

Private Health Professionals

Inspection report

Tarka Leisure Centre
7 Seven Brethren Bank
Barnstaple
EX31 2AP
Tel: 01271316015
www.privatehealthprofessionals.co.uk

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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. This was the first inspection of this service since the provider first registered in December 2020.

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 Private Health Professionals 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.

The provider Private Health Professionals Ltd. is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. The services falling under CQC registration are private GP consultation and treatment service to patients. Patients who require care for long term conditions or co-morbidities are referred back to their NHS Primary Care GP. Only these services were inspected.

There are some general exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These include sports therapy, health and well-being services including non-surgical cosmetic treatments. Services provided to patients under arrangements made by their employer/ a government department/ an insurance provider with whom the service user holds an insurance policy (other than a standard health insurance policy) are also exempt by law from CQC regulation.

Two of the company directors are registered managers with CQC. 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.

During the inspection, we reviewed online patient reviews and feedback to the friends and family survey run continuously by the service. Their comments described the service as efficient, flexible and personalised. Staff were said to be caring, efficient and knowledgeable.

Our key findings were:

- Private Health Professionals had clear systems to manage risk so that safety incidents were less likely to happen. They understood that should any incidents happen, the provider saw this as an opportunity to learn and improve their processes.
- The provider routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured care and treatment was delivered according to evidence based guidelines and up to date information.
- People using the service received an individualised health assessment.

Overall summary

- Staff involved and treated people with compassion, kindness, dignity and respect.
- There was a strong leadership structure in place with clear responsibilities, roles and systems of accountability to support good governance and management. Staff felt supported by the leadership team and worked well together as a team.
- The provider was aware of the requirements of the duty of candour, which were underpinned by policies and procedure3s.

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

- Review the cold chain arrangements to include documented daily temperature checks.

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 had access to advice from a CQC specialist advisor.

Background to Private Health Professionals

Since registering in 2020, the provider Private Health Professionals Ltd. placed the services registered with CQC into dormancy whilst it moved into new premises. In October 2022, CQC carried out a site visit and registered the location:

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The premises is situated in a newly built leisure centre and is shared with other health and well-being businesses. The private GP consulting and treatment clinic is a location of the provider, Private Health Professionals Limited. The provider is registered with the CQC in respect of the regulated activities: Diagnostic and screening procedures; Surgical and Treatment of disease, disorder or injury. There are other services which are available from the provider, but these fall outside of registration with the CQC and are not regulated or inspected.

The service has two registered managers. 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 provider carries the following service at this location that are regulated by CQC:

- Assessment, diagnosis and treatment of injury/disorder
- Medication reviews
- Private prescriptions
- Review of low mood
- Health checks for men and women, including a menopause clinic, fertility, contraception Pre- pregnancy counselling.
- Blood tests (taken at the local NHS hospital) and review of the results
- Joint injections
- Removal of lumps/cysts

The team of staff delivering these services comprises of two registered managers, supported by two GPs and an operations manager.

Private Health Professionals Clinic is open between 8am and 5pm Monday to Friday every week, except Bank Holidays. All appointments are pre-bookable.

How we inspected this service

We inspected the clinic on 31 October 2022. A CQC inspector led the inspection and had access to a specialist advisor.

Before visiting, we reviewed a range of information we hold about the service. We also asked the service to complete a provider information request. During our visit we:

- Spoke with the two Registered managers.
- Spoke with the clinical GP lead.
- Spoke with staff.
- Reviewed information the clinic used to deliver care and treatment plans.
- Reviewed feedback from people using the service.

- Reviewed staff responses to a CQC survey.

To get to the heart of people using the service' 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. The methods that were used, for example talking to people using the service, their relatives / friends, interviewing staff, observations and review of documents.

Are services safe?

We rated safe as Good because:

- The provider had clear systems to keep people safe and safeguarded from abuse.
- There were systems to assess, monitor and manage risks to patient safety.
- There were reliable systems for appropriate and safe handling, and prescribing, of medicines.
- The provider had systems to track and record safety and any incidents, although none had occurred since registration.
- The provider was open to learning and making improvements should anything go wrong. Duty of candour requirements were understood and underpinned by a policy and procedures.

