Cyberdoc Medical Ltd

Dr Wayne Cottrell

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 2 August 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 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.

Dr Wayne Cottrell is an independent health service based in Canary Wharf, London.

Our key findings were:

- Fire drills were not documented.
- Cleaning of medical equipment, such as the ear irrigator, was not documented.
- Staff knew how to recognise and report potential safeguarding issues and had completed safeguarding training.
- Appropriate emergency medicines and equipment were accessible for staff and we saw evidence of regular checks.
- The service had implemented a new patient identification policy in order to verify that adults attending with children for appointments were the legal guardians.
- Clinicians understood the requirements of legislation and guidance when considering consent and decision making, although none of the clinicians had completed any recent Mental Capacity Act 2005 training.

Summary of findings

- The service delivered care in line with relevant and current evidence based guidance and standards.
- The service reviewed the effectiveness and appropriateness of the care provided through quality improvement activity such as clinical audits.
- At the end of every week the GP on duty reviews all the records for children who attended appointments the previous week and sends a follow up email to check how they are feeling.
- Clinicians had the skills, knowledge and experience to carry out their roles.
- The service did not offer interpretation services, although staff could speak languages other than English.
- Patient feedback was positive about the service experienced.
- The service organised and delivered services to meet patients' needs, and the facilities and premises were appropriate for the services delivered.
- The service had a complaints policy in place, and complaints we reviewed had been handled appropriately and in a timely way.
- There was a clear leadership structure, and staff told us that they felt able to raise concerns and were confident that these would be addressed.
- The service had a governance framework in place, which supported the delivery of quality care.
- There were systems and processes for learning, continuous improvement and innovation.

There were areas where the provider could make improvements and should:

- Review the level of oversight of and access to health and safety risk assessments for the premises.
- Review the process for documenting fire evacuation drills.
- Review the process for documenting the cleaning of medical equipment, such as the ear irrigator.
- Review training requirements and updates for clinicians in relation to consent and the Mental Capacity Act 2005.
- Review the necessity for interpretation services for patients whose first language is not English.

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.

- Fire drills were not documented.
- Cleaning of medical equipment, such as the ear irrigator, was not documented.
- Staff knew how to recognise and report potential safeguarding issues and had completed safeguarding training.
- Appropriate emergency medicines and equipment were accessible for staff and we saw evidence of regular checks.
- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- The service had implemented a new patient identification policy in order to verify that adults attending with children for appointments were the legal guardians

Are services effective?

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making, although none of the clinicians had completed any recent Mental Capacity Act 2005 training.
- The service delivered care in line with relevant and current evidence based guidance and standards.
- The service reviewed the effectiveness and appropriateness of the care provided through quality improvement activity such as clinical audits.
- Clinicians had the skills, knowledge and experience to carry out their roles.
- Staff worked together and with other professionals to deliver effective care and treatment, and referral letters included all the necessary information.

Are services caring?

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

- The service did not offer interpretation services, although staff could speak languages other than English.
- Patient feedback in the CQC comment cards, the service's feedback forms, and on website reviews was positive about the service experienced.
- At the end of every week the GP on duty reviewed all the records for children who attended appointments the previous week and sends a follow up email to check how they are feeling.
- Staff helped patients be involved in decisions about their care.
- The service was registered with the Information Commissioner's Office (ICO) and patient information and records were held securely.

Are services responsive to people's needs?

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

- The service organised and delivered services to meet patients' needs, and the facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when patients found it hard to access services.
- The appointment system was easy to use; patients could book by telephone or via the service's website.

Summary of findings

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- The service had a complaints policy in place, and complaints we reviewed had been handled appropriately and in a timely way.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- There was a clear leadership structure, and staff told us that they felt able to raise concerns and were confident that these would be addressed.
- The service had a governance framework in place, which supported the delivery of quality care.
- There were processes for providing clinicians with the development they needed; this included a thorough induction process (including completion of a training checklist and skills assessment and a period of shadowing) and six-monthly appraisals.
- The service had a business continuity plan in place.
- There were systems and processes for learning, continuous improvement and innovation

Dr Wayne Cottrell

Detailed findings

Background to this inspection

Dr Wayne Cottrell is an independent health service based in Canary Wharf, London. The provider does not own the premises but rents one consultation room inside Freedom Clinics, which is a multidisciplinary network of private clinics offering various healthcare services.

