

Old Street

Inspection report

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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

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 Old Street on 16 November 2021 as part of our inspection programme.

The service is operated by London Doctors Clinic Limited (the provider), an independent doctors service providing private general medical services at 23 locations across the UK, although primarily in London. All services are private, subject to payment of fees, and are usually used for patients with acute health issues, with long-term health conditions not being routinely managed. No NHS services are provided.

The provider is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC, relating 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. For example, the provider offers some services to patients under arrangements made by their employer. These types of arrangements are exempt by law from CQC regulation and therefore we were only able to inspect the services which are not arranged for patients by their employers.

The provider's Medical Director is the CQC 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.

Our key findings were:

- The service had clear systems to keep patients safe and safeguarded from abuse.
- 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.
- The service assessed patients' needs and delivered care in line with current standards and evidence-based guidance, and reviewed the effectiveness and appropriateness of the care provided.
- Staff had the skills, knowledge and experience to carry out their roles.
- The service generally treated patients with kindness, respect and compassion, and staff recognised the importance of patients' privacy and dignity.
- The service organised and delivered services to meet patients' needs.
- Patients were able to access care and treatment from the service within an acceptable timescale for their needs.
- There was a clear leadership structure in place and staff felt supported by management.

Overall summary

- The provider had a culture of high-quality sustainable care.
- The service had a governance framework and had established effective processes for managing risks, issues and performance.
- There were systems and processes for learning, continuous improvement and innovation.

Dr Rosie Benneyworth *BM BS BMedSci MRCGP*

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector, who was accompanied by a GP specialist advisor.

Background to Old Street

London Doctors Clinic Limited ('the provider') is an independent doctors service, currently providing private general medical services at 23 locations across the UK, although the majority are in London.

All services are private, subject to payment of fees, and are usually used for patients with acute health issues, with long-term health conditions not being routinely managed. The service is offered to adults and children. No NHS services are provided.

The service is registered with CQC in respect of the following regulated activities: Diagnostic and screening procedures; Maternity and midwifery services; and Treatment of disease, disorder or injury.

Services provided at the clinic include: GP consultations; women's health; referrals for imaging, investigations and procedures; health screening; blood tests; general wellness screening; and sexual health.

The services are offered on an appointment-only basis, with pre-bookable and same day appointments available. The service is open for appointments from 9am to 5.30pm Monday to Friday, although due to the COVID-19 pandemic the service's operating hours have become more variable, with typically a minimum of two full days being provided. Patients can also be referred to the provider's other locations in the event that the Old Street service is not operating at the relevant time. Appointments can be booked by using a central telephone number, through an online system accessible via the provider's website: www.londondoctorsclinic.co.uk, or through the provider's app. Doctors from across the provider's locations work at the weekend and therefore can respond to any urgent results.

The service is situated in a serviced commercial block a short distance from Old Street station. The service is provided on the ground floor from one clinical room, with suitable access and facilities for disabled patients. There is a small reception and waiting area for patients, as well as a larger reception area for all visitors to the building.

The provider employs 10 salaried doctors who work across the different locations, with 3 or 4 regularly working at the Old Street service on a regular basis, most of whom also work within the NHS. There are no nurses or other clinicians working within the Old Street service.

Each of the provider's location has a clinic manager who carries out service and site management, and administrative and reception duties. Clinic managers also work across the various locations. Service provision at all locations is supported by a corporate team that includes various management, governance, quality assurance, administrative and financial roles.

The provider sees approximately 1,500 patients per week across all its locations, with around 100 patients per week at the Old Street location.

How we inspected this service:

We reviewed information about the service in advance of our inspection visit. This included:

- Data and other information we held about the service;
- Material we requested and received directly from the service ahead of the inspection;
- Information available on the service's website;
- Patient feedback and reviews accessible on various websites.

During the inspection visit we:

- Spoke with the CQC registered manager (the provider's Medical Director), one of the doctors working at the clinic, and a clinic manager;
- Reviewed policies, procedures, meeting minutes and patient records;
- Carried out checks and observations of the premises and equipment.

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.