Safety systems and processes

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

- The provider conducted health and 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 to safeguard children and vulnerable adults from abuse, for example a record of any safeguarding alerts made was held although the provider none had needed to be made.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service had processes in place to work with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where prior to employment and every three years as per provider policy. (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 looked at two staff files and found appropriate pre-employment checks were completed, including DBS checks.
- All staff received up-to-date safeguarding and safety training appropriate to their role, for example, both GPs were trained at level 3 for safeguarding children and adults. They knew how to identify and report concerns. Staff who acted as chaperones, for example administrative staff, were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The provider had a number of risk assessments and action plans in place to reduce potential risks related to infection, prevention, and control. During the summer of 2022, the provider moved into the shared premises of the local newly refurbished leisure centre. For example, Private Healthcare Professionals Ltd. had obtained information from the landlord as assurance of an independent legionella risk assessment completed on 31 May 2022. The provider had implemented additional measures, including carrying out and recording regular running water checks.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. For example, annual checks of portable electrical equipment were undertaken. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

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.
- There was an effective induction system for agency 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.
- When there were changes to services or staff, the service assessed and monitored the impact on safety.
- We reviewed two staff files and saw there were appropriate indemnity arrangements in place.
- The service used a nationally recognised IT record system enabling appointment, assessment, prescribing and follow up records to be documented. Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- 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.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- 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.

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, emergency medicines and equipment minimised risks. During the inspection, the service did not have any medicines that required refrigeration for the services regulated. However, we saw there was a clinical refrigerator which had a data logger system to monitor cold chain. The provider told us they printed off the data logger records, but did not routinely visually check or record fridge temperatures. They told us they would implement a system to do this immediately after the inspection.
- The service kept prescription stationery securely and monitored its use. Medical prescribers had authorised access to electronic prescription templates, which once completed were scanned back into the patient record. Every prescription issued had a serial number and was tracked and monitored by the provider for both medical prescribers at the service.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, patient treatment outcomes following steroid injections was audited.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). They did not prescribe schedule 4 or 5 controlled drugs.
- Only authorised staff, GPs, were able to prescribe, administer or supply medicines to patients. Clinical staff verified that no unlicensed medicines were prescribed to patients using the service. Records seen demonstrated they gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines, stock rotation and expiry dates. Staff previously kept accurate records of medicines held on site, for example for joint injections. When we inspected there were no medicines held for procedures falling under CQC regulation.
- There were effective protocols for verifying the identity of patients including children.

Track record on safety and incidents

The service had a good safety record.

Are services safe?

- There were comprehensive risk assessments in relation to safety issues. The provider had an independent fire safety risk assessment carried out of the premises in addition to information provided by the landlord. Recommendations in the assessment dated 5 September 2022 were actioned and included additional signage to doors of a flammable risk where medical gases were stored.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. In three CQC surveys received, staff verified they understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. However, the provider and staff in interviews reported there had been no significant events to date. All of the staff were able to explain policies and processes that encouraged them to report incidents so that learning and shared lessons could be identified to improve the safety of the service.
- The provider and staff demonstrated in interviews that they were aware of and complied with the requirements of the Duty of Candour. CQC received surveys from staff and all verified that 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. There was an effective mechanism in place to disseminate alerts to all members of the team including sessional clinical staff. The service monitored and reviewed actions taken in relation to Medicines and Healthcare products Regulatory Agency (MHRA) and safety alerts. A spreadsheet of all MHRA alerts received was held, which documented when an alert was relevant to the service and if any action was necessary. Since moving to the new location, none of the alerts received were relevant to this service. This helped the provider to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- Patients with a long-term condition were supported but referred back to their NHS GP for ongoing monitoring where appropriate.

Are services effective?

We rated effective as Good because:

- We saw there was effective assessment, care and treatment of people using the service.