Dr Wayne Cottrell provides general private doctor services, health screening, sexual health testing, travel vaccines and children's vaccines. The service holds a licence from NaTHNac (National Travel Health Network and Centre, a service commissioned by Public Health England) to administer yellow fever vaccines.

The service directly employs one lead GP, one GP who works part-time (usually one day per week and holiday cover), a nurse, and a manager. The reception staff are employed by another organisation in the same premises, and they greet patients, process payments and book appointments for Dr Wayne Cottrell.

The service is open at the following times:

- Monday and Tuesday from 9am to 6.30pm;
- Wednesday and Thursday from 9am to 5pm;
- Friday from 8am to 2pm and for nurse appointments only from 3pm to 5pm;
- Saturday appointments are available upon request.

The service is registered with the CQC to provide the regulated activities of diagnostic and screening procedures, and treatment of disease, disorder and injury.

The lead GP at the service is the CQC nominated individual. A nominated individual is a person who is registered with the CQC to supervise the management of the regulated activities and for ensuring the quality of the services provided.

The service's manager 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.

We carried out this inspection as a part of our comprehensive inspection programme of independent health providers.

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

The inspection was carried out on 2 August 2018. During the visit we:

- Spoke with the lead GP, the manager, and one of the receptionists for the premises.
- Reviewed a sample of patient care and treatment records.
- Reviewed comment cards in which patients shared their views and experiences of the service.

We asked for CQC comment cards to be completed by patients prior to the inspection. We received 80 comment cards which were all positive about the standard of care received. Staff were described as efficient, caring and highly professional.

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?

Detailed findings

- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

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

Safety systems and processes

- Staff knew how to recognise and report potential safeguarding issues. All clinicians, the manager and the reception staff had completed adult and child safeguarding training at a level appropriate to their role. The service had a child safeguarding policy in place which outlined the process for identifying and reporting concerns and contained contact details for local Children's Services. However, the service did not have an adult safeguarding policy, only a document with contact details for local Adult Services. On the day of inspection, the service subsequently produced an adult safeguarding policy which provided information and a process for staff to follow.
- The service carried out staff checks, including reference checks and checks of professional registration where relevant. 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 clinicians undertook professional revalidation in order to maintain their registrations with the General Medical Council (GMC) and Nursing and Midwifery Council (NMC).
- The service had a chaperone policy and we saw a poster in reception and in the consultation room advising patients of this. When booking appointments online, patients had the option to confirm whether or not they wanted a chaperone present for their appointment. The service told us that the manager and one member of reception staff would act as chaperones if requested by patients and we saw evidence of completed chaperone training. The reception staff member had a standard DBS check, rather than an enhanced check, and the service had not completed a risk assessment in respect of this. Following the inspection, the service provided a risk assessment in support of this decision, which referenced that most patients visiting the service were business people who are comfortable being examined by medical professionals, and that the provider had known the reception staff member for many years and had no concerns about them.
- There were systems in place for reporting and recording significant events and complaints.
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We had sight of a Control of Substances Hazardous to Health Regulations (COSHH) risk assessment completed by the external cleaning company in relation to the cleaning products used at the premises.
- The service had not completed a health and safety risk assessment; however, a review of the consultation room was undertaken to identify any concerns. The lead GP advised the premises' landlord was responsible for undertaking a health and safety risk assessment, but there was no evidence that the service had oversight of any assessments undertaken.
- A fire risk assessment had been completed by an external company in January 2018 for the provider, which identified actions which needed to be taken by the provider to ensure safety; these were in relation to emergency light testing, wiring discharge testing and electrical testing for Freedom Clinics (the provider rents one consultation room in the premises). On the inspection, we found the service had not addressed or resolved these fire safety recommendations. However, following the inspection the service provided evidence that the required testing had been completed on 8 and 9 August 2018.
- We saw evidence that fire safety equipment was tested and fire alarm tests were completed weekly by the Canary Wharf building company and documented by the service. Staff told us that fire drills took place, however there was no evidence of this as fire drills were not documented.
- A legionella risk assessment had been completed by an external company in May 2018 for the provider, which identified medium-risk actions which needed to be taken by the provider to ensure safety; these were in relation to monthly water temperature testing and documenting the legionella control regime. The service had not addressed or resolved these legionella

