

PrivateMedical.clinic

Inspection report

Abbotts House
198 Lower High Street
Watford
WD17 2FF
Tel: 03334043232
www.privatemedical.clinic

Date of inspection visit: 16 March 2023
Date of publication: 26/04/2023

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 inspection at PrivateMedical.clinic on 16 March 2023. The service was registered with the Care Quality Commission (CQC) on 18 June 2021, and this is the first inspection since registration. We carried out this first inspection as part of our regulatory functions.

The inspection was undertaken to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

PrivateMedical.clinic is a location, and the registered provider is FlyingMedicine Limited. PrivateMedical.clinic is a subsidiary of FlyingMedicine Ltd.

This service is registered with the 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 Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

PrivateMedical.clinic is registered with the CQC to provide 2 regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder, or injury

The services that are within scope of registration include:

- Private GP services which include blood tests, scan referrals, prescriptions for medicines, sick notes and general health and sexual health screening
- Vaccinations both for travel purposes, and for specific disease protection
- Immunisation for work purposes, such as Hepatitis B immunity

PrivateMedical.clinic carry out occupational medical assessments and issue medical certificates under their parent company FlyingMedicine Ltd. This includes aviation medicals for pilots and cabin crew which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

Overall summary

The clinic owner is the 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.

We did not speak directly to patients using the service on the day of the inspection. Feedback from patients on review websites was positive about the way staff treat people. The service had responded to these reviews.

Our key findings were:

- The service had systems and processes to keep patients safe and safeguarded from abuse.
- There were systems to assess, monitor and manage risks.
- Staff had the information they needed to deliver safe care and treatment to patients.
- The service had reliable systems for appropriate and safe handling of medicines.
- Patients received effective care and treatment that met their needs.
- The service monitored the effectiveness and appropriateness of the care it provided and was actively involved in quality improvement activity.
- Staff had the skills, knowledge, experience, and training to provide an effective service.
- Patient consent was obtained and recorded.
- Staff dealt with patients with kindness, dignity and respect and involved them in decisions about their care.
- The service organised and delivered services to meet patient's needs.
- The facilities and premises were appropriate and reasonable adjustments had been considered in the design of the interior of the building.
- Patients could generally access care and treatment in a timely way.
- There were systems and processes in place for reporting, recording and learning from significant events and complaints. However, no significant events or complaints had been noted by the service since it opened.
- The leader of the service had the capacity and skills to deliver quality sustainable care.
- There were clear responsibilities, roles, and systems of accountability to support good governance and management.
- There were effective processes for managing risks, issues, and performance.
- There were systems and processes for learning, continuous improvement, and innovation.

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

- Develop and strengthen policies and procedures in place to assure that an adult accompanying a child has parental authority, including children's identity checks.
- Develop and strengthen policies and procedures in place to safeguard those in their care and recognise female genital mutilation (FGM) as abuse.
- Increase audit activity and use the findings to drive improvement in the quality of service for patients. For example, medicines prescribing audits, as prescribing numbers increase.
- Develop and strengthen policies and procedures in place for increasing accessibility and availability of service information for patients with language and communication barriers, to help them be involved in decisions about their care.

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 and included a GP specialist advisor.

Background to PrivateMedical.clinic

PrivateMedical.clinic is a subsidiary of FlyingMedicine Ltd. It is located at:

Abbotts House

198 Lower High Street

Watford

WD17 2FF

<https://www.privatemedical.clinic/>

PrivateMedical.clinic is registered with the CQC to provide the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder, or injury

Services within the scope of registration are:

- Private GP services which include blood tests, scan referrals, prescriptions for medicines, sick notes and general health and sexual health screening
- Vaccinations both for travel purposes, and for specific disease protection
- Immunisation for work purposes, such as Hepatitis B immunity

PrivateMedical.clinic registered on 18 June 2021 and is registered to treat adults and children. It offers immunisations for children, from the age of 9 months.

