

999 Medicine Limited

999 Medical & Diagnostic Centre

Inspection report

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Overall summary

We carried out an announced comprehensive inspection in February 2018 to ask the service the following key questions; are services safe, effective, caring, responsive and well-led. We found the service was not providing effective or well-led care in accordance with the relevant regulations. We also noted there were areas where improvement was required to ensure the service was providing safe care. As a result, we issued two requirement notices as legal requirements were not being met and asked the provider to send us a report of what actions they were going to take to meet legal requirements. The full comprehensive report can be found by selecting the 'reports' link for 999 Medical & Diagnostic Centre on our website at <https://www.cqc.org.uk/location/1-167818627>.

This inspection was an announced comprehensive follow up inspection carried out on 7 February 2019 to check whether the provider had taken action to meet the legal requirements' as set out in the requirement notices. This report covers our findings in relation to all five key questions.

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.

999 Medical & Diagnostic Centre is an independent health service based in North London. The provider supplies private general practitioner services. Dr Eric Ansell is the registered manager. A registered manager is a person

Summary of findings

who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- Systems were in place to keep people who used the service safeguarded from abuse.
- There was a protocol in place to ensure identity checks were undertaken when a patient presented at the service for the first time.
- Doctors made use of NICE guidelines and shared learning from complex patient cases.
- The service had systems to update external bodies such as GPs and consultants of care being provided to patients.
- All staff members were up-to-date with training relevant to their role.
- Systems were in place to protect personal information about people who used the service.
- Prescription pads were used and stored in a safe way.
- The service carried out assessments to identify and mitigate risks including those associated with fire and infection.
- The service used a range of visual and written materials to help people understand and make decisions about their care and treatment.
- Completed CQC comment cards showed people who used the service were able to access care and treatment from the service within an appropriate timescale for their needs

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

999 Medical & Diagnostic Centre

Detailed findings

Background to this inspection

999 Medical & Diagnostic Centre is a location registered under the provider 999 Medicine Limited. The service is registered with CQC to undertake the following regulated activities: Treatment of Disease, Disorder or Injury, Diagnostic and Screening Services and surgical procedures. The location site address we visited as part of our inspection is 999 Finchley Road, London, NW11 7HB.

Dr Eric Ansell is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider offers a pre-booked private doctor and nursing service. During the previous twelve months, the service undertook approximately 350 appointments.

The practice rents three consultation rooms and shares a reception area with a co-located diagnostics centre which is managed by a different provider. Other rooms at the location are rented by a range of self-employed clinicians, including specialists in cardiology, gynaecology, psychiatry, orthopaedics and physiotherapy.

Patient records are all paper based. The service refers patients to NHS services including back to their own GPs and other private services.

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser.

Prior to the inspection we reviewed information requested from the provider about the service they were providing. The inspection was undertaken on 7 February 2019 and the inspection team was led by a CQC inspector who was supported by a GP specialist advisor and a second inspector. During the inspection we spoke with doctors, a nurse, reception staff as well as four people who used the service on the day of the inspection. We viewed a sample of key policies and procedures, viewed patient records, made observations of the environment and infection prevention and control measures.

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?

Our findings

At our previous inspection on 22 February 2018, we found there were areas where improvement was required to ensure the service was providing safe care in accordance with the relevant regulations. Shortly after that inspection, the service provided evidence to show action was taken to make immediate improvements. At this inspection we found these actions had been embedded and maintained and the service was providing safe care in accordance with the relevant regulations. For instance, the service had implemented recommendations made in risk assessments including those for fire safety and infection prevention and control and we saw the service had undertaken follow-up assessments to ensure the actions taken had brought about sustained improvements. We also noted arrangements now in place to ensure clinical staff had access to patient safety alerts were effective and clinical equipment had been calibrated to make sure they could be used safely.

The practice is now providing safe care in accordance with the relevant regulations.

Safety systems and processes

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

- When we inspected in February 2018, there was no system in place for checking patient identity and or that persons accompanying paediatric patients had parental authority for the child. At this inspection, we saw the service had put a system in place to ensure identity checks were undertaken when a patient presented at the service for the first time. We also saw evidence of a process to ensure persons accompanying paediatric patients had parental authority and this process was used consistently. This included a process to check identity and authority when a professional childminder accompanied a child to the service.
- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. 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. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.

- At the February 2018 inspection, we found gaps in training for safeguarding and basic life support although shortly after that inspection, the service provided evidence all staff were up to date with training requirements for these two areas. At this inspection, we saw the service had developed a staff training matrix to support ongoing and emerging training requirements as well as the earlier identification of mandatory training renewal dates. We noted all staff were up to date with training requirements, including safeguarding and basic life support.
- The service worked 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. Staff we spoke with were able to describe what they would do if they suspected abuse.
- 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 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.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- When we inspected in February 2018, we found there was no cleaning schedule, no cleaning product data sheets and poor management of cleaning supplies. We also observed the clinical waste bins were overflowing and not secured. Immediately following the inspection, the service submitted evidence these issues had been resolved and at this inspection we saw the improvements had been maintained. For instance, clinical waste awaiting collection was stored in a secure area and waste containers were locked.