recommendations. We saw emails which evidenced that the risk assessment had an error in it relating to sink temperatures, therefore the actions were postponed until the risk assessment was appropriately updated by the company who undertook the assessment.

- We saw completed cleaning schedules by the external cleaning company, and consultation room audits completed by the lead GP every three months who reviewed the cleanliness and hygiene of the room used by the service. The lead GP was responsible for ensuring that medical equipment, such as the ear irrigator, was cleaned; the lead GP told us the ear irrigator was cleaned after patient use, however this was not documented. The lead GP informed us that they would complete a log to record when the equipment is cleaned.
- The clinicians had undertaken infection prevention and control training, however the service had not completed a formal infection control audit as checks were incorporated into the general clinical room audit which was completed regularly.

Risks to patients

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians and reception staff knew how to identify and manage patients with severe infections, for example, sepsis, and had received specific training in relation to identifying and dealing with sepsis.
- Appropriate emergency medicines and equipment were accessible for staff and we saw evidence of regular checks.
- All clinicians had received basic life support training. We saw adult and paediatric basic life support flow chart posters in the consultation room for staff to refer to. Two of the reception staff had not completed basic life support training since 2016, and the service had not completed a risk assessment in respect of this. However, following the inspection the service provided evidence that basic life support training had been booked for these staff members.
- There was a system for receiving and acting upon safety alerts. Medicines safety alerts were received by the lead GP and the manager and discussed during their weekly meetings; we saw these discussions and any actions taken were documented in the meeting minutes, and if the alerts were relevant they would be sent to the other GPs by email.
- We saw evidence that there were professional indemnity arrangements in place for clinicians.
- On the day of inspection, the service implemented a new patient identification process and policy which states that, at the time of registration, the service would check the identification of any children (under 18 years of age) attending for an appointment and the identification of the accompanying parent to ensure that the parent was the child's legal guardian. Information about this identification requirement is sent in email or text reminders at the time the appointment for the child is booked (we saw evidence that the reminder system was updated to include this information). The policy also stated that clinicians should keep a close eye on the interaction between child and parent and report any concerns.

Information to deliver safe care and treatment

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

- Patient records were written and managed in a way that kept patients safe. The records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- There was an effective system for managing tests and results processed by an independent laboratory. Test results were reviewed and actioned in a timely way.
- We saw referral letters to other services and healthcare professionals included all the necessary information.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.

Are services safe?

- We checked medicines and refrigerators and found they were stored securely and were only accessible to authorised staff. We saw evidence the service completed daily monitoring of the refrigerator temperatures.
- Prescriptions were kept securely, as prescriptions were printed directly from the secure computer system and the service did not hold any blank paper prescriptions.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Although the service was not an NHS provider, it had access to the local Clinical Commissioning Group's antibiotics guidance and this was incorporated into the service's own antibiotics formulary for clinicians to follow.
- The nurse used Patient Group Directions (PGDs) to administer vaccines (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). We saw that the PGDs had been produced in line with legal requirements and national guidance.

Track record on safety

- There were risk assessments in relation to some areas of the service, although no health and safety risk assessment completed for the premises.
- 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.
- Clinical and electrical equipment had been checked to ensure it was working safely.

Lessons learned and improvements made

The service had a system to enable learning when things went wrong.

