

Nippon Club Limited

# Nippon Club North Clinic

## Inspection report

The Hospital of St John and St Elizabeth  
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### Overall summary

We carried out an announced comprehensive inspection on 12 July 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

##### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

##### **Are services responsive?**

We found that this service was providing responsive care in accordance with the relevant regulations.

##### **Are services well-led?**

We found that this service was not providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Nippon Club North Clinic is located within the Hospital of St John and St Elizabeth in St John's Wood in West London. The clinic provides a primary care service for Japanese patients. The doctors are restricted by the terms of their licence to practice providing care to Japanese nationals only.

The clinic maintains a list of registered patients who can book appointments with a doctor or nurse at the clinic with onward referral to diagnostic and specialist services as appropriate.

We received 17 comment cards completed by patients in the days leading up to the inspection. These were positive about the service and described the service as accessible; the quality of care as excellent; and the staff as kind, caring and professional. The clinic had recently reduced its floorspace and several patients commented that they preferred the previous layout.

Nippon Club North Clinic is registered to provide the regulated activities of:

- diagnostic and screening services; and
- treatment for disease, disorder or injury.

# Summary of findings

The clinic has a registered manager in post. 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.

## Our key findings were:

- Systems were in place to protect people from avoidable harm and abuse.
  - When mistakes occurred, lessons were learned and action was taken to minimise the potential for reoccurrence. Staff understood their responsibilities to be open with patients.
  - Clinical staff were aware of current evidence based guidance.
  - Staff were qualified and had the skills, experience and knowledge to deliver effective care and treatment.
  - Patient feedback indicated that patients were happy with the service they received.
  - Information about services and how to complain was available.
  - There was clear leadership and staff felt supported. The clinic team worked well together.
- There was a clear vision to provide a personalised and culturally familiar service to patients living away from their home country.
  - The service had systems in place to monitor and improve the quality of service provision although there were some gaps in oversight.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

There were areas where the provider could make improvements. The provider should:

- Review the clinic team's approach to identifying and assessing sepsis to ensure this is fully in line with current guidelines.
- Review its use of clinical audit to monitor its clinical performance and drive improvement.
- Review whether there is scope to increase information sharing with NHS GPs with patients' consent.
- Review and risk assess the range of emergency medicines held within the clinic.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

The service had systems in place to assess and manage risks including learning from incidents; infection control; responding to emergencies and the safe management and prescribing of medicines.

There were areas where improvements should be made. The provider must strengthen its systems to monitor the implementation of safety alerts and should review the team's approach to identifying and assessing of potential cases of sepsis to ensure these are fully in line with current guidelines.

### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

The clinical team was up to date with current guidelines and considered these when delivering patient care. The service had systems in place to ensure that staff had the skills, knowledge and ongoing professional development to deliver an effective service.

We found one area where improvements should be made. The provider had a limited clinical quality improvement programme, for example, it had not carried out clinical audits of its prescribing.

### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

The service treated patients courteously and with respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity. Patients gave very positive feedback about the service and the staff.

### **Are services responsive to people's needs?**

We found that this service was providing responsive care in accordance with the relevant regulations.

The service was responsive to patient needs. The service promoted a culturally familiar style of service for patients living away from their home country. Patients were usually able to access appointments at the clinic the same or next day. The service had a complaints policy in place and the clinic used patient complaints to improve the service.

### **Are services well-led?**

We found that this service was not providing well-led care in accordance with the relevant regulations.

There was a clear leadership structure, vision and strategy for the service. The service had policies and procedures in place to identify and manage most risks and to support good governance and improvement. All policies were available in English and any information shared with other UK-based health professionals or agencies was also provided in English. The service supported staff members' wellbeing, professional education and development.

However the clinic could not demonstrate how it had implemented relevant safety alerts in line with its policy. The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

# Nippon Club North Clinic

## Detailed findings

### Background to this inspection

Nippon Club North Clinic is located within the Hospital of St John and St Elizabeth in the St John's Wood area of west London. The clinic provides a primary care service for Japanese patients. The service offers primary care consultations including cervical screening, childhood immunisations and travel health (including the yellow fever vaccination). It also offers some in-house diagnostic testing, for example, endoscopy and prescribing. Appointments are available with a doctor or a nurse. The clinic holds a small stock of over-the-counter medicines which can be dispensed directly to patients.

