

Women's Health Dulwich - Croxted Road

Inspection report

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Date of inspection visit: 12 September 2022
Date of publication: 11/10/2022

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?	Requires Improvement		
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? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Women's Health Dulwich on 12 September 2022 as part of our rating inspection programme for independent health services. This was the first full inspection of this service.

Women's Health Dulwich was established and registered with the Care Quality Commission in 2020. The service offers private GP, gynaecology, paediatric, ultrasound and maternity services, as well as offering physiotherapy services at another site.

The principal doctor 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.

As part of this inspection, patients of the practice were asked to give feedback to CQC about their experiences of using the service. We spoke with three patients about the service they have received, and all comments received were positive, mentioning: staff were professional, helpful and efficient; treatment options were always fully explained and tailored to individual needs; and a responsive service with a dedicated doctor.

Our key findings were:

- We found a number of items were missing from the emergency medicines supply that we would expect to be stocked, with no accompanying risk assessment to justify their absence. Additionally, we found two out of date items in the emergency medicines stock and the defibrillator pads were out of date (with no spares available). The out of date items were removed on the day of inspection and evidence was seen that the service has since reordered two sets of defibrillator pads (adult and paediatric), and had obtained the items missing from the emergency medicines supply.
- Not all clinical staff had the appropriate safeguarding training relevant to their role. For example, we found that although children were sometimes treated at the service, not all doctors had received level 3 children's safeguarding training.
- Clinical notes were kept in line with best practice guidance, with evidence seen that thorough and detailed feedback from consultations was provided to patients.
- There were both reported and observed positive relations between staff and management.
- Practice policies were in place and shown to be reviewed regularly.
- The service was proactive in responding to feedback and complaints from patients. We saw evidence of implemented changes (e.g. email templates) that had been introduced following feedback from patient experience.

Overall summary

- We saw no evidence of discrimination when making care and treatment decisions.
- Feedback from patients was positive about the way staff treated people.
- Information about how to raise concerns was available.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients

(Please see the specific details on action required at the end of this report).

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

- Consider including Mental Capacity Act training as mandatory training for non-clinical staff.
- Implement a hearing loop within the service to improve accessibility for those who may be hard of hearing.
- Consider adding a message to the service's telephone message advising patients on how to seek out of hours support.
- Consider implementing a schedule for audits to ensure regular two-cycle audits are completed.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

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

Background to Women's Health Dulwich - Croxted Road

Women's Health Dulwich is located at 17 Croxted Road, Norwood, London, SE21 8SZ, which was visited as part of the inspection process. The service is led by a female consultant obstetrician, gynaecologist and foetal medicine specialist. Further clinical staff employed by the service are three female consultant gynaecologists, one male consultant paediatrician, one female consultant paediatrician, one female GP, one female specialist colposcopy doctor, one male specialist obstetrics ultrasound doctor and two female physiotherapists. Additionally, there is one female operations manager, one male who provides information technology support, and one male financial analyst.

The service was established in 2020 primarily to provide private obstetrics, gynaecology, paediatric, physiotherapy and private GP services. Many clinicians operate from the service under practising privileges on a self-employed basis. The provider registered with the Care Quality Commission in 2020 to provide the following regulated activities of: Maternity and midwifery services; Family planning; Treatment of Disease, Disorder or Injury (TDDI); and Diagnostic and Screening procedures.

The service has a mixture of both adult and children patients, and all services and pricing are advertised on the Women's Health Dulwich website (www.womenshealthdulwich.com).

The service is open:

- Monday to Friday 9am – 6pm.
- Saturday 9am – 2pm.

How we inspected this service

During this inspection we:

- Spoke with a range of staff including a doctor, who is also the registered manager, the operations manager and non-clinical staff.
- Looked at the systems in place for the running of the service.
- Looked at rooms and equipment used in the delivery of the service.
- Viewed a sample of key policies and procedures.
- Explored how clinical decisions were made.
- Spoke with three patients to ascertain their views on the service provided.

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 Requires improvement because:

- Not all clinical staff had the appropriate safeguarding training relevant to their role. For example, we found that although children were sometimes treated at the service, not all doctors had received level 3 children's safeguarding training.
- There were not sharps bins in each clinical room. This meant that clinical waste was regularly transported between rooms.
- The service did not have a robust system when registering new patients to confirm parental responsibility.
- Medicines and equipment to deal with medical emergencies were not always monitored appropriately. For example, we found a number of missing items from the emergency medicines supply that we would expect to be stocked. Additionally, we found two items held in the emergency medicines supply which were out of date, and the defibrillator pads stored by the service were also out of date, with no spare pads kept.

We identified a safety concern that was rectified on the day of inspection/soon after our inspection. The likelihood of this happening again in the future is low and therefore our concerns for patients using the service, in terms of the quality and safety of clinical care are minor. (See full details of the action we asked the provider to take in the Requirement Notices at the end of this report).