- There was a system for recording and acting on significant events and incidents. Clinicians and the reception staff at the premises understood their duty to raise concerns and report incidents, and leaders supported them when they did so.
- We saw significant events and complaints policies which demonstrated where patients had been impacted they would be contacted and appropriate action would be taken to make any changes. For example, we saw an incident where a patient was unhappy about the treatment given and made a formal complaint. The complaint was acknowledged by the manager on the same day it was received, the lead GP subsequently emailed the patient apologising that they felt they had not received appropriate treatment and explaining why he prescribed the specific medicines and made the referral to the specialist. The complaint was analysed and learning was identified that clinicians should ensure clear communication with patients regarding all aspects of the treatment given.
- The service was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty.

Are services effective?

(for example, treatment is effective)

Our findings

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

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. Although the service was not an NHS provider, it had access to the local Clinical Commissioning Group's antibiotics guidance and this was incorporated into the service's own antibiotics formulary for clinicians to follow.
- For travel health patients, clinicians used NaTHNac (National Travel Health Network and Centre, a service commissioned by Public Health England), to inform their assessments and treatment.
- For sexual health patients, clinicians referred to the British Association for Sexual Health and HIV (BASHH) guidelines.
- Care pathways and protocols based on evidence based guidance were incorporated into the service's record system for clinicians to easily refer to. The computer system enabled warning notifications to be added in relation to any new guidance or best practice updates, which would alert all clinicians.
- We found no evidence of discrimination when making care and treatment decisions.
- Patient records we reviewed demonstrated that clinicians advised patients what to do if their condition got worse and where to seek further help and support.
- The lead GP told us that they would assess whether they needed to see a patient face to face before authorising a repeat prescription.

Monitoring care and treatment

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

- We saw the service had completed a single cycle audit looking at medicines prescribed by clinicians between July 2017 and December 2017. The lead GP explained that the current record system did not allow in-depth analysis of this data, such as clinical justification for prescribing particular antibiotics, but that changes to the computer system have been requested and that the audit will be repeated once this change has been made so that detailed analysis can take place and any improvements or changes can be identified.
- The service carried out an audit regarding cervical smear tests undertaken between October and December 2017. Three cervical smear tests were undertaken during this period, all of which were negative and none of which were inadequate, so no changes were required.
- The service completed a two-cycle audit in 2016 and 2017 regarding whether clinicians were documenting and contacting patients' partners where there is a diagnosis of non-specific urethritis or chlamydia. BASHH guidelines set a performance standard of partner contact tracing information being documented in 97% of cases. The first cycle in 2016 identified 30 patients with diagnoses of non-specific urethritis or chlamydia, only 56% of which had partners' contact details recorded in their notes. Following this audit outcome, the service updated the template on the computer system with a mandatory section about contact tracing and obtaining patients' consent to send an anonymous text message to patients' partners. The second cycle in 2017 identified a further 30 patients with diagnoses of non-specific urethritis or chlamydia, 93% of which had partners' contact details recorded in their notes, demonstrating clinical improvement in this area.
- The service completed an annual yellow fever return as part of their Yellow Fever vaccine licence from NaTHNac. This included gathering data about the number of vaccines and booster doses administered, the reasons for giving a booster dose, details of serious adverse events reported, the number of vaccines wasted and the reasons for any wastage.

Effective staffing

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

- Clinicians had sufficient time to carry out their roles effectively.
- The lead GP had appraisals through the GMC and they completed appraisals for the clinicians every six months where performance objectives were identified and any training needs or issues were discussed.

Are services effective?

(for example, treatment is effective)

- We were told that staff were encouraged and given opportunities to develop. For example, one of the GPs was booked to attend training courses in relation to sexually transmitted infections and travel vaccines.
- We saw up to date records of skills, qualifications and training for clinicians, including service-specific training in immunisations, sexual health tests and yellow fever vaccines.
- There was a thorough induction system for staff, which included a training checklist and skills assessment to be completed and a period of shadowing.
- We saw minutes from the weekly meetings between the lead GP and manager in which staffing levels were discussed.
- There were policies in place for supporting and managing staff for performance issues.

Coordinating patient care and information sharing
Staff worked together and with other professionals to deliver effective care and treatment.