PrivateMedical.clinic operates Monday from 9am to 5:30pm, Thursday 9am to 1pm and Saturday 9am to 2pm. People can contact the clinic by telephone or through their website contact form or by emailing: info@privatemedical.clinic. People can book an appointment by telephone or through the clinic's website online booking system. The clinic does not formally provide a service outside of these hours.

PrivateMedical.clinic is near Watford High Street, and it is accessible by public transport. The clinic is on the ground floor of a shared Grade II listed building. Access for wheelchair users can be found at the rear of the building, with car parking available on request for disabled people. There is also street parking available nearby. There are 2 treatment rooms, 2 offices, a reception with a waiting area, a toilet, and a small kitchen. The layout and furnishings of the non-clinical areas of the premises are designed as a comfortable space, to support patients with any anxieties during their appointments, such as needle phobia which is a fear of needles. A hearing loop is installed at the clinic. This is a special type of sound system for use by deaf people and people who are hard of hearing and who use hearing aids.

The clinic owner is the registered manager and is a qualified and practising doctor who undertakes the regulated activities. The clinic also employs an administrative member of staff.

How we inspected this service

Before the inspection, we asked the provider to send us information about the service. This was reviewed prior to the site visit.

We also reviewed information held by CQC on our internal systems.

During the inspection we spoke with the provider and the administrative member of staff, reviewed documentation and records, including clinical records. We made observations of the premises and facilities.

We also asked the provider to send us further information about the service. This was reviewed after the site visit.

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 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. 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 registered manager was the safeguarding lead for the service.
- The service had systems in place to assure that an adult accompanying a child had parental authority. For example, the service had a child vaccination consent form in place which was completed and signed by the adult accompanying a child, declaring that they had parental responsibility to give authorisation and consent for the child to have the vaccination. During the onsite inspection, we discussed with the clinician the processes for identity checks for children prior to prescribing and administering of vaccinations, including photographic identification when available. So, for example, the clinician told us that they checked and completed the child's NHS personal health record which is known as the 'red book'.
- During the onsite inspection, we also discussed with the clinician the responsibility of all healthcare professionals to safeguard those in their care and recognise Female Genital Mutilation (FGM) as abuse. This form of abuse had not been considered by the service in their consultations with patients, were appropriate. The service immediately updated their child vaccination consent form to include FGM, as well as child marriages and child exploitations and going forward would now consider raising the subject of FGM with patients, were appropriate.
- 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. In line with current intercollegiate requirements, clinical staff had carried out safeguarding training at level 3. Administrative staff had undertaken training to level 2. 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. The premises and facilities were clean, and audits of the environment ensured ongoing good levels of hygiene. Further monitoring including checks on hot water systems for legionella were maintained. (Legionella is a bacterium which can be found in water systems and must be monitored to reduce any risks of infection). The provider also checked that staff had appropriate immunisation status for their role.
- 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 took into account the profile of people using the service and those who may be accompanying them. We saw posters displayed in clinical areas for the management of sharps injuries.

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.

Are services safe?

- There was an effective induction system for 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. Staff had completed training in Basic Life Support, sepsis, and anaphylaxis (this is a severe, potentially fatal allergic reaction requiring immediate medical attention).
- Patients were given post vaccination advice regarding side effects from vaccines and a post vaccination letter was given to them at the end of their appointment. This letter covered general side effects that patients could expect to experience, signposting to other services and useful websites for further information.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

