Smart Medical Clinics Limited

The Smart Clinics Brompton Cross

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 1 May 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.

Prior to our inspection, patients completed CQC comment cards telling us about their experiences of using the service. Eleven people provided feedback about the service, all of which was positive about the care and treatment experiences, and the prompt access to services.

Our key findings were:

- When incidents happened, the service learned from them and improved.
- The service reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Services were provided to meet the needs of patients.
- Patient feedback about the services provided was consistently positive.

Summary of findings

- There were clear responsibilities, roles and systems of accountability to support good management.
- The service's systems to manage risks had not suitably addressed infection prevention and control risks, ensured suitable arrangements for dealing with medical emergencies or responding to patient safety alerts.

We identified areas where the service could improve and should:

- Review arrangements to ensure the infection prevention and control (IPC) arrangements in the dental service are in line with published guidelines.
- Review their current stock of medicines for treating medical emergencies to ensure they are in line with published recommendations.
- Review their safeguarding children and young people policy to reflect additional current topics of concern and their adult safeguarding policy to reflect the correct local contacts for escalating concerns.
- Review the functionality of their records system to ensure they can systematically search records and verify the relevance of medicines and safety alerts to their patient population.
- Demonstrate quality improvement through follow up audit cycles.
- Review their arrangements for reviewing and where necessary acting on safety alerts including patient, medicine and device safety alerts.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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.

- There was an effective system for reporting and recording significant events and sharing lessons to make sure action would be taken to improve safety.
- There were systems in place so that when things went wrong, patients could be informed as soon as practicable, receive reasonable support, truthful information, and a written apology, including any actions to improve processes to prevent the same thing happening again.
- The service had systems, processes and practices to minimise risks to patient safety. However, aspects of the IPC arrangements within the dental service did not comply with recommended practice at the time of our inspection, but these areas were promptly addressed.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The service had arrangements to respond to emergencies and major incidents. However, some medicines recommended for treating certain medical emergencies were not stocked at the time of our inspection. The practice promptly ordered them and they were available within a few days following our inspection.

Are services effective?

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

- Staff were aware of and used current evidence based guidance relevant to their area of expertise to provide effective care.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- The service had effective arrangements in place for working with other health professionals to ensure quality of care for the patient.
- Staff sought and recorded patients' consent to care and treatment in line with legislation and guidance.
- Clinical audits were used to demonstrate the quality of care provided and there was evidence of action to change practice to improve quality; however, follow up audits were required to demonstrate learning and quality improvement had been achieved.

Are services caring?

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

- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw systems, processes and practices allowing for patients to be treated with kindness and respect, and that maintained patient and information confidentiality.
- Feedback we received from patients was wholly positive about the care and treatment received at the service.

Are services responsive to people's needs?

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

Summary of findings

- The service had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain and provide feedback was available and there were arrangements in place to respond in a timely and appropriate manner to patient complaints and feedback.
- Treatment costs were clearly laid out and explained in detail before treatment commenced.

Are services well-led?

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

- The service had a clear vision to deliver high quality care for patients.
- There was a clear leadership structure and staff felt supported.
- The service had policies and procedures to govern activity and held regular governance meetings.
- Staff had received inductions, performance reviews and up to date training.
- The provider was aware of and had systems in place to meet the requirements of the duty of candour.
- There was a culture of openness and honesty. The service had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The service had systems and processes in place to collect and analyse feedback from staff and patients.
- The arrangements to monitor and improve quality did not fully address infection prevention and control risks, provide suitable arrangements for dealing with medical emergencies or respond to patient safety alerts. These were addressed as soon as the provider became aware of the shortcomings.

The Smart Clinics Brompton Cross

Detailed findings

Background to this inspection

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.

Our inspection was led by a CQC inspector. The team included a second CQC inspector, a GP specialist adviser, a dental specialist advisor and a second trainee dental specialist advisor observing the inspection process as part of their training to become an advisor.

The registered provider, Smart Medical Clinics Limited, provides private general practice services from two locations in London: The Smart Clinics Wandsworth and The Smart Clinics Brompton Cross. General dental services are also provided at The Smart Clinics Brompton Cross. This inspection concerned only The Smart Clinics Brompton Cross, located at 13 Crescent Place, London SW3 2EA.

The service is in a commercial property, where it occupies the first floor. There is lift access between floors in the building, making it accessible to wheelchair and pushchair users. There are patient toilets, including one adapted for wheelchair users, and baby changing facilities available. One side of the premises is assigned to their dental service and the other their GP service. Each side of the service has a reception and waiting area, clinical consultation and treatment rooms, storage areas and administration offices.