- Clinicians would refer patients to other specialists where appropriate. For example, we saw a referral to a cardiologist and a referral for an ultrasound appointment, and the referral letters contained all the required information.
- The service requested contact details for patients' NHS GP. If patients consented, the service provided patients' NHS GPs with a written update, which was sent securely from the service's record system. The GP told us that patients could still be treated without information being shared with their NHS GP if they did not consent to this if there was an overriding interest to do so, and that clinicians would consider these issues based on the specific circumstances of each patient.

Supporting patients to live healthier lives

- Clinicians provided patients with advice which supported them to live healthier lives when relevant to their health condition, for example, information about sexually transmitted infections and contraception, or information about smoking cessation and diet.
- We saw that clinicians identified patients who could be at risk of diabetes and offered them a health check and blood test.

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

- Clinicians understood the requirements of the Mental Capacity Act 2005 legislation and guidance when considering consent and decision making, although none of the clinicians had completed any recent Mental Capacity Act 2005 training.
- We saw that every template on the service's computer system contained a tick box to obtain patient consent, and we saw evidence of this tick box having been completed in patient records.
- Clinicians supported patients to make decisions about their care and treatment.

Are services caring?

Our findings

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

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

- The service gave patients timely support and information.
- We saw evidence that, at the end of every week, the GP on duty reviews all the records for children who attended appointments the previous week and sends a follow up email to check how they are feeling.
- Reception staff for the premises told us that if patients wanted to discuss sensitive issues or appeared distressed they would offer them a private area or room (if available) to discuss their needs.
- All of the 80 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients described the service as excellent, compassionate and helpful, and one comment card stated that staff made them feel safe and looked after.
- The comment cards were in line with the service's own patient feedback forms; we saw seven forms completed in July 2018, all of which rated the GP as 'excellent' for their clinical skills, being polite, listening to the patient's concerns, explaining the patient's condition, and involving the patient in decision making.
- The service checked reviews left by patients on the 'Doctify' website, where it has a 4.9 out of 5 star rating from 37 reviews, all of which are positive.
- The service had received a patient service award from the 'WhatClinic' website for the last six years.

Involvement in decisions about care and treatment
Staff helped patients be involved in decisions about their care.

- The service did not offer interpretation services, but staff told us that they spoke other languages, including Afrikaans, Spanish, French, Punjabi, and Persian, which they could use when communicating with patients.
- Information about the service was available to patients on the website, including prices and links to fact sheets about procedures and side effects where relevant.
- In the CQC comment cards patients described feeling listened to, being given a detailed explanation of their condition and being given time to discuss treatment options.

Privacy and Dignity
Staff recognised the importance of patients' privacy and dignity.

- The service was registered with the Information Commissioner's Office (ICO) and complied with the General Data Protection Regulation (GDPR).
- Clinicians and reception staff had completed data protection training and had signed confidentiality agreements.
- Staff told us that patient information and records were held securely. Any paper documentation, such as referral letters or registration forms, were transferred onto the record system with a scanned copy retained and then the paper copy was shredded.
- The service used an encrypted cloud-based computer record system which is continually backed up.
- We saw that the door was closed during appointments and that conversations taking place in the consultation room could not be overheard.
- We saw that a screen was provided in the consultation room for patients if needed to maintain dignity.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

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. The premises were accessible to patients with mobility issues, and reception staff described how they communicate with patients with sight or hearing difficulties.
- Information about the service was available to patients on the website, including prices and links to fact sheets about procedures and side effects where relevant. A patient information leaflet was also available in the reception area which provided a list of services offered by Dr Wayne Cottrell.

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 is open at the following times:

- Monday and Tuesday from 9am to 6.30pm;

- Wednesday and Thursday from 9am to 5pm;

- Friday from 8am to 2pm and for nurse appointments only from 3pm to 5pm;

- Saturday appointments available upon request.

- The service offered same day appointments for walk-in patients who had not pre-booked.
- The service offered standard GP consultations of 15 minutes duration, as well as extended consultations of 30 minutes.
- Staff told us the GPs would offer to communicate with patients by telephone or email if they could not attend an appointment.
- The appointment system was easy to use; patients could book by telephone or via the service's website.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- A number of the CQC comment cards described the service as quick and efficient, and stated it was easy to get an appointment.