Safety systems and processes

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

- The service had appropriate systems to safeguard children and vulnerable adults from abuse. There was a safeguarding adults and children policy in place which set out the process for reporting a safeguarding concern and contained contact details for the Local Authority safeguarding teams; the policy and supporting documents contained information about how to recognise certain categories of abuse, as well as Female Genital Mutilation (FGM), radicalisation and modern slavery.
- We saw staff had received safeguarding training to a level appropriate to their role.
- Staff we spoke with knew how to recognise and report potential safeguarding concerns.
- There was an alert function on the service's clinical system which enabled them to highlight any vulnerable patients.
- The service had undertaken Disclosure and Barring Service (DBS) checks for staff (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 a sign in the waiting area advising patients of the availability of chaperones. Staff who acted as chaperones had received training and were DBS checked.
- We reviewed a sample of staff personnel files and found the service carried out appropriate recruitment and staff checks. This included checks of professional registration and appraisals by the General Medical Council (GMC) where relevant, on recruitment and on an ongoing basis.
- The doctors who worked across the provider's locations undertook professional revalidation every five years in order to maintain their registration with the GMC.
- There was a record of immunity status for staff as per 'Green Book' guidance. We saw that where employers could not provide proof of specific immunisations, they made a signed declaration to confirm they had had them.
- We saw risk assessments had been completed to ensure the premises were safe, for example a health and safety risk assessment and a fire risk assessment both completed on 28 May 2021. We saw evidence of weekly fire alarm testing and a fire drill from March 2021.
- Our review of training records showed that staff were up to date with fire safety and health and safety training, as per the service's mandatory training requirements.
- The service ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. We saw evidence of calibration of medical equipment and portable appliance testing of electrical items in August 2021.
- There was an effective system to manage infection prevention and control. The service had an infection control policy in place, including associated policies relating to decontamination of equipment, notifiable diseases, specimen handling, Personal Protective Equipment (PPE), cleaning and needlestick injuries.
- An infection control audit had been completed on 28 May 2021, which did not identify any actions requiring completion.
- Our review of training records showed that staff were up to date with infection control training, as per the service's mandatory training requirements.
- There were systems for managing healthcare waste.

Risks to patients

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

Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff needed. If the service was particularly busy or staff were off sick, then clinical and non-clinical staff from the provider's other locations could provide cover or patients could be referred to other locations in London for their appointment.
- There was an induction system and training programme for staff tailored to their role. We saw evidence of completed induction checklists for staff. For locum doctors who worked sporadically for the service on an 'ad hoc' basis, they were taken through the clinical system and processes with another doctor and had access to all the service's policies and procedures on the intranet.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis and we saw staff had completed sepsis training.
- The service had a policy which non-clinical staff could refer to, which set out 'red flag' symptoms and assisted staff in identifying and responding to medical emergencies.
- The service had appropriate emergency medicines and equipment, with clear risk assessments completed for those medicines they had chosen not to hold. There was a system to ensure emergency medicines and equipment were checked regularly.
- Staff had completed up to date basic life support training.
- The service had a patient identification procedure in place which specified what details would be obtained for patients attending the service. The policy set out what steps should be taken to establish the identity of any children attending the service and confirm parental responsibility. The policy emphasised that staff should be vigilant about any behaviours suggesting safeguarding concerns and take action as required.

Information to deliver safe care and treatment

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

- The provider used an encrypted cloud-based clinical system across all sites, which enabled staff to access patient records from any location (including remotely).
- Individual care records were written and managed in a way which kept patients safe.
- Care records on the clinical system were secure.
- There was a documented approach to effectively managing test results.
- Referrals to other services were documented, contained the required information and there was a system to monitor delays.
- The service had introduced a test results lead and a referrals lead who maintain oversight of incoming results and outgoing referrals to ensure they are followed up and actioned in a timely manner.
- Results and referrals were integrated into the provider's clinical system, so results were received directly by the service and referrals could be made from patients' consultations.
- There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service submitted data and notifications to external bodies as required.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

Are services safe?