Services are available to any fee-paying patient. Services can be accessed through an individual, joint or family membership plan or on a pay per use basis.

Services are available by appointment only on Monday to Thursday from 8am to 7.30pm, on Friday from 8am to 6:30pm and on Saturday from 9am to 12pm.

The service is led by the medical director who is also one of six GPs in the clinical team. The clinical team is supported by two service managers (who are also the registered managers) and a team of administrative staff members. Those staff who are required to register with a professional body were registered with a licence to practice.

The service has two CQC registered managers who work jointly across both provider locations in service management roles. A registered manager is a person who is registered with the Care Quality Commission (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.

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

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. During our visit we:

- Spoke with a range of clinical and non-clinical staff including GPs, service managers and administrative staff.

Detailed findings

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed service policies, procedures and other relevant documentation.
- Inspected the premises and equipment used by the service.
- Reviewed CQC comment cards completed by service users.

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

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

Safety systems and processes

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

- The service conducted safety risk assessments and had policies which were regularly reviewed and communicated to staff. This included service managers conducting staff knowledge and competency assessments to check staff were up to date with policies and procedures.
- The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined who to go to for further guidance and how to report safeguarding concerns to relevant external agencies. However, we found the safeguarding children and young people policy did not refer to awareness and escalation of concerns relating to female genital mutilation (FGM) or the Prevent programme, which is about safeguarding people and communities from the threat of terrorism.
- The service carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Clinical staff were qualified and registered with the General Dental Council (GDC) and General Medical Council (GMC), and had professional indemnity cover. However, there was no employment reference filed in the record of one person who worked at the practice, we spoke with the practice manager about this and they told us that a verbal reference had been taken but a written reference had not been pursued because the person was self-employed. We advised the practice manager that this information was required for all people who worked at the practice. They told us they would note verbal references, and pursue references for self-employed members of staff in the future.
- Disclosure and Barring Service (DBS) checks were undertaken for all staff in line with service 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).
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- All staff received up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns.
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- There was effective infection prevention and control (IPC) arrangements in place in the GP aspect of the service. However, we found improvements were needed in the dental service. Evidence from the provider following the inspection showed that additional staff training and an IPC audit was completed within 24 hours of our inspection visit.
- There were systems for safely managing healthcare waste.
- We saw servicing documentation for the dental equipment used. Staff carried out checks in line with the manufacturers' recommendations. There was evidence that a range of electrical equipment had been tested for safety, and most portable medical and dental equipment had been tested and calibrated appropriately. However, we found that one piece of equipment used by a visiting doctor, an Ultrasonic cleaner, had no service records. We pointed this out to the provider and they advised us that the equipment would be removed from the practice.
- We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. A dental nurse worked with the dentists always.

Infection control

- The practice had an infection prevention and control policy and procedures. Dental staff completed infection prevention and control training every year; the doctors had also undertaken infection control training.
- The practice had arrangements for transporting, cleaning, checking, sterilising and storing re-usable medical and dental instruments, but these were not fully in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the

manufacturers' guidance. However, we found the practice did not have aprons, we also found the inspection magnifier was not illuminated. The dental nurse was not wearing an apron to protect their uniform during decontamination procedures (we were informed there were none available) and the magnification apparatus used for inspecting decontaminated instruments prior to sterilisation in the autoclave was not illuminated, as recommended in published guidance, HTM 01-05.

- The trainee nurse who carried out the decontamination process of used dental equipment had not been given a daily duties document, to support them in completing the decontamination processes to a suitable standard. There were some parts of the decontamination process that the trainee nurse did not seem familiar with, and their completion of these tasks was not being monitored, reviewed or supervised.
- The practice had not carried out an IPC audit of the dental service in line with current national guidance. We spoke with the provider about this and they told us they would take immediate steps to undertake one. Following the inspection, the provider sent us evidence that the audit had been completed within 24 hours of our inspection visit.
- The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. This included carrying out checks of the waterline, the landlord of the premises had undertaken a legionella risk assessment and told the provider there were no issues with legionella. We asked the provider to show us a copy of the assessment and they told us they would obtain one from the landlord.
- We saw cleaning schedules for the premises. The practice was clean when we inspected.
- Records of staff Hepatitis B immunity were kept for clinicians.

Radiography (X-rays)

- The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.
- We saw evidence that the dentists justified, graded and reported on the X-rays they took. However, they did not carry out regular qualitative audits of the information collected. We spoke with the provider about this and they told us they would arrange for an audit to immediately be carried out.
- Clinical staff completed continuous professional development in respect of dental radiography.