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. Records included evidence of consent. The records were in both paper and electronic format. Paper records were kept in locked cabinets in a locked room. Electronic records were password protected.
- For all vaccinations, a travel risk assessment form was sent out to patients for completion before their consultation. This included details of patients' medical history. If needed, patients were supported with the completion of this form at their face-to-face appointment.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, samples for testing were sent by courier to an external pathology and clinical laboratory service, on the day that they were taken. The service checked daily for returned results and prompted alerts for any required action immediately.
- 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.
- The clinician 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, emergency medicines and equipment minimised risks. The service used an online prescription system which was securely held, and its use was monitored by the clinician. The service had an immunisation and vaccination policy and procedures.
- The service had not carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing because to date, the number of prescribed medicines were low.
- 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.
- The clinician prescribed and administered vaccines to patients and gave advice in line with relevant and current evidence-based guidance and standards such as the Department of Health 'Green book' nationally recognised travel advice and the National Travel Health Network and Centre (NaTHNaC) for travel health advice and guidance. Processes

Are services safe?

were in place for checking medicines and staff kept accurate records of medicines. This included records of temperature checks for medicines that required refrigeration, such as vaccines. The service had a cold chain policy and procedure. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. Risk assessments were monitored and updated when needed. For example, we saw evidence that fire, health and safety, disability access and legionella risk assessments had been carried by an external organisation in November 2022. Actions arising from these risk assessments had been completed, with 2 items currently being reviewed.
- 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 supported them when they did so. The service had not experienced any incidents since the service opened.
- 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, staff we spoke with told us safety learning opportunities were discussed regularly.
- 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 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.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

The provider had systems to keep the clinician up to date with current evidence-based practice. We saw evidence that the clinician 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 Department of Health 'Green book' nationally recognised travel advice and the National Travel Health Network and Centre (NaTHNaC) for travel health advice and guidance.
- Staff undertaking the treatments that were within scope of CQC registration were trained at delivering the relevant care and treatment. For example, the clinician had high levels of skill, knowledge, and experience to deliver the care and treatment offered by the clinic.
- During the onsite visit, our GP specialist advisor reviewed the clinical records of 6 patients who had received treatment from the service. Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clear, accurate and contemporaneous clinical records were kept with treatment and follow-up plans were documented.
- The clinician 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.
- Staff assessed and managed patients' pain where appropriate.
- For all vaccinations, a travel risk assessment form was sent out to patients for completion before their consultation. This included details of patients' medical history. If needed, patients were supported with the completion of this form at their face-to-face appointment. Patients were also given post vaccination advice regarding side effects from vaccines and a post vaccination letter was given to them at the end of their appointment. This letter covered general side effects that patients could expect to experience, signposting to other services and useful websites for further information.
- The layout and furnishings of the non-clinical areas of the clinic were designed as a comfortable space, to support patients with any anxieties during their appointments, such as needle phobia which is a fear of needles.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. We saw that an infection prevention control audit had been carried out by an external organisation in February 2023. Actions resulting from this audit had been reviewed and completed. A cleaning audit was also carried out on a monthly basis. The service 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. For example, following the 2019 report of the Commission on Human Medicine's Expert Working Group on benefit-risk and risk minimisation measures of the yellow fever vaccine, the service had carried out a clinical audit to review their processes to make sure that they incorporated the report's recommendations to their policy and procedures. As a result, the service updated their travel risk assessment forms, highlighting the conditions likely to lead to contraindications for yellow fever vaccinations. The service also developed a post vaccination letter to ensure that vaccinated patients understood when, how and who to contact if they were concerned following vaccinations. Although the number of

Are services effective?

patients vaccinated with the yellow fever vaccine were low, a follow up audit confirmed that processes were being followed by the service. Findings from further yellow fever vaccination audits carried out in 2022 included that no patients were vaccinated in the contra-indicated group, all patients were given post vaccination advice and the vaccine's patient information leaflet, with no patient over 60 years vaccinated or travelling to high-risk destinations.