- The provider's clinical system was linked to a well-known online medicines and prescribing resource, which automatically highlighted prescribing advice and guidance and alerted doctors to interactions and contraindications of medicines.
- The systems for managing medicines, including medical gases and emergency medicines and equipment, minimised risks.
- We saw evidence of the refrigerator temperature being regularly monitored.
- The service did not hold or administer any vaccines.
- Prescriptions were printed directly from the secure clinical system and the service did not hold any blank paper prescriptions. Prescriptions had a unique identifying number and specified the number of medicines prescribed to reduce the risk of fraud or tampering.
- The service had prescribing protocols in place which followed national prescribing guidelines.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately.
- The provider had completed an audit in July and August 2020 reviewing the prescribing of a specific antibiotic (Clarithromycin). The audit was to review adherence to standards from a sample of 150 records, including that the clinical indication for prescribing was in accordance with National Institute for Health and Care Excellence (NICE) guidelines, that appropriate diagnoses were documented with an appropriately coded clinical problem, and that the medicine was dispensed according to the service's policy. The audit found that in 14 records the medicine was not the first-choice option for the specific diagnosis, that in 149 records an appropriate diagnosis was recorded and coded, and that in 149 records the medicine was dispensed as per policy with clear instructions, batch number and expiry dates. The results were discussed at a clinical governance meeting and fed back to the doctors.
- The service prescribed and dispensed a range of medicines, excluding schedule 1 to 3 controlled drugs. Arrangements for dispensing medicines at the service kept patients safe. There was a system for regular stock and expiry date checks. Medicines, which were kept securely, were labelled by the doctors from the clinical system with the dose and frequency clearly detailed.

Track record on safety and lessons learned and improvements made

The service had a good safety record and learned and made improvements when things went wrong.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system in place for reporting and recording significant events. The service used an electronic incident form to document and record any incidents, which was accessible to all staff across the provider's locations.
- There had not been any significant events at the location within the past year. However, we saw discussion of and learning from incidents which had taken place at the provider's other locations.
- Significant events were discussed at monthly complaints, safeguarding and significant events meetings.
- Staff understood their duty to raise concerns and report incidents and near misses.
- The service was aware of the requirements of the duty of candour and had a duty of candour policy in place. We saw when unexpected safety incidents occurred patients were given truthful information and an apology.
- There was a system for receiving and acting upon safety alerts. The service learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

We rated effective as good.

Effective needs assessment, care and treatment

The service assessed need and delivered care in line with current evidence-based guidance.

- The service delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- The service held regular doctors team meetings and Continuing Professional Development (CPD) events, during which clinical care and treatment was discussed; these were minuted and accessible to staff on the shared drive. The service had also recently introduced a new clinical innovation group meeting, in which new clinical protocols and products were discussed and implemented.
- The provider's clinical system was linked to a well-known online medicines and prescribing resource, which automatically highlighted up to date prescribing advice and guidance.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- Doctors could code patients on the clinical system as per their diagnoses, and the coding was monitored on a regular basis to track why patients were attending the service. This coding also enabled the service to carry out searches to identify specific patients, health issues or medicines.
- The provider used an online communication platform to hold remote discussions across the sites, and there was also a specific doctors thread on this platform which clinicians could use to raise and discuss queries.

Monitoring care and treatment

The service routinely reviewed the effectiveness and appropriateness of the care provided.

- The service completed quality improvement activities such as clinical audits and we saw results and learning from audits were shared with staff.
- We saw a hazardous medication audit (those medicines such as methotrexate, warfarin and lithium which require regular monitoring), a clarithromycin prescribing audit, a cervical cytology audit, a gonorrhoea audit, a zopiclone audit, and a video consultation audit. These audits identified areas of improvement and were fed back to clinicians. For example, one of the recommendations from the hazardous medication audit was to ensure that proof of required blood tests is documented in the patient notes or new blood tests are carried out by the doctor at the service prior to issuing a prescription.
- In addition to clinical audits, the service also carried out other regular monitoring activities, for example running reports to review coding to ascertain why patients had attended the service, reviewing a GP shift-fill rota report to check appointment and doctor demand and utilisation, and using reports to monitor doctors' dispensing rates.
- To maintain oversight of the doctors working at the service, a rolling monthly notes audit was completed. Doctors working across the provider's locations had a sample of their clinical records assessed, looking at safe prescribing and dispensing of medicines, reviewing whether treatment was in line with evidence-based guidelines, and reviewing record keeping standards. Doctors were provided with individual feedback about any areas where improvement was required and the results of these audits fed into doctors' in-house annual appraisals. Newly-appointed doctors had a sample of eight records reviewed for the first two-week period of employment, with all doctors having 10 records reviewed every three months.