Risks to patients

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

- Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support annually.
- Emergency equipment and medicines were available. However, the service did not have stock of some medicines recommended by recognised guidelines for treating certain medical emergencies: diclofenac injections (analgesia) and furosemide (for treating left ventricular failure). Staff checked medicines and equipment to make sure these were available, within their expiry date, and in working order and kept records of these checks.
- Staff knew how to recognise those in need of urgent medical attention and clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- There were several actions in place for managing fire risk in the premises including a fire risk assessment, regular fire drills, fire equipment checks and fire training.
- We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

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.
- The service had systems for sharing information with staff and other agencies, including the patients' NHS GP, to enable them to deliver safe care and treatment.

Are services safe?

- Referral and information sharing letters included all the necessary information.
- Patients provided personal details at the time of registration including their name, address and date of birth. Before consultations and at the appointment booking stage, staff checked patient identity by asking to confirm their name, date of birth and address provided at registration; however, this information was not verified.
- Patients under 18 years of age were required to be registered with a legal guardian; however legal guardianship was not verified. The service had processes for checking the adult accompanying a child patient had the authority to do so from the person registered at the service as the patient's guardian. Staff told us they would contact this person if they needed to confirm their identity.
- Patient records audits carried out by the service demonstrated that the identity of the person accompanying a child patient was asked for and clearly recorded in patient notes; however patient identity was not verified.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment reduced risks to patient safety; although there were some medicines recommended for treating medical emergencies not initially stocked when we inspected.
- Staff prescribed, administered and gave advice to patients on medicines in line with legal requirements and current national guidance.
- The service audited the prescribing of medicines to ensure they were being used safely and followed up on appropriately, in line with national institute for health and care excellence (NICE) guidelines.

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 to understand risks and where identified make necessary safety improvements.

Lessons learned and improvements made

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

- There was a system for recording and acting on significant events and incidents. 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 had five significant events in the last 12 months which we reviewed and found the service had learned and shared lessons, identified themes and had acted to improve safety in the service. For example, following a needlestick injury (with a clean needle that had not contacted a patient), the staff member injured was given appropriate care, the incident was discussed at a staff meeting, and staff received refresher training on the service's sharps injury policy.
- There was a system for receiving, reviewing and where necessary acting on safety alerts including patient, medicine and device safety alerts. However, limitations in their records system meant the provider was not able to systematically search records and verify the relevance of medicines alerts to their patient population. They were aware of this, and were working with their patient records system software provider to rectify the issue.

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 had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Monitoring care and treatment

The service had a quality monitoring programme, but these were not demonstrating the intended improvement.

- The service conducted audits to ensure diagnosis and treatment were in line with national guidelines. They showed us examples of audits they had carried out in the GP service, which included a clinical notes audit, a cervical screening audit and a pathology results audit. All the audits were single cycle, so had not yet been repeated to verify that the quality improvement actions put in place following the first cycle had been effective.
- The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs. Improvements could be made to ensure understanding and consistency in the completion of dental care records considering guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping

Effective staffing

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

- The service understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. The provider kept records to demonstrate that staff had appropriate mandatory training to cover the scope of their work including training for safeguarding, infection control, mental capacity act (MCA), information governance, health and safety and fire safety.
- The service provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, clinical supervision and support for revalidation. Clinical staff completed the continuous professional development required for their professional registration.
- All staff had received an appraisal within the last 12 months.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

- The service had effective arrangements in place for working with other health professionals to ensure quality of care for the patient. There were clear protocols for onward referral of patients to specialists and other services based on current guidelines, including the patients' NHS GP and where cancer was suspected. The service monitored urgent referrals to make sure they were dealt with promptly.
- Where patient consent was provided, all necessary information needed to deliver their ongoing care was appropriately shared in a timely way and patients to the GP service received copies of referral letters. However, dental patients were not given a copy of referrals.
- The dentists confirmed that they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. For example, patients who needed orthodontics treatment were referred to an internal orthodontist.
- The practice had systems and processes to identify, manage, follow up and where required refer patients.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The service identified patients who may need extra support and directed them to relevant services.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.

Are services effective?

(for example, treatment is effective)

- The dentist told us that where applicable they would discuss smoking, alcohol consumption and diet with patients during appointments.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions by providing information about treatment options and the risks and benefits of these as well as costs of treatments and services.
- Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent through patient records checks.
- Pricing was clearly communicated to patients verbally and through leaflets and posters.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information.
- All the 11 patient Care Quality Commission comment cards we received were positive about the care and treatment experienced. However, two comment cards also included some less favourable comments about there being scope for improving external communications, and there being a risk of a lack of continuity of care as there are six GPs working in the service.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care:

- Formal interpreter services were not available for patients who did not have English as a first language; however, staff told us some of their colleagues were multi-lingual and could support certain patients if they had that need.
- The service's website provided patients with information about the range of treatments available including costs.