The clinic's patient population largely comprises working age adults and their families who have moved to London from Japan. All current staff members speak Japanese and are fluent in English.

The clinic is open Monday to Friday from 9am to 7pm; Saturday from 9am to 5pm and Sunday from 9.30am to 12.30pm. The clinic operates with more restricted consultation hours in early August over the holiday period but the telephone line remains open as usual.

The staff team includes the service manager who is based at a separate site but provides oversight and regularly visits the clinic; three doctors seconded on a fixed term basis as part of a rolling secondment programme with a Japanese university hospital; three permanent nurses and permanent administrative and reception staff.

The clinic is located within a modern, purpose-built hospital facility. The consultation rooms and shared waiting area are accessible by lift or stairs and the clinic is signposted from the hospital entrance.

We carried out this inspection on 12 July 2018. The inspection team comprised one CQC inspector and a GP

specialist advisor. The team was accompanied by an interpreter. Before visiting, we reviewed a range of information we hold about the service and asked the provider to send us some information about the service which we also reviewed. We did not receive any concerning information from patients or other stakeholders.

During our visit we:

- Spoke with the staff who were present, including the service manager, the doctor on duty, two nurses and two receptionists.
- Reviewed documentary evidence relating to the service and inspected the facilities, equipment and security arrangements.
- Reviewed several patient records with the doctor. We needed to do this to understand how the service assessed and documented patients' needs, consent and any treatment required.
- We spoke with three patients attending the clinic on the day of the inspection and reviewed 17 comment cards completed by patients attending the clinic in advance of the inspection.

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 formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### Safety systems and processes

The service had considered relevant health and safety legislation and had access to relevant risk assessments covering the premises in addition to clinic policies and protocols which were regularly reviewed. All policies were available in English.

The service had defined systems, processes and practices in place to keep people safe and safeguarded from abuse:

- The service had recruitment procedures to ensure that staff were suitable for the role and to protect the public. The clinic had not recruited any new members of permanent staff since our previous inspection in 2013. The provider's policy was to request appropriate checks including Disclosure and Barring Service checks for all staff working in the service including the seconded doctors. (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).
- We saw evidence that appropriate indemnity insurance was in place and the immunisation status for clinical staff members had been checked. The clinic did not keep comprehensive recruitment records for the seconded doctors on site. Recruitment information was held by the employing university hospital in Japan and shared with Nippon Club's board. The doctors underwent UK immigration checks and obtained a licence to practice in the UK from the General Medical Council before starting their secondment.
- The service manager was the designated safeguarding lead for the service. The service had safeguarding policies and protocols in place and a summary of the key safeguarding contacts for Westminster was displayed on the wall of the consulting and treatment rooms.
- Staff understood their responsibilities to report suspected abuse and all staff members had received child safeguarding training to level 3.
- The service displayed posters informing patients they could request a chaperone. Clinic policy was to use only staff who had been trained in chaperoning and a nurse if possible.
- The premises were clean on the day of the inspection. The service had designated one of the nurses as the

operational lead for infection control. The service had infection prevention and control policies and protocols in place and provided staff with periodic training, for example, on hand washing techniques. The hospital cleaning team was responsible for cleaning the clinic to an agreed specification. Clinical waste was separated, stored and disposed of appropriately and the sharps bins were appropriately sited and labelled with the date of installation.

- The service carried out infection prevention and control audits to check that all policies and procedures were being implemented correctly.
- The premises were suitable for the service provided. The clinic was located in a purpose-built health facility. The clinical rooms were well equipped.
- The service had health and safety policies in place and access to the landlord's premises-related risk assessments. Health and safety risk assessments for the premises, equipment and materials had been carried out or obtained. Fire safety equipment was provided and tested under the terms of the clinic's lease.
- All electrical and clinical equipment in the clinic had been checked and calibrated to ensure it was safe to use and was in good working order
- There were arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs. The service planned ahead to ensure cover was in place. In the August holiday period the clinic opened with reduced hours and this was advertised to patients in advance.

