstanding  because the culture of the service and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care.

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.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- Staff at all levels within the service prioritised the management of patients' expectations.
- Staff said they felt respected, valued and supported, particularly by the manager and clinicians at the service. All staff were involved in discussions about how to run and develop the clinic, and the managers encouraged all members of staff to identify opportunities to improve the service delivered by 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. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff.
- 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 focused on the needs of patients.
- Leaders, managers and staff had a vocal respect for the NHS and sought to complement the treatment and care it delivered, rather than to replace or supersede its delivery.
- 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 received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. All staff, clinical or non-clinical were considered valued members of the team.
- There was a strong emphasis on the safety and well-being of all staff. The registered manager had an interest in wellbeing in the workplace and used this knowledge and experience to invest in, and look after, all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

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 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 effective policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- There was a clear operational structure with a manager always on site. However, leaders and clinicians could contact the registered manager 24 hours a day, seven days a week, if required.
- We saw evidence from meeting minutes of a meetings' structure which allowed for lessons to be learned and shared following significant events and complaints.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- 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.
- 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 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.
- The service adhered to General Data Protection Regulations (GDPR) throughout all of its patient data handling.
- Although the majority of patients received episodic care from the provider, there was an effective system in place for recalling patients who needed regular reviews of medication and/or treatment plans.

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.
- Staff could describe to us the systems in place to give feedback. There was a daily huddle meeting, in addition to regular clinical meetings. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- All staff were aware of the service's whistleblowing policy.
- The service was transparent, collaborative and open with stakeholders about performance.
- The service was transparent, collaborative and open with the public about fees and services offered.
- The provider demonstrated a high level of commitment to community health ventures. For example, the service was providing knowledge, skills and support to the wellbeing board of a York businesses' collaborative. No fees were charged for this input. Similarly, in March 2019, Stonegate Medical Clinic collaborated with a tanning cream company to host an event which raised awareness about skin cancers. Free mole checks were offered as part of a 'York Against Cancer' campaign. This session was open to the public, and we were told that one attendee was referred on to secondary care services as a direct result of a mole check.
- The provider had an ethos of commitment to health and wellbeing promotion. The clinic held regular educational events which provided those who attended with additional knowledge about certain health issues which impacted on their daily lives. The provider charged a nominal fee of five pounds per person to secure a place on the workshop, however the full fee was donated to a local children's hospice and Stonegate Medical Clinic received no remuneration for holding the events. Topics covered in the preceding three months included; Irritable Bowel Syndrome, weight loss management, menopause and women's health.
- The provider collated feedback from all attendees at the events and we saw that this was positive.
- The provider had a continuous programme of fundraising for local charities and the service had enrolled in various charity events including the Micklegate Soapbox Run, and the York Mumbler. The service had raised £1470.97 for a local children's hospice, up until March 2018 and further funds were to be donated, in addition.
- The provider promoted an open relationship between both private and NHS services and supported the work they do, while offering a solution to over-populated services.

Continuous improvement and innovation

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

- There was a 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.
- There were systems to support improvement and innovation work.
- The provider prioritised innovation and improvement above any service remuneration.
- Stonegate Medical Clinic has good links with the Local Medical Committee. This has allowed an open dialogue to discuss problems and overcome barriers such as the interface between private and NHS care for patients, and how the two systems can work cohesively for patients.