Effective staffing

Are services effective?

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

- Clinicians were appropriately qualified and had sufficient time to carry out their roles effectively.
- The service carried out checks of the doctors' professional registration and appraisals with the GMC, on recruitment and on an ongoing basis. The doctors undertook professional revalidation every five years in order to maintain their registration with the GMC.
- The service provided staff with support through an induction and training programme tailored to their role, staff meetings, and in-house annual appraisals where objectives were identified and any performance issues were discussed.
- We saw completed induction checklists for staff and reviewed a sample of completed appraisals.
- We reviewed a sample of staff training records and saw staff members were up to date with training as per the service's policy; this included basic life support training, child safeguarding training, adult safeguarding training, infection control training, fire safety training, mental capacity act training, equality and diversity training, and information governance training.
- Staff told us they were given protected time for learning and development.
- The service maintained oversight of clinicians' performance through the rolling monthly notes audits, as well as monitoring of other performance indicators which were discussed at clinical governance and medical directors meetings.
- There were policies in place for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

Staff worked together and with other professionals to deliver effective care and treatment.

- At the point of registering with the service patients were requested to consent to share information with their NHS GP; if consent was provided, the service would provide patients' NHS GPs with a written update or, if urgent, would contact the GP by telephone. The clinical system also prompted the doctors to ask patients whether they wished their information to be shared with their GP. We were told that patients would still be treated without information being shared with their NHS GP if they did not consent to this if it was in the patient's interest to do so, and the service's doctors would consider these issues based on the specific circumstances.
- A record of asking the patient for consent to share information with their NHS GP was one of the areas specifically looked at as part of the rolling monthly notes audits carried out for all doctors across the service's locations.
- The service referred patients to other specialists where appropriate and we saw referral letters contained all the required information.
- Where necessary, patients would be referred back to their own NHS GP to ensure continuity of care.

Supporting patients to live healthier lives

Staff were proactive in supporting patients to manage their own health and live healthier lives.

- The service provided patients with health and lifestyle advice.
- Patients had access to health assessments and checks, such as general wellness screening and mental health support.
- We saw the service had produced a patient leaflet on how to stay healthy this winter, which provided advice about diet, exercise, health assessments and influenza and COVID-19 vaccinations.
- Where patients' needs could not be met by the service, staff would signpost them to services more appropriate for their needs.

Are services effective?

Consent to care and treatment

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

- The doctors understood the requirements of legislation and guidance when considering consent and decision making.
- The service supported patients to make decisions about their care and treatment.
- We saw examples of consent forms for patients, for example for ear syringing.
- Doctors had completed mental capacity act training as part of the service's mandatory training requirements.

Are services caring?

We rated caring as good.

Kindness, respect and compassion

The service generally treated patients with kindness, respect and compassion.

- We saw staff understood patients' personal, cultural and social needs. Staff displayed an understanding and non-judgmental attitude to patients.
- The service gave patients timely support and information.
- Longer appointments were available if requested.
- The service emailed patients after their appointment with a link to an external website and asked patients to review their experience. We saw the service collated and reviewed the feedback left on the website, which could be filtered for each of the provider's locations. We saw eleven reviews had been left on this website for the Old Street service in 2021, eight of which were positive and three negative. Comments generally described the doctors as great, and described the service as easy and professional, with one patient describing reception staff as friendly and polite. Only one of the negative reviews related to staff attitude, stating that they had no interest in the patient.
- The service had a complaints, suggestions, feedback and compliments policy.
- Staff were required to complete equality and diversity training every three years.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- The service offered interpretation services to patients for whom English was not their first language.
- Information leaflets were available to patients providing health advice.

Privacy and Dignity

Staff recognised the importance of patients' privacy and dignity.