Risks to patients

Are services safe?

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

- 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 we inspected in February 2018, we found the service did not have a paediatric pulse oximeter. At this inspection we saw the service had this equipment available and it had recently been calibrated to ensure it would work properly if it was needed.
- The service held a supply of oxygen and a defibrillator and there was a process in place to check these regularly to ensure they would be available in an emergency.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities

Information to deliver safe care and treatment

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

- 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 DHSC guidance in the event they ceased trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there is a different approach taken from national guidance there is a clear rationale for this that protects patient safety
- Processes were in place for checking medicines and staff kept accurate records of medicines.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service had systems in place to learn and make improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff 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. The service learned and shared lessons identified themes and acted to improve safety in the service.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 22 February 2018, we found this service was not providing effective care in accordance with the relevant regulations as there was no evidence of staff appraisal within the last 12 months and limited evidence of staff training.

These arrangements had significantly improved when we undertook a follow up inspection on 7 February 2019.

The service is now providing effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence 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.
- 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
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements.
- The service made improvements through the use of completed audits and had arrangements in place with a third-party organisation who specialised in monitoring non-clinical processes and protocols to assess the quality of care provided to patients. At the time of this inspection the provider was able to demonstrate that services were being routinely monitored and

improvements identified included an increase in the frequency of infection prevention and control auditing, monitoring of legionella testing and staff training requirements.

- The service had undertaken a two cycle audit to identify whether improvements could be made in the process used to communicate with patient's NHS GP practice. When the first cycle of the audit was undertaken, the service found that over a one month period, letters had been sent to patients NHS GPs after only 12 of 27 consultations which was 44% of the total number of consultations. We were told this had raised awareness of the matter and although it was not always necessary to write to the NHS GP (for instance, if the appointment was only for advice), the service had identified instances where it would have been appropriate to send a letter. When the second cycle was undertaken over a slightly longer period, the service found a letter had been sent after 46 of 67 consultations. This was an increase from 44% to 67%.

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)/ Nursing and Midwifery Council and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff whose role included immunisation and cervical sample taking had received specific training and could demonstrate how they stayed up to date.

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. The service was co-located with a range of specialist clinicians and we

Are services effective?

(for example, treatment is effective)

saw evidence of clear, detailed referrals and a system in place to follow up on referrals to ensure patients had attended and understood any treatments recommended.

- 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. They had identified medicines that were not suitable 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.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For instance, we saw records showing how the service communicated with other providers to ensure patients with poor mental health experienced joined up care by arranging appointments with therapists and the GP on the same day.
- Patient information was shared appropriately (this included when patients moved to other professional

services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

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.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

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

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Although the service had not received the supply of comment cards normally provided by CQC in advance of an inspection, it had improvised by producing a similar feedback mechanism and recycled the feedback box used during a previous inspection. Feedback from patients was positive about the way staff treat people. We received 15 examples of feedback, all of which were positive about how they were treated by people working at the service.
- The service carried out its own patient satisfaction survey activity. Patients that responded indicated they were very satisfied with the service they had received.
- We spoke with four people who had used the service. All of the comments we received were positive.
- 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.

- The principal GP explained in their experience, people's understanding of their conditions or treatments was

often improved through the use of visual aids and for this reason, frequent use was made of drawings, diagrams and models. We saw examples of where the GP had sketched anatomical drawings for patients to ensure they had a clear understanding of their condition and we were told this had helped the patient to be more involved in making decisions about their treatment options.

- Interpretation services were available for patients who did not have English as a first language. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through the feedback forms made available by the service, they felt satisfied by the clarity of explanations or information provided by clinicians and non-clinical staff.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Privacy screens were provided in the treatment room to maintain patients' privacy and dignity during examinations, investigations and treatments.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found 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. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. For example, a significant percentage of people who used the service were Jewish and arrangements were in place to observe traditional Jewish end of life care cultural practices.
- 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.
- The provider had arrangements in place to flex appointment times and would extend these beyond the usual 30-minute duration, subject to additional costs which patients were made aware of.
- Information was clearly provided in advance to patients about the cost of consultations and treatment, including investigations and tests.
- The provider made reasonable adjustments when patients found it hard to access services. For example, the premises were accessible to patients with mobility difficulties. Clinical consultation rooms were available on the ground floor.
- The provider made it clear to patients on their website what services were offered.
- The provider offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against any client group. All staff had been provided with training in equality, diversity and inclusion.

