

Bupa Health and Dental Centre - West End

Inspection report

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W1W 8HR
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

Please note this report and ratings reflects the Bupa Health services only. The dental service report can be found on the CQC website.

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 Bupa Health and Dental Centre, West End, 53 Mortimer Street, London W1W 8HR, to enable the Commission to provide a quality rating for the services provided.

The service provides private GP-led consultations, health assessments, and dermatology services. Some of the services were provided under corporate healthcare and employment arrangements or medical insurance, although there were patients who pay for their own private healthcare. Patients can be referred by the provider to other services for diagnostic imaging and specialist care.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The centre manager was 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.

The service asked patients to provide feedback through surveys, where the patients rated the services from zero to ten. The results for August 2022 demonstrated an average score of 9.3 for overall satisfaction with the practitioner, 8.7 for ease of booking and appointments, 9.5 for friendliness and helpfulness of the reception staff, and 9.3 for facilities (including equipment) look and feel of the clinic.

Our key findings were:

- Leaders had the capacity and skills to deliver high-quality, sustainable care.
- The service had a culture of high-quality sustainable care.
- Systems and processes were in place to keep people safe.
- There were systems to assess, monitor and manage risks to patient safety.

Overall summary

- Staff had the information they needed to deliver safe care and treatment to patients.
- Governance arrangements were in place. There were clear responsibilities, roles and systems of accountability to support good governance and management.
- The service obtained consent to care and treatment in line with legislation and guidance.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The service learned and made improvements when things went wrong.
- Infection control policy and procedures were in place to reduce the risk and spread of infection.
- The service had good facilities and was well equipped to treat patients and meet their needs.

The provider should:

- Review the effectiveness of the oversight of the system to ensure safe referral.

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 who was supported by a GP specialist adviser.

Background to Bupa Health and Dental Centre - West End

Bupa Health and Dental Care – West End operates at 53 Mortimer Street, London, W1W 8HR. The provider is registered with the CQC to carry out the regulated activities diagnostic and screening procedures, treatment of disease, disorder or injury and surgical procedures.

The service provides private GP-led consultations, health assessments, and dermatology services. The provider has an in-house dental suite offering preventive, specialist and cosmetic dental and hygienist services at the same location. Some of the services are provided under corporate healthcare and employment arrangements or medical insurance, although there are patients who pay for their own private healthcare. Patients can be referred by the provider to other services for diagnostic imaging and specialist care.

Bupa Health and Dental Centre is registered with Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of services and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Some of the services available at Bupa Health and Dental Centre – West End are exempt by law from CQC regulation. Therefore, we were only able to inspect the regulated activities as part of this inspection.

The service offers pre-bookable face-to-face private GP, dermatology and health assessment appointments for adults over the age of 18. The service is open from 8am to 6pm each day with the exception of Sunday.

Patients requiring advice and support outside of those hours are advised to use the NHS 111 service. The services do not manage the ongoing care and review of patients with long-term conditions as part of its GP services.

The centre manager was responsible for the day-to-day running of the centre and was supported by a health care manager and a lead GP and a team of health advisors and administrators.

How we inspected this service

The methods that were used, for during this inspection were:

- A site visit to the location.
- Reviewing documents and records.
- Interviewing the lead clinician and staff.