Effective staffing

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

- We sampled the recruitment file of the administrative staff member. We also saw evidence of the qualifications held by the clinical member of staff. We found that they were both appropriately qualified for their role and that the provider understood the learning needs for staff.
- The provider had an induction programme for all newly appointed staff and ongoing staff support was maintained. This included an appraisal system for staff.
- Relevant professionals (medical) were registered with the General Medical Council (GMC) and were up to date with revalidation. Systems were in place for appropriate clinical supervision.
- 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. For example, the clinician had completed a Foundation Course in Travel Medicine.
- The clinic was accredited to provide vaccination for yellow fever. Clinics wishing to provide the yellow fever vaccine must meet the Yellow Fever Conditions of Designation and adhere to the Code of Practice for yellow fever vaccination centre in order for designated status to be granted and maintained. This includes training requirements. The clinician had completed a yellow fever e-learning course in November 2022. This training was valid for 2 years.

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, the clinician ensured they had adequate knowledge of the patient's health, any relevant test results, and their medicines history.
- 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.
- 5 of the 6 clinical records reviewed by our GP specialist advisor showed that details were recorded and consent to share information with the patients registered GP had been given. 1 patient had recently arrived in the UK and was in the process of registering with a GP.
- 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.
- 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.

Are services effective?

- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs. For example, prospective patients were advised that the clinic's doctor was male, and they were signposted to other services, when a female doctor was requested.
- The service monitored the process for seeking consent appropriately. There was a consent policy and procedure in place which included advice on children. All of the 6 clinical records reviewed by our GP specialist advisor, showed that consent to consultation and treatment (if applicable) had been taken and recorded.

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, patients were given post vaccination advice regarding side effects from the vaccines and a post vaccination letter was given to them at the end of their appointment. This letter covered general side effects that patients could expect to experience, signposting to other services and useful websites for further information.

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. Staff at the service had completed mental capacity act training.
- Before vaccination, the service confirmed that an adult attending with a child had parental authority to give consent on their behalf. This parental authorisation was recorded in a child vaccination consent form which was signed and dated by the adult. During the onsite inspection, we discussed with the clinician the processes for identity checks for children prior to prescribing and administering of vaccinations, including photographic identification when available. So, for example, the clinician told us that they checked and completed the child's NHS personal health record which is known as the 'red book'.

Are services caring?

We rated caring as Good because:

Kindness, respect, and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received through onsite feedback forms.
- The service also contacted patients by text message or by email following treatment and encouraged them to give feedback through review websites.
- Feedback from patients on review websites was positive about the way staff treat people. The service had responded to these reviews.
- During the onsite inspection, the service added a link to CQC's give feedback on care webpage to their website, to offer and encourage patients with an additional option for giving feedback about their care.
- 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 in a way that was kind and compassionate.

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 also told about multi-lingual staff who might be able to support them. During the inspection, we did not see evidence that information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- 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, one-to-one support was available with the completion of a travel risk assessment form for all vaccinations appointments.

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.
- Consultations took place behind closed doors to avoid conversations being overheard.
- There were notices displayed at the clinic to remind patients that if needed, chaperones were available. A chaperone policy could also be found on the clinic's website.

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. So, for example, appointments at the clinic were only available Monday from 9am to 5:30pm, Thursday 9am to 1pm and Saturday 9am to 2pm. However, the service was in the process of employing another clinical staff member, as well as 2 more non-clinical staff members to develop the clinic's opening times. This was in response to people requesting more appointment availability and flexibility with days and time, currently offered.
- 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, access for wheelchair users could be found at the rear of the building, with car parking available on request for disabled people. The layout and furnishings of the non-clinical areas of the premises were designed as a comfortable space, to support patients with any anxieties during their appointments, such as needle phobia which is a fear of needles. A hearing loop was installed at the clinic. This is a special type of sound system for use by deaf people and people who are hard of hearing and who use hearing aids.
- The service advised patients of the cost of care and treatment at the outset. For example, the cost for consultations and vaccinations was available on the clinic's website.
- A rebooking and cancellation appointment policy was also available on the clinic's website, advising patients on how they could rebook and cancel appointments and avoid incurring a charge.

Timely access to the service

Generally, patients were able access care and treatment from the service within an appropriate timescale for their needs.