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

- Consider implementing a schedule for audits to ensure regular two-cycle audits are completed.
- Consider including Mental Capacity Act training as mandatory training for non-clinical staff.

Safety systems and processes

The service mostly 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 gaps in systems to assure that an adult accompanying a child had parental authority. For example, this was not always checked during registration that the accompanying adult had parental responsibility, nor was identification checked to support this. This could potentially put children at risk of harm if they are being brought for treatment by someone who does not have the appropriate authority to make such decisions about the child's care.
- 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).
- Not all staff had received safeguarding training appropriate to their role. We found that some clinicians who operated within the practice did not have the appropriate level of safeguarding training for their role.
- Both clinical and non-clinical staff we spoke with during the day of inspection 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. Legionella testing was completed and recorded on a weekly basis.

Are services safe?

- The provider ensured that facilities and equipment were safe and equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- 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 some gaps in 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.
- Medicines and equipment to deal with medical emergencies were not always monitored appropriately. For example, we found a number of missing items from the emergency medicines supply that we would expect to be stocked. These included: atropine, benzylpenicillin, chlorphenamine, dexamethasone and furosemide. We did not see evidence of appropriate risk assessments to inform the decision of why these medicines were not held in the emergency medicines supply. We found two items held in the emergency medicines supply which were out of date, and the defibrillator pads stored by the service were also out of date, with no spare pads kept. The out of date items were removed from stock as soon as these were highlighted by the inspector. Immediately following the inspection, we were sent evidence to demonstrate the service had sourced the items missing from the emergency medicines supply and new defibrillator pads had been ordered.
- 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 clinical staff. Evidence of certificates were seen to demonstrate this when checking recruitment files of clinical staff.

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 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.

- 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 a number of single-cycle audits. These included: Fire safety; infection control; clinical waste; deep cleaning; safeguarding; accidents and incidents; and data security and protection. However, we did not see evidence of a regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.

Are services safe?

- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- 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.
- The service did not have a sharps bin in each clinical room. The lead clinician stated that the sharps bin would be moved between rooms as required. Immediately following inspection, we were informed the service had ordered sharps bins for each clinical room.
- There were not fully effective protocols for verifying the identity of patients including children. For example, parental responsibility was not always checked on patient registration and identification was not checked to ensure the information being given to the service was accurate.

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.

- 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. For example, following feedback from one patient about associated side effects from a treatment, the consent form was updated to ensure every possible side effect was noted, and a prompt given for patients to ask any questions if unsure about anything they had read before signing.
- 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 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.

Are services effective?

We rated effective as Good because:

- 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.
- Staff we spoke with during the inspection knew their role within the team and were given time to complete any mandatory training or additional learning which benefitted their position.
- Staff communicated effectively with other organisations and healthcare professionals to provide continuity of care to patients.
- The service had a limited scope of audits, with evidence of only single-cycle audits shown during the inspection.

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

- Consider implementing a schedule for audits to ensure regular two-cycle audits are completed.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence 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.
- Arrangements were in place to deal with repeat patients. For example, a practice management system was in place that identified patients who had previously used the service, even if this was a number of years ago. This would show previous consultation notes, test results, and any prior examinations or investigations.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was involved in quality improvement activity. However, the scope of audits completed by the service was limited.

- The service used information about care and treatment to make improvements. For example, the service proactively used feedback from patients to adapt service delivery, such as creating emails to send to patients who had a high probability result from a pre-natal test. This included information on where the patient could obtain further support if needed.
- The service had completed a series of single-cycle audits; however, it was not clear how these had been used to drive improvements. None of the single-cycle audits we had seen had shown any areas which required improvement, so we could not determine whether the audits completed had any impact on further quality improvement activity.

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.

Are services effective?

- Relevant medical professionals were registered with the General Medical Council (GMC).
- 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.
- 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. For example, the lead clinician had a wide network of contacts that they had previously worked alongside within other services.
- 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.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. Whilst there had been no cases of note relating to safeguarding within the service, staff spoken with during inspection could detail what actions they would take and who the appropriate authorities and services would be that they would contact in the event of such an incident arising.
- 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.
- Women's Health Dulwich had a number of services within close proximity which they worked closely with. These included a pharmacy, a GP practice and an orthodontist. The lead clinician reported that should an emergency occur, they could easily request their assistance and support.
- The service monitored the process for seeking consent appropriately.

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, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, weight management or smoking cessation.
- 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.

Are services effective?

- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

- Feedback from patients was positive about the way staff treated people.
- Staff communicated with people in a way they could understand.
- Staff recognised the importance of people's dignity and respect.
- The lead clinician stated that they were available to support their patients even outside of normal clinic hours. This was supported by patients we spoke with as part of the inspection feedback, who reported that the lead clinician went above and beyond to care for them.