### Risks to patients

The service had arrangements in place to respond to emergencies and major incidents:

- The staff had access to an anaphylaxis kit and a first aid kit within the clinic. The clinic's service level agreement with the hospital specified use of the hospital emergency teams in the case of a medical emergency. Clinic staff had access to the central emergency call number which was displayed in all consultation rooms and behind reception. The nearest crash trolley, including a defibrillator, portable oxygen and emergency medicines, was securely stored opposite the shared patient waiting area. A hospital manager

# Are services safe?

confirmed that the crash team would respond immediately to any emergency call from the clinic. The emergency trolley was monitored daily and all items were in date and ready for use.

- The crash trolley did not contain all the medicines recommended for emergencies in a primary care setting, for example benzyl penicillin. We were told that hospital consultants were available on call who could prescribe these medicines in an emergency. Nippon Club had not formally risk assessed the range of emergency medicines it should hold within the clinic.
- All staff received annual basic life support training including training on using a defibrillator.
- The doctors we spoke with were confident in the clinic team's ability to recognise patients who were very unwell, for example presenting with potential symptoms of sepsis. One of the doctors was a paediatrician with considerable experience of assessing fever in children. However, the clinic team had not recently reviewed UK guidelines on identifying and assessing potential cases of sepsis. The reception staff told us they would always call the doctor to immediately attend to a patient who appeared to be very unwell or whose condition was deteriorating.
- The clinic managers were aware of cascade reporting procedures within the hospital in the event of a major incident.

## Information to deliver safe care and treatment

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system and files. The service kept electronic records of consultations. Patients making an appointment for the first time were asked to complete a new patient registration form with their contact details, date of birth, allergies, medical and family history and any current treatment or health conditions. The service had recently changed its protocol and now also asked newly registering patients for proof of identity for themselves and any family members. Staff checked that children were attending with their parent or guardian. If a child attended the clinic with an adult without parental authority, the service contacted the parent or guardian for consent before proceeding.

The clinicians were fluent in English and wrote prescriptions, referral letters and other forms of communication with external UK-based health

professionals and organisations in English. The referrals we reviewed included an appropriate level of details and were clearly written. Patient consultation notes were recorded in Japanese. Access to patient records was restricted to clinic staff only.

## Safe and appropriate use of medicines

The provider had effective arrangements for obtaining, recording, handling, storing and the security of medicines.

- The service had protocols for prescribing and repeat prescribing. We were told that patients tended to present with acute health problems and repeat prescribing was relatively unusual. Doctors did not issue prescriptions without the patient having attended a consultation. Only the doctors prescribed medicines and administered vaccinations.
- The clinical staff told us they routinely reviewed updates to national guidelines and medicines safety alerts. The doctors maintained an awareness of both UK and Japanese immunisation schedules and travel guidelines.
- The clinic did not prescribe high risk or controlled drugs (apart from controlled drugs listed on the 'schedule 4' list). They referred patients requiring these medicines or with complex conditions to the appropriate specialist or to an NHS GP. The doctors told us they very rarely prescribed medicines outside of published clinical guidelines or 'off-label' and only for short-term symptom relief.
- The fridge temperature was monitored daily, and we saw evidence that the cold chain was maintained. The service was monitoring maximum, minimum and current temperatures twice daily.
- Blank prescription forms were securely stored and there were systems in place to monitor their use.
- The service had not carried out any audits to check its prescribing performance against published guidelines. The clinicians told us this would be useful. They thought there might be scope to reduce antibiotic prescribing. The doctors did not routinely take microbiological samples when prescribing antibiotics.
- The clinic kept a small stock of general sales list medicines that patients could purchase, for example aspirin and paracetamol. These were kept securely and

# Are services safe?

sold to patients in the original, unopened packaging which included the patient information leaflet. The staff could provide a Japanese translation of the patient information if required.