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.
- Waiting times, delays and cancellations were minimal and managed appropriately. We were told clinicians would extend an appointment time for a patient where this was clinically justified and would inform other patients who were delayed as a result.
- Patients with the most urgent needs had their care and treatment prioritised. We were told staff were trained to recognise people who had red flag symptoms of serious illness and would identify these to clinicians without delay. When a clinician decided that a patient should be seen ahead of a patient with an earlier appointment time, the service would apologise and offer the patient an alternative appointment if they could not wait.
- Patients reported the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way and we saw the service had a failsafe process in place to ensure referrals were received and acted on.

Listening and learning from concerns and complaints

The service told us they would take complaints and concerns seriously and would respond to them appropriately to improve the quality of care. We were told no complaints had been received within the previous twelve months.

- Information about how to make a complaint or raise concerns was available. Staff told us they would treat patients who made complaints compassionately. We spoke with members of staff who also had part-time positions in other care sectors, including at NHS GP practices and were satisfied they understood how to record, investigate and respond to complaints as well as understanding the benefits of having an effective complaints process.

Are services well-led?

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

Our findings

At our previous inspection on 22 February 2018, we found this service was not providing well-led care in accordance with the relevant regulations as there were systematic weaknesses in governance systems.

These arrangements had significantly improved when we undertook a follow up inspection on 7 February 2019.

The service is now providing well-led care in accordance with the relevant regulations

Leadership capacity and capability;

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

- When we inspected in February 2018, the registered manager of the service could not demonstrate they had the capacity to ensure systems or processes were established and operated effectively. Specifically, the inspection identified systems relating to infection prevention and control, patient identity checks, patient safety alerts, clinical audits, training and appraisal required improvement. At this inspection, we found the service had engaged with the findings of the February 2018 report in a timely manner and had taken action to bring about improvements in every area where concerns were identified.
- In addition to taking action to address the issues raised during the February 2018 inspection, we also saw evidence the service had engaged an external organisation to develop and embed a quality compliance audit programme and used this to ensure standards were maintained. We also saw this was used to identify existing or emerging gaps in how services were provided.
- During the February 2018 inspection, staff working at the service told us they felt supported through daily briefings but it was not always clear how staff were supported in their role due to the absence of any scheduled training or annual appraisal or systems to support and promote learning. At this inspection, we found all staff had received up to date appraisals and a system had been put in place to ensure this happened consistently in future. We also noted the service had developed a training matrix which clearly defined mandatory training requirements and made clear any mandated or recommended refresher dates.

- 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.

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. We were told the service's vision was to allow patients to access "one-stop shop" medical services via a unique partnership of local clinicians working alongside specialist providers of medical support services. The service had a realistic strategy and supporting business plans to achieve this vision.
- 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.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated in policies in place to respond to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. The service had not received any complaints against which compliance with these policies could be assessed.
- Staff told us they were able to raise concerns and were encouraged to do so. They had confidence these would be addressed. Staff who said they had done so in the past told us they found managers to be very receptive to feedback and had responded positively.
- There were processes for providing all staff with the development they need. This included appraisal and

Are services well-led?

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

career development conversations. All staff now received regular annual appraisals and the most recent of these had been in the last year for all staff. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected 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 and teams.
- The service had a track record of involvement in charitable activity outside its core activities. For instance, the lead clinician was an active supporter of a cancer support organisation which provided a range of services to people being treated for or affected by cancer. Staff who worked at the service told us they were proud of this association.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Concerns around governance arrangements identified during the February 2018 inspection had been addressed and improvements put in place. Structures, processes and systems to support good governance and management were now 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.
- When we inspected in February 2018, processes in place to oversee infection prevention and control (IPC) did not flag up the issues in relation to the absence of cleaning products data sheets, inadequate cleaning supply storage arrangements or a lack of a cleaning schedule and poor management of clinical waste bins. At this inspection we found systems had been reviewed and were now effective at mitigating against risks associated with infection.

- Staff we spoke with demonstrated knowledge and understanding of areas such as safeguarding, IPC, medical emergencies, safeguarding and fire safety and there were formal systems in place to monitor compliance with training requirements.
- At the February 2018 inspection, we identified a lack of systems or processes to manage patient safety alerts, clinical audit and patient identity checks. At this inspection, we found systems put in place after the previous inspection had been maintained and were effective.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves they were operating as intended.

Managing risks, issues and performance

There were clear and effective 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 actions to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account

Are services well-led?

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

- 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.

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 public's, patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. We saw evidence the service met regularly with other clinicians to whom the service referred patients and used these meetings to review services and share best practice.
- Staff were able to describe to us the systems in place to give feedback, for instance, the service had a presence in a number of internet based feedback sites and reviewed these to identify strengths and areas for

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

- There was a focus on continuous learning and improvement, for instance, the quality compliance audit tool which allowed the service to measure its performance against clear targets and standards
- The service had not received any complaints or recorded any significant events at this location but staff who worked elsewhere, including clinical staff made use of reviews of incidents and complaints recorded in other settings where they worked, with due diligence to confidentiality and the requirements of the General Data Protection Regulation.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.