Privacy and Dignity

The service respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The layout of the reception and waiting area did not allow for high levels of privacy when reception staff were dealing with patients, however staff described how they would improve privacy by speaking quietly and not disclosing any unnecessary information. Staff could also use available rooms to discuss private matters where necessary.
- The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.
- Patients' electronic care records were securely stored and accessed appropriately.

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. It took account of patient needs and preferences.

- Appointments were available outside normal working hours and on Saturdays
- Routine appointments were 30 minutes long.
- The facilities and premises were appropriate for the services delivered.
- Patients who requested an urgent appointment were seen the same day.
- Lift access was available between floors in the practice premises
- Disabled toilet and baby changing facilities were available
- Children's toys and books were available in a designated area in the waiting room
- Staff told us a private room could be made available if needed by a breastfeeding mother.

Timely access to the service

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

- The service was open on Monday to Thursday from 8am to 7.30pm, on Friday from 8am to 6:30pm and on Saturday from 9am to 12pm.
- Opening hours were displayed in the premises and on the service website.
- The provider did not offer out of hours care, but were signposted to other services they could sue when the service was closed.
- Patients could book early morning, evening and weekend appointments.
- Patients had timely access to appointments and the service kept waiting times and cancellations to a minimum.

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.

- The registered managers were responsible for dealing with complaints and the service had a complaints policy providing guidance to staff on how to handle a complaint.
- There was information available in the premises and on the service website for patients to provide feedback and make complaints.
- Information was available about organisations patients could contact if they were not satisfied with the way the service dealt with their concerns.

The service had received 22 complaints in the last 12 months, and we reviewed summaries of these.

There were systems and processes in place to investigate complaints and feedback, identify trends, discuss outcomes with staff and implement learning to improve the service. We reviewed these systems and processes and found complaints were handled appropriately, in a timely manner and with transparency. For example, in response to a complaint the practice had changed their procedure in relation to test results. Their practitioners now keep a log of all requested tests. Results not returned within five days were reported to the practice manager, so that they could be promptly followed up.

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 strong leadership from the practice managers into the day to day management of the practice.
- The owner of the provider company attended the inspection and provided a clear overview of the service and their strategic direction, as well as oversight of the running of the service.

Vision and strategy

The service had a clear vision and strategy to deliver high-quality care.

- There was a clear vision and set of values with a strategy and supporting business plans to achieve priorities.
- The service planned its services to meet the needs of service users.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the service.
- The service focused on the needs of patients.
- There were systems and processes in place for the service to act on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with 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 development conversations. All staff had received an appraisal or performance review in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- The service demonstrated a commitment to equality and diversity. Staff had received equality and diversity training.
- There were positive relationships between staff, the service managers, and clinicians. However, there was scope to ensure greater uniformity across the management of the GP and dental aspects of the services.

Governance arrangements

- There were structures, processes and systems to support governance and management in place. Regular governance meetings were held.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. However, in the dental service, some IPC improvements were needed.
- Service leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However, the safeguarding policies needed update and improvements in clinical audits could be made in the GP and dental aspects of the service.

Managing risks, issues and performance

- There were processes in place intended to identify, understand, monitor and address risks including risks to patient safety. However, the arrangements to monitor and improve quality did not fully address infection prevention and control risks, provide suitable arrangements for dealing with medical emergencies or respond to patient safety alerts. These were addressed as soon as the provider became aware of the shortcomings.
- Service leaders had oversight of incidents and complaints.
- Clinical audits were used to demonstrate the quality of care provided. However, follow up audits were required to demonstrate learning and quality improvement had been achieved.
- The service had plans in place and had trained staff for major incidents, including buddy arrangements with the provider's other location.

Appropriate and accurate information

The service acted on appropriate and accurate information.

Are services well-led?

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

- Quality and sustainability were discussed in relevant meetings.
- The service submitted information or notifications to external organisations as required, including patient referrals.
- Arrangements for the availability, integrity and confidentiality of patient identifiable data, records and data management systems were in line with data security standards.

Engagement with patients, the public, staff and external partners

The service involved patients and staff to support high-quality sustainable services.

- Patients' and staff views and concerns were encouraged, heard and acted on to shape services.
- The service collected and reviewed patient feedback about the services provided which was consistently positive.