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 provider assessed needs and 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. For example, individual patient records demonstrated they followed NICE guidelines for safe prescribing of asthma treatments to reduce the risk of overuse and avoidable deaths.
- Practising privileges had been agreed with all clinicians employed on a sessional basis at the service. This document was discussed and set out the scope of practice based on individual competencies, skills, qualifications and training. For example, a clinician had arrangements in place to avoid any potential conflict of interests with patients already known to them.
- Patients' 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, through physical and mental examination, blood monitoring and radiological investigations. In interviews, they shared examples of referrals made and consultation with secondary care specialists.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. For example, close monitoring of prescription ongoing requests followed safe practice and was communicated to the patients NHS GP to avoid any duplication being made.
- Staff assessed and managed patients' pain where appropriate. For example, during and post joint injections patients were asked to give feedback about their experience and treatment outcome in reducing pain.
- Patients were able to access information about the services online on the website. This explained clinicians available and enabled prospective patients to enquire without commitment.

Monitoring care and treatment

- The service had a recognised electronic clinical records system, which had standardised templates to complete and document all assessments, plans, treatment and follow up of patients where appropriate.
- After receiving treatments such as joint injections, patients were followed up by telephone. Functional outcome measures were monitored to facilitate clinical audit. Levels of pain, movement and mobility were measured with patients to determine whether treatment had been effective for them.

The service was actively involved in quality improvement activity

- The service used information about care and treatment to make improvements. For example, all clinicians had specialist areas of expertise and were members of professional bodies including the Royal College of Surgeons, Royal College of Obstetricians and Gynaecologists and the Faculty of Sexual and Reproductive Health, The International Menopause Society and the British Medical Association. They accessed the current best practice and research through these memberships.

Are services effective?

- The service was committed to making improvements through the use of quality audits. For example, a steroid joint injection audit was carried out with patients, post treatment. Eight patients provided responses, covering the quality of information given, being consented and having risks, benefits and possible side effects explained. In the audit, 100% patients having this treatment were satisfied with the service provided. Treatment outcomes were measured with patients with 88% reporting significant improvement post injection. One person required an additional referral to secondary services for further assessment.
- Staff viewed clinical audit as a tool that would have a positive impact on quality of care and outcomes for patients. Staff demonstrated there was a clear drive to action and resolve any concerns arising from audits to improve quality.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and the Health and Care Professions Council (HCPC) were up to date with revalidation. The service did not employ any nurses.
- 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. For example, records demonstrated mandatory courses were completed every year and included: Infection, Prevention and Control, Health and Safety, Safeguarding Adults/Children, Information Governance, Equality and Diversity, Mental Capacity Act and Fire safety training.
- There was a small team of staff comprising of two registered managers (both Directors of the company), two GPs and an operations manager. Staff were encouraged and given opportunities to develop. For example, the provider had paid for a member of staff to complete the level 5 Diploma in Leadership and Management.
- Staff demonstrated they regularly completed specific skill and knowledge based training and could demonstrate how they stayed up to date with clinical practise.
- Both clinicians delivering services registered with CQC, revalidated with their professional body and had an external assessor. The provider held records demonstrating they monitored this with clinicians as assurance of ongoing clinical competency.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, the service had a service level agreement for any patients requiring blood testing to be carried out at the local NHS Acute Trust. Non-clinical staff monitored the return of results.. They liaised with the clinician and the phlebotomy department and laboratory if any were delayed within a given period and had prompts within the clinical system to do this. Clinical staff then reviewed the results as part of the assessment of the patient.
- 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.
- The provider had risk assessed the treatments they offered and followed national guidelines, including those produced by the National Institute of Clinical Excellence (NICE). They had identified medicines that were not suitable

Are services effective?

for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.

- The provider had mechanisms in place should any patients in vulnerable circumstances attend for assessment and treatment and would ensure this was co-ordinated with other services.
- 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 patients who had been referred to other services.
- The service monitored the process for seeking consent appropriately. This followed current guidelines documenting assessment, information given, risk and benefits explained and the patients capacity to consent.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, patients were given clear information about what to expect after procedures and when to contact the team should they experience unusual pain, swelling or inflammation.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs. For example, any treatments that they could normally expect from their NHS GP.

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:

- The service was patient focused with kind and caring staff.
- Patient feedback was strongly positive about the care, compassion and service received.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people.
- 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.