- Generally, patients had timely access to initial assessment, test results, diagnosis, and treatment. Provider had received feedback from patients requesting for more appointment availability and flexibility with days and time, currently offered. They were acting on this by recruiting additional staff.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way. For example, samples for testing were sent by courier to an external pathology and clinical laboratory service, on the day that they were taken. The service checked daily for returned results and prompted alerts for any required action immediately.

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.

- Information about how to make a complaint or raise concerns was available onsite and on the clinic's website. The service had complaint policy and procedures in place and although the service had not had any complaints since the

Are services responsive to people's needs?

service opened, the staff said they would treat complaints seriously. The service also took on board general feedback from patients, such as, requests for more appointment availability and flexibility with days and time, currently offered. As a result, the service was in the process of employing another clinical staff member, as well as 2 more non-clinical staff members in response of these requests and the development of the clinic's opening times.

- Staff encouraged patient feedback through various mediums, including onsite feedback form and they were also encouraged to submit feedback through review websites.

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.

- The leader at the service was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The leader at the service was visible and approachable. They worked closely with the administrative staff member and others to make sure they prioritised compassionate and inclusive leadership. We spoke with the administrative staff member who told us they were comfortable to approach the leader at the service with ideas and feedback and felt confident that if they did, action would be taken.
- 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.
- 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.
- During the inspection, we were not provided with any examples of behaviour and performance not consistent with the vision and values, and staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- Openness, honesty, and transparency were demonstrated when responding to incidents and complaints. There had been no serious incidents since the service opened, regarding regulated activities carried out by the service. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary. All staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work, where applicable.
- 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.

Governance arrangements

Are services well-led?

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.
- Staff were clear on their roles and accountabilities.
- The leader at the service had established policies, procedures, and activities to ensure safety and assured themselves that they were operating as intended. For example, we saw that the service used an online policies and procedures system and that these were aligned to the CQC's fundamental standards and regulations.

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. Health and safety risks including fire awareness and other environmental risks were monitored and appropriate action taken as needed.
- The service had processes to manage current and future performance. The leader of the service had oversight of safety alerts and maintained an oversight of clinical changes which would affect the service.
- Although there had been no significant events or complaints since the service opened, there was a clear process for raising, recording and learning from any event which occurred in the service. The leader of the service had oversight of incidents and complaints as part of the governance process.
- 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. For example, a yellow fever clinical audit had been carried out to review the service's processes and to make sure that they incorporated the 2019 report of the Commission on Human Medicine's Expert Working Group on benefit-risk and risk minimisation measures of the yellow fever vaccine. Although the number of patients vaccinated with the yellow fever vaccine were low, a follow up audit confirmed that processes were being followed by the service. Findings from further yellow fever vaccination audits carried out in 2022 included that no patients were vaccinated in the contra-indicated group, all patients were given post vaccination advice and the vaccine's patient information leaflet, with no patient over 60 years vaccinated or travelling to high-risk destinations.
- 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 via informal feedback and monitoring of online reviews.
- Quality and sustainability were discussed in relevant meetings where staff had sufficient access to information.
- 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.

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. For example, the service was in the process of employing another clinical staff member, as well as 2 more non-clinical staff members. This was in response to people requesting more appointment availability and flexibility with days and time, currently offered and the development of the clinic's opening times.
- The service was transparent, collaborative, and open.
- The service made use of internal and external reviews of incidents and feedback. Learning was shared and used to make improvements. For example, the provider was looking at developing the clinic's opening times and appointment availability by employing another clinical staff member, as well as 2 more non-clinical staff members.
- Staff could describe to us the systems in place to give feedback which included during their appraisal and talking directly with colleagues.

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 leader of the service encouraged staff to take time out to review individual and team objectives, processes, and performance.
- There were systems to support improvement and innovation work. For example, relating to the recruitment of additional clinical and non-clinical staff members.