## **Track record on safety**

The clinic maintained a log of incidents and had a formal reporting procedure in place. There had been a recent prescribing error. The error had been a 'near miss' and was picked up before the medicine was dispensed. The clinic team had discussed the incident and reviewed its prescribing procedures to reduce the risk of reoccurrence.

## **Lessons learned and improvements made**

Clinic policy was to identify and act on safety incidents. However the clinic did not have a clear process in place to demonstrate how this was done and for recording how safety alerts had been acted on.

The staff we interviewed understood the duty of candour and the responsibility to be open with patients. Staff consistently told us that their policy was to ensure that any affected patients were given reasonable support, a truthful explanation and an apology. We were told that any incidents would be discussed and shared with the staff team in line with clinic policy.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The service provided evidence that the doctors considered relevant and current evidence based guidance when assessing patient needs and delivering patient care. The clinical team received updates to national guidelines, and had access to advice from diagnostic and specialist teams and professionals. The clinical team also referred to Japanese health authorities' recommendations and guidelines, for example, in the case of travel and child health requirements. This ensured that patients returning to Japan were appropriately advised.

The service offered patients timely access to investigations and tests and had developed links with a range of specialists to facilitate appropriate referrals.

### Monitoring care and treatment

The service had some systems in place to monitor the quality of care and treatment. For example, the doctors underwent external annual appraisal as required and had opportunities to discuss and review their work at staff meetings. The nurses audited cervical screening activity and infection prevention and control. However, the service did not have a well-developed clinical audit programme. Clinical staff told us they were interested in carrying out this type of work. For example, they thought there might be scope to safely reduce their prescribing of antibiotics and educate patients about the appropriate use of these medicines. The service was not generally benchmarking its clinical activity or reviewing patient outcomes, for example against published NHS norms and targets.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The service had a stable employed staff team with no recent recruitment. There was a rolling, staggered secondment programme for the three doctors with a new doctor arriving in April each year. The service had an induction programme which included mandatory training and shadowing more experienced staff members.

- The mandatory training for all staff covered basic life support, child safeguarding, infection prevention and control, fire safety, health and safety and information governance and security.
- The service could demonstrate how it ensured role-specific training and updating for relevant staff. The doctors and nurses maintained a folder of educational sessions as part of the appraisal and revalidation process.
- The nurses attended regular update training appropriate for their role. The nurses' role included providing patient advice, carrying out check-ups and taking blood tests. The doctors prescribed and administered all vaccinations and carried out cervical screening. We were told this was a cultural norm and Japanese patients preferred to see a doctor for these types of consultations.
- The service was registered to provide the yellow fever vaccination and the clinicians had access to training and updates on this.
- The learning needs of staff were identified through a system of appraisals and more informal discussion between staff members and the service managers.
- All non-clinical staff had received an appraisal within the last 12 months. The doctors received an external appraisal in line with UK professional registration requirements.

### Coordinating patient care and information sharing

The service shared information to plan and co-ordinate patient care effectively.

- From the sample of documented examples we reviewed we found that the service shared relevant information with other services in a timely way, for example when referring patients to other services. Staff worked together and with other relevant health care professionals such as hospital consultants to assess and plan ongoing care and treatment. The service saw few patients with longer-term conditions but carried out follow-up in coordination with specialist services when appropriate.
- Information was shared between services with patients' consent. The service tended not to share information directly with patients' NHS GPs as patients typically



# Are services effective?

(for example, treatment is effective)

were not registered with an NHS GP or preferred not to use them for routine care. The clinicians told us they would share information with the NHS GP with the patient's consent.

## **Supporting patients to live healthier lives**

The service offered a range of preventative health and screening services including child immunisations and cervical screening.

- Patients told us they had enough time to discuss their health and wellbeing in consultations.
- The service offered a comprehensive range of travel services and was registered to provide the yellow fever vaccination.

- The service provided advice on sexual health and contraception. It did not fit contraceptive implants or IUDs.