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. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Feedback received by the service from patients highlighted they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with complex social needs family, carers or social workers were appropriately involved.
- Staff were able to access aids to communicate with people in a way that they could understand, for example, communication aids and easy read materials.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. Windows in clinical rooms had appropriate screening to promote the dignity of patients during consultation.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs. Signage in seating area signposted patients to alternative area for private discussion with receptionist. The providers verified that when the premises moved, the providers redesigned clinical rooms with additional sound proofing to increase privacy for patients.

Are services responsive to people's needs?

We rated responsive as Good because:

- The service provided non-surgical cosmetic treatments, which were no longer supported by the NHS enabling patients to access them.
- Patients were able to access a range of clinical services under the CQC registration, as well as health and well-being services that did not fall under regulation.

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. As part of the move, the new premises were designed to meet the needs of patients and avoided discrimination. For example, the reception desk was accessible for wheelchair users.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. Patients were able to use an alternative entrance into the clinic that was nearer to disabled parking spaces.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment. The service had a system in place whereby any outstanding test results were followed up by the administrator. A spreadsheet was set up to record these during the inspection as this was not previously documented for audit purposes.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. For example, we looked at patient records that showed a patient that had been referred for a diagnostic test at a local hospital. This test had been carried out quickly and received a diagnosis.

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. Staff treated patients who made complaints compassionately.
- 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 complaint policy and procedures in place. The service had not received any complaints since registering with CQC, but the provider was committed to learning from individual concerns, complaints and from analysis of trends should any be received.

Are services well-led?

We rated well-led as Good because:

- Leaders had a realistic business plan, based on a clear vision and strategy to deliver high quality care
- Staff told us there was an open culture, in which learning and development was encouraged.
- Governance systems reviewed performance and actively managed risks, providing assurance that patient safety was a priority.
- Feedback from people using the service was sought and acted upon.

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.
- Leaders at all levels were visible and approachable. They 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.
- The lead GP held other clinical appointments, for example with the British Society of Aesthetics (BSA) and with a University.

Vision and strategy

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

- There was a clear vision and set of values with the goal of providing high quality evidence-based, cost-effective patient care. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.
- The provider told us that prospective patients had enquired about audiology services, which was identified as a need for the community. The provider launched this as a new service, and was due to host another provider with expertise in delivering audiology services for people in November 2022.

Culture

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

- Staff felt respected, supported and valued. Three staff responding in a CQC survey verified meetings were held every week providing opportunities to share learning, raise concerns and receive updates about any developments. They were proud to work for the service.
- The service focused on the needs of patients and this was further demonstrated by the level of positive feedback it received in patient surveys.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated in all relationships held with staff, patients and CQC. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Are services well-led?

- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- 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. Clinical staff were considered valued members of the team. 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. Staff felt they were treated equally.
- There were positive relationships between staff.

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.
- 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. Since initial registration with CQC in 2020, the provider had documented reviews of the standard operating procedures demonstrating these were in line with current guidelines.
- The service used performance information which was reported and monitored and management and staff were held to account. We saw regular minuted meetings were held with Directors of the company, which had standing agenda items including a review of safeguarding and complaints.
- 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. The provider held valid registration with the Information Commissioners Office.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- 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. The business continuity plan for the service was reviewed in July 2022 when it moved to new premises.

Are services well-led?

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. For example, the provider closely monitored the performance of its service level agreements with the local NHS Trust pathology and phlebotomy departments. 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, 33 patients completed a Friends and Family survey between February and October 2022. 97% of patients said they would recommend the service to a friend or family member.
- We saw 19 online reviews of the service, all of which were positive. For example, these demonstrated the service did not discriminate and adhered to the Equality Act requirements by facilitating an appointment, so the patient was able to bring an assistance dog with them.
- Staff could describe to us the systems in place to give feedback. In a CQC survey, all four staff verified they were regularly consulted about developments and kept up to date through regular meetings. Examples staff shared with us were: being informed early in the process of the move to new premises and being able to contribute to the development of the new clinic there. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement, for example through an internal audit system that included obtaining continuing patient feedback
- The service had systems in place to make best use of any internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

There were systems to support improvement and ongoing development of services at the clinic.