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 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 and standard operating procedures in place to safeguard children and vulnerable adults from abuse.
- All staff had completed the appropriate levels of safeguarding adults and childrens training and had an annual update. In addition, they completed brief training sessions on domestic abuse, modern slavery, and female genital mutilation.
- The service used a computer software system to record all safeguarding concerns, this enabled the provider's senior management team to have oversight of any concerns. The leads for safeguarding were the centre and health services managers and the clinical lead, and all had completed level four safeguarding for both adults and children.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- Recruitment and recruitment checks were coordinated at an organisational level 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). The service and health service managers carried out staff interviews and all information was available to them to review prior to the interview. All the provider's information about members of staff was available through an online IT platform.
- There was an effective system to manage infection prevention and control (IPC). On the day of the inspection, the premises were observed to be clean and tidy. The health services manager was the IPC lead. The service had a range of IPC policies in place, which were accessible to staff, and undertook quarterly IPC audits. The IPC audits were reviewed by the provider's quality team who completed a report, to enable the senior leadership team oversight. In addition, the staff carried out risk assessments for the use of personal protective equipment. There were systems for safely managing healthcare waste.
- Forty-two out of forty-three staff had completed IPC training in the previous twelve months.
- The service had a policy in place for the Immunisation Schedule Management for Clinical & Non-Clinical Staff Bupa Health Clinics which was last reviewed in April 2022 and held a record of all staff immunisations or preferences.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. For example, the appropriate equipment was calibrated in June 2022 and portable electric appliance testing was carried out in April 2022. In addition, the service manager had oversight of the legionella assessment carried out March 2022 and the electrical installation condition report carried out in March 2020. The service also had a risk assessment in place for the use of the patient exercise bikes carried out in March 2022.
- 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. These included health and safety and premises maintenance. The provider had plans in place to replace the fabric chairs in reception with wipeable ones.
- The provider had a fire risk assessment in place last reviewed May 2022 and had carried out the necessary fire checks and maintenance. For example, the fire extinguishers were serviced in April 2022 and the most recent fire evacuation practice was in May 2022.

Are services safe?

Risks to patients

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

- There was an effective induction system for all 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 sepsis training. The service had a policy in place regarding the recognition and management of the unwell patient which was reviewed in March 2021.
- There were sufficient staff at the time of the inspection and arrangements for planning and monitoring the number and mix of staff needed to meet patient needs. When needed, staff could be used from the provider's other sites.
- 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.

Information to deliver safe care and treatment

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

- The service used patient record computer software to record and manage patient records. This system was password protected and staff were only able to access necessary information for their role.
- We reviewed care records and found they 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 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.
- Patients were asked if they would consent to share their information with their NHS general practitioner to enable continuation of care.
- We saw that the health advisors had a folder in each room which provided a copy of all standard operating procedures they may need to reference.

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 emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- All private prescriptions were processed electronically and signed by the prescribing doctor.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, antibiotic prescribing.
- 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.
- The service did not stock any medicines requiring refrigeration, but reagents used in near-patient blood testing were stored as per manufacturer's instructions at between two and eight degrees centigrade.

Are services safe?

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.
- The service used a computer software system to monitor, review and act upon all incidents.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- Incidents and significant events were recorded on a computer software system, which enabled the provider's leadership team to have oversight and ensure actions were taken.
- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The service manager explained the service had incidents, but there had not been any significant events in the previous 12 months at the service. Information submitted by the provider showed that nine incidents had occurred in June 2022. These included not labelling blood results correctly or in correctly requesting them, where action had been taken in response and staff were provided with training.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service.
- The 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 including sessional and agency staff.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

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

- The service carried out two types of services. These were patient health assessments and general practitioner appointments.
- Patients who had a health assessment completed an online questionnaire and consent form, which included details of their medical history, and were then offered an appointment. The online form included an algorithm which alerted staff to any risks to the patients. The patients were then seen by the health advisers who took their weight, height, waist measurements and bloods and discussed their lifestyle. They were then seen by the doctor who reviewed their clinical needs and could request further medical tests or refer the patient to secondary care. Following the assessment patients have access to a mental health helpline and an anytime helpline for 12 months. A copy of the assessment report and any test results were given to the patients.
- The health advisers carried out three blood tests during the appointment, these were for HbA1c, cholesterol and haemoglobin and patients were given a copy of the results.
- Women were offered cervical screening, which was carried out by female doctors. The doctors would inform the patients of their results and follow up abnormal results. The service also tracked any inadequate cervical screening results and offered staff further training.
- Patient booked GP appointments online and were offered a 15- or 30-minute appointment dependent upon their needs. Patients completed a consent and medical history form and stated why they wanted the appointment online. Patients were then seen by the GP at the premises. The service manager explained most patients who used this service required a referral to secondary care for their health insurance.
- The service manager explained any patients who had urgent needs were redirected to the emergency services.
- We reviewed five patients' records and found their 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.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements.
- The service made improvements through the use of completed audits. Clinical audits had a positive impact on quality of care and outcomes for patients.
- In the previous 12 months the service had carried out the audits below.
- We were provided with an example of a Point of care testing (POCT) audit report. This was carried out to identify if health advisers were completing the pathology section in line with the venepuncture and haemoglobin retest procedures and if they were accurately reporting POCT results. The conclusion of the March 2022 audit demonstrated that the centre was accurately reporting blood results with correct annotations and providing good note keeping for the blood sample type and the service scored 94% overall. Where three issues were found, an action log was completed.
- Information governance,

Are services effective?