- Patient information was held securely on the electronic clinical system, and staff said any paper records would not be made visible to other patients in the waiting area and would be shredded once scanned onto the system.
- The clinical system was secure and backed up regularly as it was a cloud-based system. The system could be accessed by staff from home or elsewhere.
- We saw that the door was closed during appointments and that conversations taking place in the consultation room could not be overheard.
- Staff told us if patients wanted to discuss sensitive issues or appeared distressed, they would take them to a private room away from other patients to discuss their needs.
- We saw curtains were provided in the consultation room for patients if needed to maintain dignity.

Are services responsive to people's needs?

We rated responsive as good.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs.

- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when patients found it hard to access services. For example, there was a lift up to the building from street level and interpretation services were available.
- The service made patients aware of what services were offered and the limitations of what was provided.
- Standard appointments were 15 minutes, but longer appointments were available upon request.
- The service offered video consultations, and we were told these were usually available within 15 minutes, although video consultations only made up about 10% of all appointments across the locations.
- The service had leaflets available for patients which gave health advice.
- There was no formal out of hours service, however some of the doctors from across the provider's locations worked at the weekend and therefore could respond to any urgent results or queries.

Timely access to the service

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

- Services were offered on a private, fee-paying basis only, and therefore were accessible to people who chose to use them.
- The service was open for appointments from 9am to 5.30pm Monday to Friday, although due to the COVID-19 pandemic the service's operating hours have become more variable, with typically a minimum of two full days being provided.
- Patients could also be referred to the provider's other locations in the event that the Old Street service was not operating at the relevant time.
- The appointment system was easy to use; patients could book online, by telephone, or via the provider's app (with 80% of patients booking an appointment directly online).
- We were told that 50% of patients across all the locations book an appointment for the same day.
- We saw feedback which the service had collated from an external website where patients reported an easy booking process and no waiting times, and described the service as quick and efficient. One negative comment related to the appointment being moved to an alternative location last minute.

Listening and learning from concerns and complaints

The service had a system to act on and learn from complaints.

- The service had a complaints policy in place. This set out how the service manages complaints and included reference to patients being able to escalate any complaint to the Independent Healthcare Sector Complaints Adjudicator Service (ISCAS) if they remained dissatisfied with the outcome.
- There was a patient complaint procedure which detailed how patients could make a complaint and what they should expect from the service, and this was available on the practice's website.
- Complaints were reviewed and discussed at the monthly complaints, safeguarding and significant events meetings. The service acted upon complaints to improve the quality of care.
- Six complaints had been received for the Old Street location in 2021, which had been dealt with in a timely manner.

Are services well-led?

We rated well-led as good.

Leadership capacity and capability

There was a clear leadership structure in place.

- The management team was responsible for the organisational direction and development of the service and each management staff member had their own defined roles and responsibilities.
- The provider's Medical Director was the CQC registered manager for the Old Street location. The Medical Director was responsible for clinical governance, delivery and protocols, and also worked as a doctor seeing patients at some of the sites.
- Staff told us that leaders were visible and approachable, and worked closely with staff.
- Leaders were knowledgeable about issues, challenges and priorities relating to the quality and future of services offered.
- Leaders demonstrated an understanding of current and future challenges facing the organisation and had plans in place to meet those challenges to continue delivering high-quality services. For example, we discussed current issues around recruitment of doctors in primary care, and were told the provider is actively recruiting new doctors. The Medical Director was clear that they are controlling the pace of expansion of any new clinics to ensure based on recruitment progress, to ensure there are adequate staff going forward.
- We saw that various staff and governance meetings took place on a regular basis and included discussion of significant events, complaints, performance, and the operational running of the service. Minutes showed that agreed actions were monitored and followed up.

Vision and strategy

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

- The service sought to offer patients easy access to GP services in a one-stop shop at a time which suits them.
- The service had a realistic strategy and business plan to achieve its priorities. The strategy focused on expanding the network of clinics and opening new locations nationally, as well as using medical technology to deliver better patient care. We saw that the strategy was closely monitored at senior leadership and governance meetings. Staff told us they hold a strategy day each year for the board to consider and monitor the business plan and strategy.
- From October 2019, the provider had engaged in a process to develop a new set of brand values, which involved a questionnaire sent to all employees, interviews with a selection of employees and external partners, consumer research and shortlisting by an internal team.
- The provider's brand values used the word 'healthy' to define its seven values, namely: 'happy', 'execute', 'aspirational', 'leaders', 'trust', 'helpful' and 'you'.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

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

- Staff told us that leaders were visible and approachable and felt their views were listened to. Staff described the service as open, supportive and culturally diverse.
- Leaders had a shared purpose and strove to deliver and motivate staff to succeed.