Listening and learning from concerns and complaints

The service had a complaints policy in place.

- The service had a complaints policy in place which detailed how patients could complain and gave contact details for other organisations patients could contact if they were dissatisfied with how their complaint was handled.
- We saw information in the reception area which detailed how patients could make a complaint and a copy of the complaints procedure is on the service's website.
- Complaints were reviewed and dealt with by either the lead GP or the manager (depending on the nature of the complaint) and we saw evidence that complaints were a standing agenda item in their weekly meetings.
- The service had not received any complaints in the last 12 months. However, we reviewed two complaints received in 2016 and found that they were handled appropriately and in a timely way.
- We saw one complaint received in September 2016 where the patient was unhappy with the consultation outcome and wanted a refund. We saw the patient was refunded the price of the consultation and treatment, the lead GP sent an email apologising that the patient was not happy with the outcome and explained the reasons for the treatment provided with clear reference to evidence based guidelines.

Are services well-led?

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

Our findings

We found that this service was providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability

There was a clear leadership structure in place.

- The lead GP was responsible for the organisational direction and development of the service and the day to day running of it, assisted by the manager who had direct line management responsibilities for the reception staff who worked at the premises.
- Non-clinical staff told us that the lead GP was visible and approachable, and worked closely and effectively with staff.
- We saw evidence of meetings between the lead GP and the manager being held on a weekly basis. These meetings discussed staffing levels and training, any safety alerts received, complaints and significant events, patient feedback, and operational developments.
- Staff explained that it was difficult to hold face to face meetings with all clinicians at the service due to their working patterns. However, staff were informed of updates and changes via email and there were also opportunities for informal discussions between staff.

Culture and vision

- Staff stated they felt supported, able to raise concerns and were confident that these would be addressed.
- The service had a workplace stress policy in place to support staff.
- The service was aware of the requirements of the Duty of Candour.
- There were processes for providing staff with the development they needed, including appraisals for clinicians every six months and support for professional revalidation.
- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff told us they sought to provide a professional, efficient and accessible service to patients.

Governance arrangements and managing performance and risks

- There was a clear staffing structure in place. Staff had defined roles and responsibilities, including in respect of safeguarding, complaints and significant events and medicines and equipment checks.
- Service specific policies and processes had been developed and implemented and were accessible to staff; these included policies in relation to whistleblowing, staff conduct, underperformance, workplace stress, complaints, chaperones, and child and adult safeguarding.
- The service had processes to manage current and future performance. Performance of clinicians could be demonstrated through the induction process (including completion of a training checklist and skills assessment and a period of shadowing) and six-monthly appraisals.
- The lead GP, in conjunction with the manager, had oversight of safety alerts, significant events and complaints.
- The service had a business continuity plan in place, which set out the processes in the event of major incidents.
- There was a lack of oversight of some risks which were the responsibility of the premises owner, such as a health and safety risk assessment.

Appropriate and accurate information

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.
- The service submitted data and notifications to external bodies as required. For example, the service completed an annual yellow fever return as part of their Yellow Fever vaccine licence from NaTHNac.

Engagement with patients and external partners

- The service provided patients with a feedback form to complete following their appointment. We saw seven feedback forms completed in July 2018, all of which were positive about the service received and described the GPs as 'excellent'.

Are services well-led?

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

- When the service sends patients their invoice following their appointment they include a link to a website for patients to leave a review of their experience. We saw that the service had acknowledged and responded to reviews left on the 'Doctify' and 'WhatClinic' websites.
- The service worked with other specialists, such as cardiologists or physiotherapists, to discuss patients' needs and ensure that these were addressed.

Continuous improvement and innovation

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

- We saw evidence that the service made changes and improvements to services as a result of significant events, complaints and patient feedback.
- For example, a significant event occurred when test results were emailed to the wrong individual; the error was noted immediately by reception staff, who reported the incident to the lead GP who then contacted the patient to inform them of the error and apologise. As a result of this incident, the service introduced a new computer system which enabled test results to be sent directly from a patient's record in an encrypted email, and these results are only sent by one of the GPs, not reception staff.