- Local document compliance,
- Musculoskeletal (MSK) medicines management,
- MSK treatment cycle audit report,
- Risk management,
- Complaints,
- Incident procedure,
- Cancelled and outstanding mammograms,
- Prescribing audit,
- Urgent referrals,
- First impressions.

Effective staffing

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

- We saw evidence staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- We saw evidence that relevant professionals (medical) were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The lead clinician carried out quarterly patient record review audits of the doctor's consultation records, and they had six-month appraisals.
- The health advisers' patient consultation records were audited quarterly
- Role specific training for treating patients in the menopause and for sexual health was offered by the provider.

Coordinating patient care and information sharing

Staff 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.
- The health services manager told us that patients were given a copy of their referral letter, at the end of the appointment and could choose to share it with their NHS general practitioner. For urgent and referrals that had to be completed within two weeks, the urgent referral failsafe standing operating procedure stated the patient should be called at least once and then an e mail sent. A review of patients' records who were referred demonstrated that the doctors had followed up all patients. However, the spreadsheets which provided the manager with oversight, were not fully effective, as they did not record the contact with the doctors.
- Patients who required gynaecological, breast or prostate treatments were referred to an independent hospital.
- 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. If they refused information would be shared if the patient was deemed at risk of harm.

Are services effective?

- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The service monitored the process for seeking consent appropriately.
- Patients were informed of the costs of the service by the reception staff when they first made contact with the service.

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.

- Staff told us the health care advisers provided lifestyle advice, such as diet and exercise.
- Following the health assessment patients received two follow up coaching courses, to encourage them to lead a healthier lifestyle and could purchase more if they wished.
- The provider's website offered free information about healthcare advice.
- Patients were able to log on to an individual and personalised health portal to review their results and health screening report. The portal included videos, articles and coaching to achieve health goals, for example, weight loss.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The results for August 2022 demonstrated an average score of 9.3 for overall satisfaction with the practitioner, 9.5 for friendliness and helpfulness of the reception staff,
- 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.
- We observed that staff treated service users with kindness, respect and compassion.
- Arrangements were in place for a chaperone to be available, if requested.

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. Staff name badges contained the languages they were able to support with.
- Staff communicated with people in a way that they could understand, for example, communication aids, such as a hearing loop.

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.
- Curtains were provided in the consulting room to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation room doors were closed during consultations and conversations could not be overheard.
- Patient information was stored securely, and staff had completed General Data Protection Regulation (GDPR) training.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs.
- The service was open from 8am to 6pm every day except Sunday. The centre manager explained they were hoping to extend the service to open on a Sunday to meet patient needs.
- The centre manager explained patient health assessments normally took about two hours and GP appointments were booked for 15 or 30 minutes dependent on patient needs.
- Information about the service and the costs was available on the provider's website.
- The facilities and premises were appropriate for the services delivered.
- The results for August 2022 demonstrated a average score of 8.7 for ease of booking and appointments, 9.3 for facilities (including equipment) look and feel of the clinic.

Timely access to the service

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

- The service is open from 8am to 6pm Monday to Saturday. And closed Sunday.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- The service offered pre-bookable face to face GP appointments, which could be booked online or by telephone.

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 both at the service and on the provider's website.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaints policy and 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, the service had a complaint about the cost of follow up blood tests, following the complaint they had reminded the doctors of the process for patients who required further blood tests and the associated costs.
- The service had received seven complaints in the previous 12 months. The centre manager explained all complaints were reviewed by the senior leadership team and discussed in head of department meetings. In addition, they were shared within the service.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability.

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Staff told us leaders at all levels were visible. Staff had access to leaders with overarching responsibilities within the service when necessary. Local leaders 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. For example, the centre and health care manager described how they had progressed through the organisation to leadership role. They explained they had an apprenticeship scheme available that enabled staff to develop into new roles. For example, aspiring leader level three and health services leaders intermediate course level five.