## **Consent to care and treatment**

Staff sought patients' consent to care and treatment in line with legislation and guidance. The clinical staff understood the relevant consent and decision-making requirements of legislation and guidance relating to adults and children. We were told that if a child were to attend without an adult with parental authority, the parents would be contacted to authorise the child's visit.

# Are services caring?

## Our findings

### **Kindness, respect and compassion**

The service provided a caring service. Patients told us they were treated with dignity and respect at all times. Seventeen CQC patient comment cards were completed in advance of the inspection by patients attending the clinic. The comments we received were positive about the quality of the clinic's service and the patient experience. Patients described the staff as professional, courteous and helpful. Patients consistently told us they valued having access to a Japanese-style service and told us they were listened to and not rushed. Reception staff were described as welcoming and polite.

The service offered patients privacy to discuss sensitive issues if required. Information about chaperones was clearly signposted in the waiting area and in the consultation rooms.

### **Involvement in decisions about care and treatment**

The service ensured that patients were provided with relevant information they needed to make decisions about their treatment including information in advance about the costs. The clinic had received feedback from patients that

the costs and payment methods could be confusing and were providing more information about this. Patients commented that they were involved in decisions and staff took account of their individual needs, preferences and circumstances.

The service provided facilities to help involve patients in decisions about their care:

- Patients were able to consult directly with staff in Japanese or English. The staff were able to translate written information into Japanese if required.
- Information leaflets were available explaining the services available. The service also ran a website which was regularly updated.

### **Privacy and Dignity**

The service respected and promoted patients' privacy and dignity. Staff recognised the importance of patient confidentiality and the service complied with the Data Protection Act 2018 and understood the requirements of the General Data Protection Regulation. The consultation rooms were equipped with curtains. The consultation room doors were kept closed to ensure conversations taking place remained private.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs and preferences. The service understood the needs of its population which was comprised mainly of young and middle-aged adults and families and tailored services in response to those needs. The service was clear with patients about the range of primary care services it offered.

Appointments could be booked over the telephone or face to face. The doctors would not prescribe or diagnose by telephone. The service did not offer online consultations but was open in the evening and at weekends to meet the needs of its working and school age population. At the time of the inspection, patients could book an appointment at the clinic with a male or female doctor.

The clinic was located on the second floor of the hospital and was accessible by stairs or lift. The service was fully accessible with disabled facilities and wide access. Baby changing and breast-feeding space was also available on request. Written information was available and displayed in Japanese.

### Timely access to the service

Patients were able to access care and treatment from the service within an acceptable timescale for their needs. The service informed us that patients would be offered same day or next day appointments and patients confirmed this. Patients had timely access to initial assessment, test results, diagnosis and treatment. Waiting times, delays and

cancellations were minimal and managed appropriately. The service did not carry out home visits and directed patients with more complex or urgent needs to use NHS or emergency services as appropriate. The clinic was open from Monday to Friday from 9am to 7pm; Saturday from 9am to 5pm and Sunday from 9.30am to 12.30pm.

### Listening and learning from concerns and complaints

The service had received two complaints in the last year about its own service, for example a patient had complained when attending for a vaccination which turned out to be unavailable. The clinic staff had discussed this and developed a vaccination flow chart to enable the process to run more smoothly.

The clinic now also displayed a chart with information about pricing following a complaint. Patients had also provided critical feedback about the change of layout following a reduction in the floor-space the Nippon Club rented from the hospital provider. This meant that the clinic no longer had a separate patient waiting area. The managers were limited in the action they could take on this but were aware of the issue.

The service manager was the lead for managing complaints and shared and discussed complaints openly within the staff team to identify improvements. The service had a complaints policy in place which was in line with recognised guidance. Information about how to make a complaint was available for patients and displayed in the waiting area. The complaints information detailed the process for complaints handling and how patients could escalate their concerns if they were not satisfied with the investigation.