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

- Implement a hearing loop within the service to improve accessibility for those who may be hard of hearing.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people.
- 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 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, although we did not see notices in the reception areas informing patients this service was available. The service attracted a large proportion of Turkish speaking patients as the lead clinician was Turkish-speaking. 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.
- Online feedback from patients, and patients we spoke with as part of the inspection process, told us 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.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- There was no hearing loop installed within the service.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.

Are services caring?

- 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:

- The provider understood the needs of their patients and improved services in response to those needs.
- Information about how to make a complaint or raise concerns was available, and staff treated patients who made complaints compassionately.
- Referrals and transfers to other services were undertaken in a timely way.

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

- Consider adding a message to the service's telephone message advising patients on how to seek out of hours support.

Responding to and meeting people's needs

The service mostly 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, following an incident where a patient received a high-probability result, an email template was created to advise patients of the next steps required and where they could obtain further guidance to help support them. This was implemented to try and minimise distress in incidences where the lead clinician could not speak with the patient straight away about such results.
- 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. Staff spoken with as part of the inspection displayed non-judgemental attitudes and did not discriminate against patients based on ethnicity, religion, sexual orientation or background.
- Patients were given the option of receiving prescriptions via post, having them emailed to a pharmacy of their choice, or collected in person.
- The service had no hearing loop fitted, potentially causing a barrier to accessibility for those with a hearing impairment.

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.
- Calls and emails to patients were returned on the same day. The service used a system where an email notification would be sent with a caller's details on when a call had been missed. Patients were generally called back within one hour.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. The lead clinician was well known within their network and had links with a variety of other healthcare professionals, meaning that referrals to other services were often actioned very quickly.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

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.
- 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 complaint policy and procedures 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, when there had been feedback from patients regarding dissatisfaction on pricing and what was included within certain packages, it was reinforced to staff during team meetings to carefully detail what was and was not included within each treatment option.

Are services well-led?

We rated well-led as Good because:

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services.
- The service developed its vision, values and strategy jointly with staff and external partners.
- The service encouraged and heard views and concerns from the patients, staff and external partners and acted on them to shape services and culture.

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

- Consider implementing a schedule for audits to ensure regular two-cycle audits are completed.

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.

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 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 focused 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. Staff offered patients apologies when things had gone wrong and kept the patient informed as to what would be done to remedy their concerns. 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.

Are services well-led?

- 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. Clinical staff were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of 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.

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.
- 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.

Managing risks, issues and performance

There were not always 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 did not have fully effective processes to manage current and future performance. We did not see evidence of auditing of clinicians' consultations, prescribing and referral decisions.
- Leaders had oversight of safety alerts, incidents, and complaints.
- We did not see evidence that clinical audit had been used to demonstrate a positive impact on quality of care and outcomes for patients.
- The provider had plans in place and had trained staff for major incidents.
- There was limited oversight and monitoring of clinicians' training. For example, not all clinicians had received the appropriate level of children's' safeguarding training applicable to their role. The training files for clinicians were stored electronically and did not allow for easy oversight of what training had been received and dates in which they were due for renewal. Many training files were stored as JPEG images of certificates and not saved as an appropriately named document, which made searching for such documents arduous.

Are services well-led?

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.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. For example, all staff spoken with during the inspection stated that they felt management was approachable and the open-door policy allowed for any concerns to be raised without fear of retribution.
- There were systems to support improvement and innovation work. For example, the service had a number of development projects they were working on, including increasing the board members to include different skill sets to promote continued development, growth, and strength of the service provided, as well as completing a bi-yearly meeting with the clinical team to gain insight on improvements to the services and reflect on best practice from different viewpoints. The service was also looking to provide local workshops for GPs and the local community.
- Staff could describe to us the systems in place to give feedback. For example, patients could give feedback either verbally, over the phone or via email. 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.
- The service was transparent, collaborative and open with stakeholders about performance.
- The service provided patients with access to a range of free resources. For example, the service had a blog on their website covering a number of topics pertinent to women's health (such as information on ovarian cysts, pre-menstrual syndrome and abnormal periods), as well as posting regularly on social media platforms to raise awareness of particular conditions (such as adenomyosis, premenstrual dysphoric disorder and ovarian cancer). There was a designated member of staff assigned to manage any social media posts.

Continuous improvement and innovation

There were evidence of 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.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Not all staff had received safeguarding training appropriate to their role. For example, we found that some clinicians who operated within the practice did not have the appropriate level of safeguarding training for their role.• Medicines and equipment to deal with medical emergencies were not always monitored appropriately. For example, we found a number of missing items from the emergency medicines supply that we would expect to be stocked. Additionally, we found two items held in the emergency medicines supply which were out of date, and the defibrillator pads stored by the service were also out of date, with no spare pads kept.• There was not a sharps bin in every clinical room for clinical waste to be disposed of.• The service did not have a robust system when registering new patients to confirm parental responsibility. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>