Vision and strategy

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

- The founding purpose of the provider was to prevent, relieve and cure sickness and ill-health of every kind', which was enshrined in the original constitution, combining a caring ethos with freedom of choice'. The values were to be brave and make new possibilities happen, be caring and act with empathy and respect and be responsible of your own decisions.
- The strategic direction was based on three pillars which deliver the purpose of longer, healthier, and happier lives.
- The provider published an annual report which included their strategy and had supporting business plans to achieve priorities.
- The staff we spoke with were aware of and understood the vision, values and strategy and their role in achieving them.
- The provider monitored progress against delivery of the strategy.
- The centre manager explained the service was at present concentrating on their environmental standards (the green team) to reach a target of net zero to reduce the greenhouse gas emissions caused by the clinic.
- The service had their own improvement plan which included issues such as the need for new computers, door closures and baby changing facilities.

Culture

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

- We received eight staff surveys and spoke with four members of staff all told us they felt respected, supported and valued.
- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Eight staff returned a questionnaire and all 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. 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 and the service had staff who were diversity champions. To encourage inclusivity staff had inclusivity training.
- Staff name badges included the staffs chosen pronouns, and what languages they were able to converse in.
- There were positive relationships between staff and teams.
- The provider had a speak up policy and information available to staff regarding speaking up such as posters. The aims of this policy were to provide a fair and consistent framework which encouraged staff to speak up, in a responsible way, about any concerns they may have as soon as possible, in the knowledge that those concerns will be taken seriously, investigated and responded to appropriately and any request for confidentiality respected. In addition, guidance was provided to staff on how to speak up.
- All staff were offered free a health assessment every two years.

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.
- The service was supported by a clear organisational governance structure, which enabled the organisations board to have oversight of the services. The structure included clinical and non-clinical governance, and risk committees. A primary care clinical governance and a health assessment clinical governance group. There were prescribed meetings frequency and links to other groups. Performance information was shared and reviewed throughout at the governance meetings.
- 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. For example, Clinical Governance Standard Operating Procedure Bupa Health Clinics Policy which was last reviewed 9 March 2021.
- The centre held weekly staff meetings, where they discussed what would improve the team.
- The service had system in place by which assurance was provided to the executive team to demonstrate that the business was operating safely and effectively, achieving high quality outcomes and delivering on its strategic objectives through effective risk management in accordance with relevant statutory and regulatory requirements.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

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

Are services well-led?

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

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, -
- Customer listening session – Every six months the service would speak with two to three patients who had a negative experience on an online call and staff were allowed to take part. This enabled the staff to put ideas forward of what might improve the patient experience. The video feedback was also used at team meeting to promote improvements.
- All patients received a customer feedback survey following their appointments, and a follow up one a few weeks later when they had received all of their results. They were asked questions about their care and asked to provide a score of zero to ten. The results for August 2022 demonstrated an average score of 9.3 for overall satisfaction with the practitioner, 8.7 for ease of booking and appointments, 9.5 for friendliness and helpfulness of the reception staff, 9.3 for facilities (including equipment) look and feel of the clinic.
- The organisation had monthly sessions across the business, where employees could listen and learn about.
- Staff had the opportunity to complete an online staff survey. In response to the findings action plans were put in place to make improvements.
- There were systems to support improvement and innovation work. For example:
- A sexual health product had been recently launched across the provider services which was championed by the clinical lead for the service.
- The Menopause plan to support women, this enabled patients to sample a range of menopause products prior to purchasing them.
- The patients journey from reception was changed to ensures that patients make their follow up appointments straight away before they leave the centre.
- The centre staff were encouraged to volunteer, and the centre had linked with a service that provides support to young people.
- The service was transparent, collaborative and open with stakeholders about performance.
- Staff are provided with one hour from work every month to spend on their well-being.

Are services well-led?

Continuous improvement and innovation

There was 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.
- There were systems to support improvement and innovation work. For example:
- A sexual health product had been recently launched across the provider services which was championed by the clinical lead for the service.
- The Menopause plan to support women, this enabled patients to sample a range of menopause products prior to purchasing them.
- The patients journey from reception was changed to ensures that patients make their follow up appointments straight away before they leave the centre.
- The centre staff were encouraged to volunteer, and the centre had linked with a service that provides support to young people.
- The service planned to introduce Ipads to reduce the use of paper documents and improve the patient journey.