# Are services well-led?

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

## Our findings

### Leadership capacity and capability

There was a clear organisational structure. The clinic was overseen by a management board with clinical leadership provided through an association with a Japanese university hospital. The board had appointed a service manager to provide oversight and leadership at the clinic. The manager worked from a different site but visited the clinic regularly and staff described them as accessible and approachable. Day to day operational management, for example on infection control and stock monitoring was provided by one of the nurses who was experienced and confident in the role.

The leaders had the capacity and skills to deliver high quality, sustainable care. The service had identified priorities for maintaining the quality and future of the service. Its immediate priority had been managing a 50% reduction in the area it rented from the hospital without cutting clinical capacity or reducing the range of services offered. Staff told us this had been challenging but they had worked together to achieve a working solution.

There was scope to increase clinical leadership capacity at the clinic, for example, the service did not have a designated medical lead responsible for clinical performance and implementing quality improvement initiatives such as clinical audit.

### Vision and strategy

The provider had a clear vision to deliver high quality care which was culturally appropriate for Japanese people living in London. Patients told us they highly valued this service and some commented it was an essential resource for their wellbeing. There was a realistic strategy to achieve identified priorities. The staff team said they were sufficiently involved in and informed about planned changes and were aware of the strategy and their own role in achieving this.

### Culture

There was an open working culture at the service. Staff said they were supported and valued. They told us they could raise any concerns and were encouraged to do so. They had confidence that these would be addressed. The staff team was aware of and had systems to ensure compliance

with the requirements of the duty of candour with patients. The staff and managers were aware of the stresses involved in working away from one's home country and there was social support in place for the seconded doctors.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance. Service policies and procedures and meetings were documented and shared.

There were processes for providing all staff with appropriate development. This included discussion of development and training opportunities. All staff received regular annual appraisals with their manager or externally as appropriate to their role. The clinical staff maintained their professional development and skills. There were regular and documented monthly meetings to which all staff were invited and frequent informal discussions.

### Managing risks, issues and performance

There were clear and effective processes for managing most risks. There was effective oversight of incidents, audit results, patient feedback and complaints. There was evidence of action to change practice to improve quality when issues had been identified. However, while there was a written policy on dealing with safety alerts, the clinic did not have a clear process to monitor and record implementation and not all staff were aware that a process was in place.

The staff were trained in readiness for emergencies although the team had not explicitly reviewed the systems in place to identify and respond to cases of potential sepsis. The clinic was aware of major incident procedures within the hospital and had a continuity plan in place with contact details for key contractors and agencies.

### Appropriate and accurate information

The service acted on appropriate and accurate information. There were arrangements in line with data security standards for the accessibility, integrity and confidentiality of patient identifiable data and other key records.

The Nippon Club board reviewed incidents, patient and staff feedback and complaints and reviews of service performance. However, the service did not have a well-developed programme of clinical quality improvement

# Are services well-led?

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

work, for example, it was not conducting two-cycle clinical audit. This had been already identified as an area for improvement prior to the inspection but had not yet been implemented.

## **Engagement with patients, the public, staff and external partners**

The service involved patients, staff and external partners to support the service. For example, the service requested patient feedback annually about the quality of care they experienced. The results were positive about the service as a whole and the care received from individual doctors and the nurses. Staff told us they were encouraged to share and discuss ideas for further improvement.

## **Continuous improvement and innovation**

There was a focus on improvement and service development within the service. For example:

- The clinic had responded to patient suggestions in relation to its own service, for example displaying more information for patients about costs.
- The service was also aware of patient feedback about the shared facilities and had secured some improvements through liaison with the landlord, for example improved signage. This was a potentially challenging area for improvement given the provider's limited influence over third party facilities but a key aspect of some patients' experience.
- The clinic had contracted with an external consultant who conducted a regular six-monthly standards audit covering all aspects of the service. We saw that the clinic had responded positively to previous recommendations, for example it had recently improved an area of flooring to comply with infection prevention and control standards.

This section is primarily information for the provider

## 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 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance  The provider had not established systems or processes to assess, monitor and mitigate key risks relating to the safety and welfare of patients. In particular, the provider did not have an effective process covering the implementation of relevant safety alerts.