Are services well-led?

- Openness and honesty were demonstrated when responding to incidents and complaints. The service was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff were required to complete equality and diversity training every three years.
- There were processes for providing all staff with the development they needed; this included annual appraisals and regular meetings. Clinicians were supported to meet the requirements of professional revalidation where necessary.
- Management had arranged for external speakers to attend the service which contributed towards doctors' continuing professional development (CPD).
- The service had a whistleblowing policy and staff we spoke with said they felt able to speak up and were confident any concerns would be acted upon.
- Staff had access to twice-weekly lateral flow tests for COVID-19, were offered an annual influenza vaccine, had access to an Occupational Health service, and could access friends and family appointments.
- Every month staff from across the locations voted for the 'star of the month' who demonstrated one of the seven brand values, and that employee would win a £50 voucher.

Governance arrangements

The service had a governance framework in place, which supported the delivery of quality care.

- There was a clear staffing structure in place.
- Staff understood their roles and responsibilities.
- Service specific policies and processes had been developed and implemented and were accessible to staff. All policies we reviewed were version-controlled, had been reviewed and had a next review date specified.
- There were regular meetings held to support governance systems and their application.

Managing risks, issues and performance

The service had established processes for managing risks, issues and performance.

- There were effective processes to identify, understand, monitor and address current and future risks, which included risks to patient safety.
- The service had processes to manage current and future performance. Clinical performance could be assured through the rolling monthly notes audits, as well as clinical audits and in-house appraisals.
- We saw evidence that staff completed various daily and weekly checks to monitor the safe and effective running of the service.
- The Medical Director explained that the service was very data-driven, particularly in terms of systems to monitor business and performance. We saw the provider had created various reports which were run and checked regularly to monitor and manage issues. These included: a coding report to ascertain why patients had attended the service; a GP shift-fill rota report to check appointment and doctor demand and utilisation; a report for doctors' dispensing rates; a report for patient feedback; and reports for call rates, patient numbers and revenue.
- The service had a business continuity plan in the event of any major incidents.
- Staff were trained in preparation for incidents and emergencies, as staff training records we reviewed showed staff were up to date with basic life support training, fire safety training and health and safety training.
- Appropriate risk assessments and checks had been carried out to ensure the premises and equipment were safe.
- Changes had been made to infection control arrangements and premises to protect staff and patients using the service during the COVID-19 pandemic.

Appropriate and accurate information

Are services well-led?

The service acted on appropriate and accurate information.

- The service adhered to data security standards to ensure the availability, integrity and confidentiality of patient identifiable data and records.
- Performance information was used to hold staff and management to account.
- Quality and sustainability were discussed in relevant meetings, such as clinical governance meetings and senior leadership team meetings, where staff had sufficient access to information.
- The service submitted data and notifications to external bodies as required. We saw notifications had been submitted to CQC for some of the provider's locations as required.

Engagement with patients, the public, staff and external partners

The service involved patients and staff to support the service they offered.

- The service emailed patients after their appointment with a link to an external website and asked patients to review their experience. We saw the service collated and reviewed the feedback left on the website, and contacted patients as a result of their feedback where required.
- Staff told us they felt able to raise concerns and provide feedback to management about the service. Staff gave us an example where management had been changes to operations as a result of feedback from non-clinical staff.
- The provider was transparent, collaborative and open about performance.

Continuous improvement and innovation

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

- We saw evidence the service identified learning and improvements to services as a result of significant events, complaints, and patient feedback.
- We saw that doctors meetings and continuing professional development sessions were held with doctors.
- There was a focus on continuous learning and improvement within the service.
- Learning (from audits, feedback and incidents) was shared with relevant staff across the provider's locations.